Fife NHS Board

NHS
Fife

AGENDA

A meeting of Fife NHS Board will be held on WEDNESDAY 25 NOVEMBER 2020 at 10.00 AM via MS TEAMS

TRICIA MARWICK
Chair

10:00	**1.**	**CHAIRPERSON'S WELCOME AND OPENING REMARKS**	TM	
	2.	**DECLARATION OF MEMBERS' INTERESTS**	TM	
	3.	**APOLOGIES FOR ABSENCE**	TM	
	4.	**MINUTES OF PREVIOUS MEETING HELD ON 30 SEPTEMBER 2020**	TM	(enclosed)
	5.	**MATTERS ARISING**		
10:10	**6.**	**CHIEF EXECUTIVE'S REPORT**		
	6.1	Chief Executive Up-date	CP	(verbal)
	6.2	Integrated Performance & Quality Report Executive Summary	CP	(enclosed)
10:25	**7.**	**CHAIRPERSON'S REPORT**		
	7.1	Board Development Session – 28 October 2020	TM	(enclosed)
10:30	**8.**	**COMMITTEE ANNUAL ASSURANCE STATEMENTS**	MM	(enclosed)
	(i)	Audit & Risk Committee	MB	(enclosed)
	(ii)	Clinical Governance Committee	LB	(enclosed)
	(iii)	Finance, Performance & Resources Committee	RL	(enclosed)
	(iv)	Remuneration Committee	TM	(enclosed)
	(v)	Staff Governance Committee	MW	(enclosed)

10:35	**9.**	ANNUAL ACCOUNTS PROCESS *Issued to Board and EDG Members only*		
		NHS Fife Annual Accounts		
	9.1.	Annual Accounts and Financial Statements Cover Paper 2019/20	MM	
	9.2.	**NHS Fife Board Annual Accounts for the Year to 31 March 2020**	MM	
	9.3.	Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland	PF	
	9.4.	Letter of Representation	PF	
	9.5.	Annual Assurance Statement from the Audit & Risk Committee	MB	
11:05		**Patients' Private Funds**		
	9.6.	Patients' Private Funds Fund Accounts for the Year Ended 31 March 2020 Cover Paper	MM	
	9.7.	Patients' Private Funds Fund Accounts for the Year Ended 31 March 2020	MM	
	9.8.	Patients' Private Funds Fund Audit Completion Memorandum	MM	
	9.9.	Patients' Private Funds Fund Letter of Representation	MM	

11:15   BREAK

11:20	**10.**	**COVID-19 PANDEMIC UPDATE**		
	10.1	Covid-19 Vaccination Planning	SG	(enclosed)
	10.2.	Winter Plan 2020/21	HB	(enclosed)
11:40	**11.**	**FIFE ELECTIVE ORTHOPAEDIC CENTRE FULL BUSINESS CASE**	HB	(enclosed)
11:55	**12.**	**HOSPITAL ELECTRONIC PRESCRIBING & MEDICINES ADMINISTRATION SYSTEM (HEPMA) FULL BUSINESS CASE**	CM	(enclosed)
12:10	**13.**	**SEASONAL FLU PROGRAMME REVIEW & ACTION PLAN**	CP	(enclosed)
12:15	**14.**	**BOARD ASSURANCE FRAMEWORK**	HB	(enclosed)

12:25	**15.**	**STATUTORY AND OTHER COMMITTEE MINUTES**		

Statutory unconfirmed

15.1.	Audit & Risk Committee dated 19 November 2020 (unconfirmed)	(enclosed)
15.2.	Clinical Governance Committee dated 4 November 2020 (unconfirmed)	(enclosed)
15.3.	Finance, Performance & Resources Committee dated 10 November 2020 (unconfirmed)	(enclosed)
15.4.	Staff Governance Committee dated 29 October 2020 (unconfirmed)	(enclosed)

Other

15.5.	Communities & Wellbeing Partnership dated 23 September 2020 (unconfirmed)	(enclosed)
15.6.	East Region Programme Board dated 4 September 2020	(enclosed)
15.7.	Fife Health & Social Care Integration Joint Board dated 28 August 2020	(enclosed)

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15.8.	Audit & Risk Committee dated 17 September 2020	(enclosed)
15.9.	Clinical Governance Committee dated 7 September 2020	(enclosed)
15.10.	Finance, Performance & Resources Committee dated 8 September 2020	(enclosed)
15.11.	Staff Governance Committee dated 4 September 2020	(enclosed)

12:30	**16.**	**FOR INFORMATION:**		
	16.1.	Integrated Performance & Quality Report – September and October 2020	CP	(enclosed)
	16.2	Corporate Calendar - Board and Committee Dates to March 2022	GM	(enclosed)
	17.	**ANY OTHER BUSINESS**		
	18.	**DATE OF NEXT MEETING: Wednesday 27 January 2021 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy (tbc)**		
12:35	**END**			

Fife NHS Board

NHS Fife

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON WEDNESDAY 30 SEPTEMBER 2020 AT 10:30 AM VIA MS TEAMS

TRICIA MARWICK
Chair

Present:

T Marwick **(Chairperson)**	D Graham, Non-Executive Director
C Potter, Chief Executive	R Laing, Non-Executive Director
L Bisset, Non-Executive Director	M McGurk, Director of Finance
S Braiden, Non-Executive Director	C McKenna, Medical Director
W Brown, Employee Director	D Milne, Director of Public Health
H Buchanan, Director of Nursing	A Morris, Non-Executive Director
E Clarke, Non-Executive Director	J Owens, Non-Executive Director
C Cooper, Non-Executive Director	M Wells, Non-Executive Director

In Attendance:

N Connor, Director of Health & Social Care (H&SC)

C Dobson, Interim Director of Acute Services

L Douglas, Director of Workforce

A Fairgrieve, Director of Estates, Facilities & Capital Services

S Garden, Director of Pharmacy & Medicines

K MacGregor, Head of Communications

G MacIntosh, Head of Corporate Governance & Board Secretary

P King, Corporate Services Manager (Minutes)

1. **Chairperson's Welcome and Opening Remarks**

   The Chair welcomed everyone to the Board meeting and set out the NHS Fife MS Teams Meeting Protocol.

   The Chair offered congratulations to the following:
   - Carol Potter, appointed as Chief Executive of NHS Fife, following a competitive process last week. The Chair looked forward to continuing to work with Carol Potter, as she had done over the past few months during the Covid-19 Pandemic in her capacity as Interim Chief Executive;
   - Claire Dobson appointed as Interim Director of Acute Services. Thanks were recorded to Andy Mackay, Deputy Chief Operating Officer (Acute), for his support during the Covid-19 period;
   - The Children and Young People's Continence Team who have won a Children's Health Award Scotland. The team won the Improving Life Experiences Award,

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which recognises the commitment and expertise of the team and the significant difference they make to those that they care for, as well as their work improving confidence and resilience so that young people are better able to deal with their difficulties; and

- Tara Irvin, Young People's Health Development Worker, who has won the Healthcare Rights Award at the Scottish Children's Health Awards. These awards were created to celebrate courageous children and those who are making a difference to the health and wellbeing of children and young people in Scotland.

The Chair referred to the planning arrangements for this year's Flu Immunisation Programme, the implementation of which had caused significant difficulties for the people of Fife. She explained that the Programme was being delivered in a different way this year, mostly due to the need to ensure adequate infection control arrangements were in place in relation to Covid-19. When letters to the over-65 age group had been issued nationally over the course of one day, it became clear that Fife Health Board had not prepared adequately for the immediate volume of calls seeking appointments and a backlog quickly grew. Despite much additional resource, difficulties are still being encountered and the Chair extended an apology to the people of Fife, who deserved better. A full review of why planning went wrong will be undertaken and reported back to the Clinical Governance Committee in due course. The priority is to resolve the issues and restore confidence in the process, and the Chair assured all those waiting for an appointment that there is enough vaccine to go around and appointment slots available. The Chair thanked the public and the Fife MSPs that had raised concerns on behalf of their constituents, for their ongoing patience and support in resolving the issues. The Chief Executive would provide a further update under her own report.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

Apologies for absence were received from Katy Miller, Non-Executive Whistleblowing Champion, and Martin Black, Non-Executive Director.

4. Minute of the last Meeting held on 29 July 2020

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

5. Matters Arising

There were no matters arising.

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Update

Carol Potter took the opportunity to welcome Claire Dobson, recently appointed as Interim Director of Acute Services, and reiterated comments made by the Chair in her introduction to record thanks to Andy Mackay, Deputy Chief Operating Officer (Acute), for his support and contribution around the Directors' table during the Covid-19 Pandemic.

Reflecting on the planning issues encountered with the Flu Immunisation Programme, Carol Potter thanked the Chair for her comments and thanked the Fife MSPs for raising directly their concerns. She acknowledged the difficulties experienced by people over the last week or so and was sorry for the anxiety that had caused, recognising that communication could have been clearer and earlier. Delivery of this year's Flu Immunisation Programme has changed significantly, with the responsibility for the immunisations moved from General Practice, as part of the changes to the GP contract, to individual Health Boards. This, coupled with the necessary adjustments required to the delivery model due to social distancing and infection control procedures in response to Covid-19, had made the programme's delivery much more complex. Carol Potter described the approach taken for the delivery model, as presented to the Clinical Governance Committee earlier this month, and drew attention to a further change, which saw 75,000 letters issued by NHS Scotland to the over-65s in Fife in one day. The provision for 354 telephone lines and eight call handlers, which should have been enough to cover around 12,000 calls per week, was clearly not sufficient to deal with the immediate demand caused on receipt of the letters.

At this point in time, the Programme is underway to immunise the over-65s age group. Patients that are already under the care of the district nursing teams will be offered immunisation in the home. Cluster clinics are running from 8 am – 5 pm with evening and week-end sessions scheduled, and options are also available for immunisation by community pharmacies and in various other venues. The school programme started two weeks ago and is going well, and the infant programme started this week. Pregnant women will receive their vaccine via ante natal clinics over the next few weeks and care home staff vaccinations are being issued via community pharmacies, which is an important step forward this year.

The high volume of calls being received by the call handlers was exacerbated by the number of calls from people who had not yet been asked to come forward for their flu immunisation. The Flu Immunisation Programme started one month earlier than usual, and the first priority is the over-65s age group. Letters to the 18 – 64 'at risk' age group would be issued in batches over the coming weeks and, whilst it is appreciated that people are keen to get the vaccine, it is important for individuals to wait until letters are received before making an appointment. It was noted that there is no concern around vaccinations and availability of the supply chain; community pharmacies delivering the vaccine had their own supply with orders and deliveries in place. Work continued to review the workforce model and capacity. Although the delivery model had changed with the responsibility for the immunisations moved to Health Boards, thanks were paid to GPs and Dentists, who are supplementing the immunisation team. Separate work was also ongoing at UK level in relation to healthcare support workers.

Several actions have already been taken and these were set out to members, including an increase in the number call handlers from eight to 46 individuals in place for the next month, with additional phone lines set up. Call handlers have a protocol to ask specific questions about the preferred venue for receiving the vaccination and the Health

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Records Manager is providing oversight to the call handling team. Links have been made with NHS Scotland to confirm that letters for the 18 - 64 'at risk' category will be issued in batches, with instructions to encourage contact via email, as well as by telephone. Concerns had been raised about the accessibility of some of the venues and assessments have been undertaken in each of those, with staff put in to ensure satisfactory cleaning and infection control measures to ensure a clean and safe environment. Consideration is also being given to establishing further pop-up clinics in areas where specific difficulties have been experienced regarding accessibility. For assurance purposes, the Board noted that a Silver Command structure has been established, with a daily situation report of data related to the delivery programme. A stocktake exercise is underway with key individuals involved in the programme, to ensure that NHS Fife is doing everything it can to address the issues experienced. A detailed 'lessons learned' report will be submitted to the Clinical Governance Committee in due course.

In response to questions, Carol Potter confirmed that NHS Fife has supplemented the management and administrative support to the programme and discussion with NHS Scotland would result in further letters being issued in batches. NHS Fife will continue to issue Press Statements to keep the public informed and the ongoing support from councillors, MSPs, etc, in helping to reach local communities was appreciated. The suggestion of working with the third sector to support the local programme would be discussed with the team, if this was not already in place. Carol Potter emphasised that based on information available at this time, there was no shortage of the flu vaccine and sufficient appointments are available. The public was urged to be patient as the team worked through the backlog in a systematic way and she assured those that had responded by email or text that a response would be forthcoming. The priority at this point was for the over-65s age group and people not in this age category who had not yet been invited for an appointment were asked not to contact NHS Fife at this time.

Wilma Brown highlighted the importance of ensuring good communication to the public about the role that staff are playing to ensure that the population of Fife is immunised against flu and kept safe, whilst also dealing with the impact of Covid-19. Staff are going above and beyond in difficult circumstances and it is important to ensure that the public is aware and that their understandable frustrations about delays in confirming appointments are not taken out on staff.

Carol Potter reiterated comments by Wilma Brown about the impact on staff, particularly in relation to the Flu Immunisation Programme and Test and Protect. This is about the pace in which staff are required to respond to all challenges, and it was noted that the willingness of staff to work differently, with different people and in different places, is incredible.

On behalf of the Board, the Chair added her thanks to all staff involved in the process. She asked members of the public to be patient and urged those that had not yet received an invite letter to await receipt of this prior to arranging an appointment. The lessons learned from this exercise will be fed into preparations for vaccination against Covid-19 when, and if, that becomes available.

The Board **noted** the update provided.

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6.2 Integrated Performance & Quality Report Executive Summary

Carol Potter introduced the Executive Summary produced in August 2020, which was previously submitted through the three governance committees in September. Executive leads and Committee Chairs highlighted areas of significance within the IPQR, in particular:

Clinical Governance
Improvement was noted in the infection rates related to c.Difficile and Staphylococcus Aureus Bacteraemia (SAB). All infection rates continued to be monitored through the Government programmes. During the Pandemic many clinical staff were unable to consider complaints due to undertaking other duties in support of patients and public at that time, but it was noted that the closure rates for Stage 1 complaints had improved and the Patient Relations Team had started to work through the backlog in relation to Stage 2 complaints.

The Clinical Governance Committee noted the improvement in the infection rates, especially given the circumstances of a Pandemic, and recognised the good work by staff in this regard. The programme being put in place to catch up on the backlog of Stage 2 complaints was also welcomed.

Finance, Performance & Resources
NHS Fife Acute Division – Performance around the key targets of 4-Hour Emergency Access, Patient Treatment Times Guarantee (TTG), New Outpatient Referrals, Diagnostics and Cancer 62-day Referral to Treatment were highlighted.

Health & Social Care Partnership – it was recognised that Covid-19 had led to changes in service provision regarding Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies. The Partnership was focused on remobilisation of services and looking at things differently using technology; detailed discussion on this would take place at the next Finance, Performance & Resources Committee. Work continued in relation to delayed discharges and this was being communicated into the Winter Plan. As part of the Remobilisation work, an Integrated Capacity and Flow Group had been established to harness what has been done well across the partners during Covid-19, to enable that to continue going forward.

Financial Position - The revenue position to 31 July reflects an overspend of £6.9m, comprising an overspend of £8.4m related to the Covid-19 response and an underspend of £1.5m in the core existing pre Covid-19 budgets. Work continued with Scottish Government to provide a formal assessment of projected full year costs. The financial position for quarter 1 had been submitted to Scottish Government and confirmation of additional funds is awaited.

The capital position for the four months to July 2020 is in line with spend across the year and good progress is being made to prepare the Full Business Case for the Elective Orthopaedic Centre.

The Finance, Performance & Resources Committee highlighted the work being undertaken in relation to delayed discharges and managing the winter plan and welcomed receiving detailed reports in due course around CAMHS and Psychological

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Therapies. Full discussion had taken place on the financial position, with concern expressed about the level of risk regarding the Covid-19 expenditure and the risk share arrangement with the Health & Social Care Partnership.

Staff Governance
The sickness absence rate continued on a downward trend and was generally lower than comparative periods in previous years, noting that Covid-19 absences are separate information pieces therein. Improvement Panels continue to manage absences from work along with other initiatives to support staff to remain at work and be able to return to work if they had been absent.

Comment was made about the value of the staff hubs and the considerable benefit they have brought to staff during the Pandemic. Discussion is taking place in different fora about how to maintain and sustain the hubs, given the reliance on funding, and the Board was asked for its support to sustain these across the organisation, noting that this was ultimately a decision reserved for the Board of Trustees, NHS Fife Endowment Fund. The Chair and Chief Executive acknowledged the pressure that staff are working under and the fantastic contribution they were making and gave a commitment to do what they can to support the health and wellbeing of staff. Various initiatives are already in place for staff to access Apps, toolkits, etc, and a separate programme supporting staff mental health was also being put in place by Scottish Government.

The Board **noted** the information contained within the Integrated Performance & Quality Report Executive Summary.

7. **CHAIRPERSON'S REPORT**

7.1 **Board Development Session – 26 August 2020**

The Board **noted** the report on the recent Development Session.

8. **COVID-19 PANDEMIC UPDATE**

8.1 **Update on Remobilisation**

Carol Potter drew attention to a letter of 11 September 2020 from the Chief Executive, NHS Scotland, confirming that NHS Scotland remains on an emergency footing until at least 31 March 2021. The letter sets out three priorities for Health Boards, which were:
- Increasing capacity in the public health function to support test and protect;
- Expanded vaccination programme for seasonal flu; and
- Finalising preparations for winter, ensuring services are remobilised in a safe way with a focus on change in delivery model for the urgent care programme.

Carol Potter advised that the implications of the letter are significant in terms of planning and the approach to remobilisation, with the stark clarity that Health Boards need to maintain focus on service delivery in a Covid-19 sensitive environment. As the prevalence of Covid-19 begins to increase again with some patients requiring hospitalisation, as part of national scenario planning NHS Fife is reviewing the potential impact of the upward trajectory on inpatient facilities and critical care beds, which could lead to difficult decisions over the next few weeks about the ambition to keep mobilising

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services and prioritise accordingly. It was noted that urgent and cancer care would always remain a high priority. The Gold Command structure had been re-established and a sub-group of that group put in place to look at prioritisation on a weekly basis, both from an operational management perspective and clinical oversight on any decision that required to be taken at pace on service delivery, thus readying the Acute Hospital for any increase in attendance of Covid-19 patients.

Formal feedback on the Remobilisation Plan had now been received from Scottish Government and the impact of this on the financial position for NHS Fife and the Health & Social Care Partnership would be provided in due course.

Dona Milne provided an update on the Covid-19 situation in Fife and reported that in the week 13 - 19 September 2020 there were 84 positive cases, with 426 contacts identified. Figures would be updated by National Records Scotland later today and were expected to rise significantly. Contact tracers are working hard to reach people to interview cases and identify contacts with close contacts having to isolate. There has been a rapid increase in the number of Covid-19 clusters across Fife in recent weeks, including those associated with education settings, workplaces and individual households, and press statements have been issued to keep the public updated on the current position. There is concern at the rise in the number of cases and NHS Fife is asking local people to "stick with it" and continue to follow the public health advice.

The Chair thanked Dona Milne and the Test and Trace team for the fantastic job they are doing, and she asked that the thanks of the Board are passed on for the vitally important work they are doing.

The Board **noted** the up-date on the Covid-19 Pandemic.

9.   NHS FIFE – EMBEDDING ORGANISATIONAL VALUES

Linda Douglas reminded Board Members of the decision made previously to adopt the NHS Scotland Values following a review of the NHS Fife Strategic Framework in Autumn 2019. The paper outlined the work to consult on the current values, the proposed values and the proposed work to embed these values and behaviours across the organisation in collaboration with staff and patients.

A few questions/comments were given, about the importance of ensuring patient and staff feedback, building on mechanisms already in place and ensuring proper monitoring of that feedback is taken seriously. Carol Potter welcomed the comments and feedback and was delighted at the extent to which all Directors and Staff Side had supported this and their commitment to the next step forward. She emphasised the value of meeting staff in person and hoped to set up a regular routine of meeting with staff in all our facilities, along with the Employee Director, to invite direct feedback from staff across the organisation.

The Staff Governance Committee had discussed the 43% compliance rate of Personal Development Plans and Review and the pause in that activity due to the Pandemic and Margaret Wells, Chair of the Committee, was pleased to hear the support of the Board in doing what it can to enable staff and managers to embed these values, which are already very evident in every part of the organisation.

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The Board **approved** the proposed approach to embedding the organisational values.

10. DRAFT CORPORATE OBJECTIVES 2020/21

Carol Potter introduced the paper, which provided the Board with a review of the Corporate Objectives 2020/21 and a look forward to 2021/22 with proposed objectives to be approved by the Board, noting that this work had been delayed due to Covid-19. A different approach had been taken this year, with a workshop for the Executive Directors' Group held to discuss and review the corporate objectives. The paper detailed the collated output of the workshop for the purposes of allowing further refinement prior to the setting of 2020/21 objectives through appropriate governance routes.

The Board **noted** the revision of the Corporate Objectives for 2020/21 and the changes therein and **agreed** to consider a review of the Strategic Framework at a future Board Development Session.

Action: C Potter / G MacIntosh

11. ANNUAL REVIEW OF CODE OF CORPORATE GOVERNANCE

Gillian MacIntosh noted that the Code of Corporate Governance has been reviewed and incorporates the Board's approval of the new Model Standing Orders for Boards in NHS Scotland and recent reviews by each Board Committee of their individual Terms of Reference, together with proposed clarifying changes to the Standing Financial Instructions. The document had been reviewed in depth by the Audit & Risk Committee at its last meeting and recommended for approval to the Board.

The Board **approved** the updated Code of Corporate Governance as per its annual review cycle.

12. UPDATE ON BOARD ACTION PLAN FOR THE IMPLEMENTATION OF THE NHS SCOTLAND 'BLUEPRINT FOR GOOD GOVERNANCE'

Gillian MacIntosh referred to the paper, which provided an update on the implementation of the action plan, previously submitted to the Board at its meetings in May and November 2019. The action plan (attached as appendix 1 of the paper) addresses a number of areas of activity where the Board required to refresh its areas and the paper provides an update on that, noting that there is likely to be a re-assessment on the Board's response to the Blueprint in early 2021. From the document, most of the actions are now complete and actions in progress relate to large, ongoing workstreams, updates for which are provided in the paper.

The Board **noted, for assurance,** the information provided in this paper.

13. UPDATE ON RISK MANAGEMENT FRAMEWORK

Helen Buchanan presented the paper, the purpose of which is to assess the review of the NHS Fife Risk Management Framework, noting that this workstream had been delayed due to Covid-19. In the main, the core Risk Management Framework remains but the update incorporates some of the work undertaken with the Board over the last

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two years, particularly in relation to the Board Assurance Framework, Risk Policy and Procedures, Risk Appetite and Tolerance and Health & Social Care Integration. It remains a fluid document and re-states the commitment to ensure that risks to quality, safety, effectiveness and sustainability of services are appropriately managed within the organisation.

Further work will include an update to the organisational values and future iterations of the document will be submitted to the Audit & Risk Committee and other governance committees as necessary.

The Board **approved** the updated Framework.

14. **ORGANISATIONAL DUTY OF CANDOUR ANNUAL REPORT 2019/20**

Chris McKenna introduced the NHS Fife Organisational Duty of Candour Annual Report for the period 1 April 2019 – 31 March 2020, for awareness. It was noted that the NHS Fife summary for the period indicated that 28 events were reported as having activated organisational duty of candour. The details of the outcome attributed to each event are detailed in the report. Overall NHS Fife complied with the procedure well. This means the people affected were informed, apologies were given, an account of the event was provided very quickly at the time of the event, and a full review was undertaken. The Patient Relations team is often involved when there is an investigation into an adverse event and efforts are made to try and align the process so that patients and their families are kept well informed and communication is not duplicated.

The Board **noted** the report for Members' information only.

15. **DIGITAL AND INFORMATION STRATEGY 2019-24**

Chris McKenna presented the Digital & Information Strategy 2019-24, together with a supporting Delivery Plan. The paper summarised the robustness of the Digital & Information Strategy, considering the impact of the Covid-19 pandemic and how and why Covid-19 has affected, both positively and negatively, the Strategy.

The paper set out the governance route of the Strategy and Delivery Plan, which had been updated since submission to the Clinical Governance Committee on 7 September 2020 to provide greater clarity on the status of each of the areas, with colour coding to give an overview of the significant number of projects ongoing across each of the five ambitions.

Eugene Clarke congratulated the Digital & Information team for the fantastic work done over the course of the Pandemic, especially in relation to the introduction of "Near Me" and the distribution of technology such as MS Teams to allow off site working. The team was under huge pressure and the work they have been doing was recognised. Comment was made about the need to think about the use of digital technology at the start of any change or transformation of services, so it is used in the way it should be as an enabler of organisational change.

Comment was also made about the need to ensure equitable access for everyone and this was key going forward as services are transformed and moves are made to bring

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digital closer to the work being undertaken. It was noted that services in the community have digital champions that help people access digital technology. The Scottish Government also has a programmed called "Connecting Scotland", which was assisting the third and voluntary sector by providing funding for individual community groups to get equipment out to people to access "Near Me", etc. Considerable efforts were being made in this regard in the community that would complement the Strategy and NHS Fife should consider linking with the community organisations in the future.

The Board **endorsed** the Strategy (appendix 1) in its current form and the updated delivery plan.

16. BOARD AND COMMITTEE DATES TO MARCH 2022

The Chair advised that dates have been planned for all Board and Committees from April 2021 and flagged that she intended to move the day of the Board meeting to the last Tuesday of the month, which would also assist Press and Media partners to report timeously on the Board's business.

The Board **noted** that, for members' information, the full corporate calendar would be submitted to the next meeting of the Board and electronic calendar invites would be issued shortly.

17. STATUTORY AND OTHER COMMITTEE MINTUES

The Board **noted** the below Minutes and any issues to be raised to the Board.

17.1   Audit & Risk Committee dated 17 September 2020 (unconfirmed)
17.2   Clinical Governance Committee dated 7 September 2020 (unconfirmed)
17.3   Finance, Performance & Resources Committee dated 8 September 2020 (unconfirmed)
17.4   Staff Governance Committee dated 4 September 2020 (unconfirmed)
17.5   Fife Health & Social Care Integration Joint Board dated 26 June 2020
17.6   Fife Partnership Board dated 18 August 2020 (unconfirmed)

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17.7   Audit & Risk Committee dated 13 July 2020
17.8   Clinical Governance Committee dated 8 July 2020
17.9   Finance, Performance & Resources Committee dated 7 July 2020
17.10 Staff Governance Committee dated 3 July 2020

18. FOR INFORMATION

The Board **noted** the items below:

18.1 Integrated Performance & Quality Report – July and August 2020

19. ANY OTHER BUSINESS

None.

20. **DATE OF NEXT MEETING:** Wednesday 25 November 2020 at 10:00 am, location to be confirmed.

As per Section 5.22 of the Board's Standing Orders, after the public meeting, the Board met in Private Session to consider certain items of business.

NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**25 November 2020**
Title:	**Executive Summary Integrated Performance & Quality Report**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1   Purpose

This is presented to the NHS Fife Board for:

- Discussion

This report relates to the:

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

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This report informs the NHS Fife Board of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of August 2020. The Financial update covers the period up to the end of September 2020.

2.2   Background

The Executive Summary Integrated Performance & Quality Report (ESIPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced bi-monthly and is based on the previous month's Integrated Performance & Quality Report (IPQR) which was presented at the last round of Standing Committees (Clinical Governance, Staff Governance and Finance, Performance & Resources).

The ESIPQR incorporates any issues and comments which the Standing Committees feel requires to be escalated to the NHS Fife Board.

2.3 Assessment

Clinical Governance

The Clinical Governance aspects of the report cover Adverse Events, HSMR, Falls, Pressure Ulcers, Infection Control (SAB, ECB, C Diff, Caesarean Section SSI) and Complaints.

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Slightly above Scotland
Falls	Monthly	5.97 per 1,000 TOBD	Not achieving
Falls With Harm	Monthly	2.16 per 1,000 TOBD	Achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI [1]	Quarterly	2.5%	N/A
SAB (HAI/HCAI)	Monthly	19.5 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	36.6 per 100,000 TOBD	Not achieving
C Diff (HAI/HCAI)	Monthly	6.7 per 100,000 TOBD	Achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) [2]	Monthly	65%	Achieving

[1]   Data collection currently 'paused' (as per instruction from Scottish Government), latest data was for q/e Dec-19

[2]   Aim to achieve 65% target by Mar-21, currently exceeding trajectory

Staff Governance

The Staff Governance aspect of the report covers Sickness Absence.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.39% (2020/21) 4.00% (Standard)	4.58% in August 2020

Finance, Performance & Resources

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

Operational Performance

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	90.6%	Not achieving

18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early [1]	Quarterly	29%	N/A
FOI Requests	Monthly	85%	Not achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation [2]	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
ABI (Priority Settings) [3]	Quarterly	80%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving

Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	Break even	Achieving
Capital Expenditure	Monthly	£12.968m	Achieving

[1] Data collection currently 'paused' (as per instruction from Scottish Government), latest data was for q/e Sep-19

[2] Scottish Government have been unable to calculate new targets for FY 2020/21, NHS Boards have been advised to work towards the same targets as FY 2019/20

[3] NHS Fife fractionally missed the target for 2019/20, but this was due to the delivery of interventions in an A&E setting being paused during the pandemic – data collection for 2020/21 continues to be impacted, and there has been no guidance on expected achievement from the Scottish Government

2.3.1 Quality/ Patient Care

NHS Fife is continually focused on mitigating the impact of the pandemic on patient waiting times.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

Financial performance is summarised in the report, and is provided in far greater detail in the monthly IPQR.

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

The Standing Committees are fully involved in reviewing the IPQR which forms the basis of the ESIPQR, and there is a method by which any issues can be escalated to the NHS Fife Board.

2.3.8 Route to the Meeting

The ESIPQR was drafted by the PPT and ratified by the Associate Director of Planning & Performance. It was then authorised for presentation at the NHS Fife Board Meeting.

2.4   Recommendation

The NHS Fife Board is requested to:

- **Discussion** – Examine and consider the NHS Fife performance in the Indicator Summary table on Page 4, with particular reference to the measures identified in Section 2.3, above
- **Discussion** – Consider any issues escalated via the Standing Committees

3   List of appendices

None

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Fife Integrated Performance & Quality Report

Executive Summary

for the Report Produced in October 2020

NHS Fife

Introduction

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

The ESIPQR comprises of the following sections:

I. Executive Summary

    a.   LDP Standards & Local Key Performance Indicators (KPI)

    b.   National Benchmarking

    c.   Indicatory Summary

    d.   Assessment, by Governance Committee (including Executive Lead and Committee Comments)

The baseline for the report is the previous month's Integrated Performance and Quality Report (IPQR), which was considered and scrutinised at the most recent meetings of the Standing Committees:

- Staff Governance   29th October 2020
- Clinical Governance   4th November
- Finance, Performance & Resources   10th November 2020

Any issues which the Standing Committees wish to escalate to the NHS Fife Board as a result of these meetings are specified.

The COVID-19 pandemic, which resulted in a lockdown and suspension of many services from 23rd March, meant that no ESIPQR was produced in May. Standing Committees were cancelled that month, but restarted 'virtually' from July.

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

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

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

As part of the JMP, a spreadsheet showing projected activity across critical services during the final 3 quarters of FY 2020/21 has been created and is being populated with actual figures as we go forward. In order to provide as up-to-date information as possible, some of the figures are initially provisional, and will be corrected if necessary the following month. The latest version of this is shown in Appendix 1.

Improvement Actions in the drill-downs carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY. They are shaded in BLUE if they are assessed as being complete or no longer relevant.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 13 (45%) classified as **GREEN**, 1 (3%) **AMBER** and 15 (52%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- Stage 2 Complaints Closure (ahead of improvement trajectory for FY 2020/21)

- Diagnostics Waiting Times (significant progress towards recovery of pre-pandemic position)

- Sickness Absence (ahead of improvement trajectory for FY 2020/21, but remembering that figures do not include COVID19-related absence)

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 6 (21%) within upper quartile, 19 (65%) in mid-range and 4 (14%) in lower quartile.

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

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Indicator Summary

Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Aug-19	48	Jul-20	26	Aug-20	33	↓		N/A		
	N/A	HSMR	N/A	Year Ending	Mar-19	N/A	Dec-19	1.02	Mar-20	1.01	↑	YE Mar-20	1.01	●	1.00
	N/A	Inpatient Falls	5.97	Month	Aug-19	6.55	Jul-20	9.25	Aug-20	7.30	↑		N/A		
	N/A	Inpatient Falls with Harm	2.16	Month	Aug-19	1.16	Jul-20	1.97	Aug-20	1.71	↑		N/A		
	N/A	Pressure Ulcers	0.42	Month	Aug-19	0.65	Jul-20	0.75	Aug-20	1.10	↓		N/A		
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Jun-19	2.0%	Mar-20	0.9%	Jun-20	2.3%	↓	QE Dec-19	2.3%	●	0.9%
	N/A	SAB - HAI/HCAI	19.5	Quarter Ending	Aug-19	14.6	Jul-20	8.7	Aug-20	15.1	↓	QE Jun-20	6.3	●	20.3
	N/A	SAB - Community	N/A	Quarter Ending	Aug-19	9.6	Jul-20	8.5	Aug-20	6.4	↑	QE Jun-20	14.0	●	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Aug-19	10.1	Jul-20	5.8	Aug-20	5.5	↑	QE Jun-20	7.9	●	15.4
	N/A	C Diff - Community	N/A	Quarter Ending	Aug-19	2.1	Jul-20	5.3	Aug-20	6.4	↓	QE Jun-20	1.1	●	5.9
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Aug-19	34.9	Jul-20	42.2	Aug-20	52.1	↓	QE Jun-20	36.4	●	39.7
	N/A	ECB - Community	N/A	Quarter Ending	Aug-19	34.1	Jul-20	37.2	Aug-20	39.3	↓	QE Jun-20	38.8	●	35.9
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Aug-19	75.0%	Jul-20	72.4%	Aug-20	74.3%	↑	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Aug-19	58.3%	Jul-20	25.7%	Aug-20	36.4%	↑	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Aug-19	100.0%	Jul-20	100.0%	Aug-20	100.0%	↔		N/A		
	95%	4-Hour Emergency Access	95%	Month	Aug-19	93.6%	Jul-20	96.1%	Aug-20	95.4%	↓	Aug-20	95.4%	●	92.9%
	100%	Patient TTG (Ongoing Waits)		Month	Aug-19	89.9%	Jul-20	20.2%	Aug-20	30.0%	↑	Jun-20	15.5%	●	17.3%
	95%	New Outpatients Waiting Times		Month	Aug-19	95.0%	Jul-20	41.1%	Aug-20	50.0%	↑	Jun-20	32.1%	●	28.5%
	100%	Diagnostics Waiting Times		Month	Aug-19	97.6%	Jul-20	51.4%	Aug-20	78.3%	↑	Jun-20	37.4%	●	35.4%
	95%	Cancer 31-Day DTT		Month	Aug-19	97.0%	Jul-20	98.1%	Aug-20	96.1%	↓	QE Jun-20	96.3%	●	97.1%
	95%	Cancer 62-Day RTT		Month	Aug-19	84.0%	Jul-20	88.2%	Aug-20	84.3%	↓	QE Jun-20	77.7%	●	84.1%
	90%	18 Weeks RTT		Month	Aug-19	82.0%	Jul-20	69.2%	Aug-20	64.0%	↓	Jun-20	84.8%	●	79.6%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Aug-19	8.0%	Jul-20	6.2%	Aug-20	7.8%	↓	QE Dec-19	7.2%	●	7.1%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Aug-19	71	Jul-20	46	Aug-20	54	↓	Aug-20	14.46	●	14.68
	80%	Antenatal Access	80%	Month	Nov-18	85.3%	Oct-19	88.4%	Nov-19	83.3%	↓	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	TBC	YTD	May-19	101.3%	Apr-20	15.0%	May-20	24.1%	↓	FY 2019/20	92.8%	●	97.2%
	90%	CAMHS Waiting Times		Month	Aug-19	74.8%	Jul-20	62.8%	Aug-20	57.8%	↓	QE Jun-20	68.6%	●	59.3%
	90%	Psychological Therapies Waiting Times		Month	Aug-19	65.2%	Jul-20	74.5%	Aug-20	77.9%	↑	QE Jun-20	69.7%	●	74.3%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑	2019/20	79.2%	●	83.2%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Jun-19	95.0%	May-20	86.5%	Jun-20	93.4%	↑	QE Jun-20	87.3%	●	95.3%
	N/A	Dementia Post-Diagnostic Support		Annual	2017/18	86.7%	2018/19	93.9%	2019/20	91.6%	↓	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals		Annual	2017/18	55.4%	2018/19	60.7%	2019/20	57.6%	↓	2017/18	55.3%	●	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Aug-19	68.6%	Jul-20	75.7%	Aug-20	78.0%	↑		N/A		
Finance	N/A	Revenue Expenditure	£0	Month	Sep-19	N/A	Aug-20	+£7.748m	Sep-20	+£1.859m	↑		N/A		
	N/A	Capital Expenditure	£12.968m	Month	Sep-19	N/A	Aug-20	£2.751m	Sep-20	£3.323m	↑		N/A		
Staff Governance	4.00%	Sickness Absence	4.39%	Month	Aug-19	5.44%	Jul-20	5.06%	Aug-20	4.58%	↑	YE Mar-20	5.49%	●	5.31%

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d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
HSMR	1.00	N/A	N/A	YE Mar-20	1.01	YE Mar-20	🟡

The HSMR for NHS Fife for the year ending March 2020 improved slightly in comparison to the year ending December 2019, but remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.

Inpatient Falls (with Harm) Reduce falls with harm by 20% by December 2020	2.16	Aug-20	2.16	Aug-20	1.71	N/A	N/A

An increase in the fall trajectory has been noted over the COVID-19 period. The previous report highlighted changes in the environment and patients pathways as a result of COVID and this remains under review. It is likely that there are a number of factors that have contributed to this including; the change in occupancy and patient placement (i.e. red and green side rooms). In addition staff were relocated to other areas to work during this period. Work continues to monitor and support areas as identified with the most recent report noting improvement.

Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Aug-20	1.10	N/A	N/A

The collaborative is underway within the Acute Services with 3 wards taking part. One the 12-week periods is over, and another 3 wards within Acute Services will commence. A holistic approach is being taken in respect of the collaborative within HSCP. The Quality Improvement Collaborative - the main features are to reduce falls, reduce pressure ulcers and to increase quality of care rounding and measure compliance.

Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Jun-20	2.5%	QE Jun-20	2.3%	QE Dec-19	🔴

SSI surveillance has been paused due to the ongoing global pandemic. Maternity services have continued to monitor C-section SSI rates from January 2020 onwards. This data is reported in the IPQR; however, please note that it is unverified with no National comparison and does not follow the agreed methodology.

SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Aug-20	19.5	QE Aug-20	15.1	QE Jun-20	🟢

Surveillance for SABs has continued throughout the COVID-19 pandemic. For Q2 2020 NHS Fife was below the national comparator for HCAI SABs, although above for Community SABs. Although the rate remains below the target trajectory for HCAI SABs, August was a disappointing month with 7 HCAI SABs including 4 renal unit VAD SABs and 1 PVC-related infection.
There have been 3 PWID SABs so far in 2020.

C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Aug-20	6.7	QE Aug-20	5.5	QE Jun-20	🟢

CDI surveillance has continued throughout the COVID-19 pandemic. For Q2 2020, NHS Fife was below the national comparator for HCAI & CAI CDIs, and we have been below the reduction improvement trajectory since July. Recurrence of infection has been the continued focus with pioneering treatment to sustain reduction of rates.

ECB We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	QE Jun-20	36.6	QE Aug-20	52.1	QE Jun-20	🟡

Surveillance for ECBs has continued throughout the COVID-19 pandemic. For Q2 2020, NHS Fife was below the national comparator for healthcare associated (HCAI) ECBs, although above for community acquired ECBs. Reducing HCAI ECBs remains an ongoing challenge for Fife and the rate was above the reduction improvement trajectory in July and August. UTIs and CAUTIs remain the ongoing challenge to address.

Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Aug-20	36.4%	FY 2018/19	🟡

Patient Relations were advised in March that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. Although the clinical services aimed to respond, performance has suffered, a common pattern across all Health Boards. While we are clearing the backlog of older complaints, we have seen a steady increase in overall complaints as services have remobilised. These include complaints relating to delays in treatment as a result of COVID-19.

Clinical Governance Committee Meeting Issues and Comments

No performance-related issues required escalation to the NHS Fife Board.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Aug-20	95%	Aug-20	95.4%	Aug-20	🟢

Performance remained above the Scottish Government 95% target for the 5th consecutive month, with attendances approximately 13% lower than in the previous year. Capacity within the hospital has not impacted on performance and NHS Fife recorded the best 4-Hour Performance of all the Mainland Health Boards in August.

Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	TBC	Aug-20	30.0%	Jun-20	🟡

Weekly additions to the waiting list decreased from about 400 to under 100 by early April, as routine surgery (apart from cancer and urgent) was cancelled. Additions continue to increase (though still 30% below average), and this trend is expected to continue as routine outpatient clinics increase in line with plans.

The number of patients waiting greater than 12 weeks increased hugely during lockdown, from around 600 to over 3,000 (around 80% of the waiting list) however this is now improving (at around 70% of the waiting list), with similar improvement in the % of patients waiting more than 18 and 26 weeks.

Activity delivered continues to increase in line with projections as theatres have gradually been reopened and additional activity in the Independent Sector, funded by the SG, delivered to the end September. Additional funding has been received from the Scottish Government to deliver additional in-house activity which will enable a reduction in the backlog of procedures over the next 5 months.

We are on course to deliver around 76% of the previous average level of activity by December 2020.

New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Aug-20	50.0%	Jun-20	🟡

Referrals have continued to increase and are now 78% of the average before lockdown. The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % than they were before lockdown. The number of patients waiting greater than 12 weeks has now begun to fall from a position of over 8,000 (67% of the waiting list) in June to 7,400 (50% of the waiting list) in August.

The plan to restart routine face to face outpatient clinics is being gradually implemented. The activity delivered has been less than projected in some specialities and more than projected in others. This is being reviewed on a regular basis to understand the challenges and implement solutions to make the maximum use of clinical capacity available. Funding has been received from the Scottish Government to deliver additional in house or in-sourced activity in the evenings and at weekend to reduce the backlog of referrals in a number of specialities. It is anticipated that this will enable us to achieve 90% of previous levels of new outpatient capacity in December to March 2021 and along with clinical validation of the waiting lists will lead to continued reduction in the number of patients waiting over 12, 18 and 26 weeks.

Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Aug-20	78.3%	Jun-20	🟡

The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from to 37% in June to 78% in August following the increase in capacity in line with remobilisation plans.

Endoscopy services restarted in June and all lists have been reinstated, although capacity is reduced by 30% due to physical distancing and infection control procedures. Referrals are increasing which along with reduced capacity has resulted in a backlog of routine referrals. Priority is being given to urgent and cancer referrals. Capacity for routine endoscopies will be further reduced in November to accommodate the restart of Bowel Screening. Discussions around recovery plans have taken place with the SG, and funding has been agreed for some additional capacity which will be targeted at routine referrals.

The number of patients waiting over 6 weeks for a radiology diagnostic test has improved significantly due to increased activity and demand which is below that before lockdown. The increase in activity is due to a mix of additional extended day/weekend working across NHS Fife and the support of the MRI mobile van that we are currently sharing with NHS Tayside as part of the SG recovery plan. Additional capacity is planned for Ultrasound which will lead to further improvements. Priority continues to be given to urgent referrals.

Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	TBC	Aug-20	84.3%	QE Jun-20	🔴

Performance continues to be variable with breaches (mainly small) occurring in a number of specialties. There were various breach reasons, including issues with CT guided and PET and continued challenges with the length of the prostate pathway, but none could be attributed to COVID-19. NHS Fife has committed to continuation of the weekly PTL meeting as we enter a second phase of the pandemic.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE May-20	85%	QE Aug-20	78.0%	N/A	N/A

The number of FOI requests since June has remained steady, but overall compliance with meeting the 20 working day response time has not yet improved to any great degree. An FOI Officer has now been employed to manage the FOI process, and this is expected to greatly assist with NHS Fife's overall FOI compliance and reporting.

Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Aug-20	7.8%	QE Mar-20	🟠

Bed days lost due to patients in delay has risen above the local target after falling during the early months of the pandemic. The number of patients in delay has also increased to pre-pandemic levels. We are now entering the winter period, when the hospital occupancy is likely to increase. This, and any impact of a second wave of the pandemic, will put additional stress on the patient discharge system.

Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT May-20	24.1%	FY 2019/20	🟠

Changes to the service model were enacted at the end of March, to enable services to continue to be delivered whilst meeting relevant social distancing guidelines to protect staff and clients. Clients can access services through direct referral via a central freephone number, a generic email address or via the national Quityourway.scot website. Clients accessing the service have been increasing but not to pre-pandemic levels. Whilst the number of clients has reduced, there is increased workload associated with arranging extended supplies of medication for clients and alternative collection and delivery options through community pharmacy. Clients facing difficult personal circumstances are finding the weekly support beneficial at this time.

CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	TBC	Aug-20	57.8%	QE Jun-20	🟠

Referral rates have returned to normal levels, as predicted following the return of schools. Ongoing work against the longest waits, high rates of DNA and discharges with 'no treatment required' have impacted on the RTT despite staff activity being maintained at normal levels.

Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Aug-20	77.9%	QE Jun-20	🟠

Current improved performance is associated with reduced activity with longest waiting patients during the COVID-19 response period. It is anticipated that the impact of resumption of clinical activity with longest waiting patients will negatively impact performance over coming months. As anticipated, referrals have increased significantly since last month (up by 57%) as services remobilise.

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Sep-20	+ £1.859m	N/A	N/A

NHS Fife put in place expanded financial reporting arrangements to ensure sound financial governance and tight cost control in our response to the Covid-19 pandemic. Our reporting was expanded to encompass: core position; additional Covid-19 costs; offsetting cost reductions; and an assessment of our expected underachievement of savings.
The impact of Covid-19 on the financial performance is a key issue. Whilst funding of our initial allocation has been confirmed (SG letter of 29 September), the funding allocation has been made on either actual costs or NRAC share. At this stage SG have allocated 70% of total funding with a general contingency of 30% retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. In addition, the following have been excluded from our (and all Boards') allocations:
• Unachieved efficiency savings
• Offsets (health costs that have reduced as a result of Covid-19 response)
SG have indicated that the exclusions to allocations at this point are necessary due to wide variation in Boards' returns; and a follow up will be undertaken in the coming months to inform a final allocation across Scotland, to be made in January.

Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£12.968m	N/A	£12.968m	Sep-20	£3.323m	N/A	N/A

The total Capital Resource Limit for 2020/21 is £12.968m including anticipated allocations for specific projects. The capital position for the 6 months to September shows investment of £3.323m equivalent to 25.62% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.

Finance, Performance & Resources Committee Meeting Issues and Comments

The Committee endorsed both the EOC and HEPMA full business cases for onward approval by the Board, noting that the revenue and capital consequences for both required detailed consideration and agreement on prioritisation as part of the medium-term strategic planning and resource allocation process.

The Committee had a full discussion on the projected year-end position for NHS Fife and the significant impact of both COVID 19 and the level of financial risk associated with the projected year-end outturn for the IJB. The Committee advised that it is imperative that the NHS Fife position in relation to the IJB Risk Share agreement is confirmed and agreed no later than the end of the calendar year. The latter to be concluded as part of the current review of the IJB Integration Scheme.

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Aug-20	4.58%	YE Mar-20	🟠

Although sickness absence levels continue to fluctuate, the overall trend has continued to improve for the first five months of the year. Whilst encouraging, it is difficult to draw firm conclusions around this due to the separation of all Covid-19 Pandemic related absences from the reported sickness absence figures. All absences continue to be monitored with the increased prevalence of Covid-19 in the population, and a desire to return to a level of normality by restarting various Promoting Attendance activities.

Staff Governance Committee Meeting Issues and Comments

The committee noted that sickness absence has been lower during this period. The figures are separate from the COVID related leave categories, several improvement actions have been completed and the updates are within the Report. Review and Improvement Panels have resumed and thanks were given to colleagues who participate in these.

While all that is measured in terms of staff performance is staff absence, it was noted that there are many others measures that demonstrate positive performance of staff, such as care opinion. It was suggested that other measures should be considered by the Committee, and that it would be good to headline some of the positives on our agenda going forward. It was confirmed that current on wellbeing matters, training and performance reviews and iMatter offer the Committee additional information, and that this can be reflected in future reports to the Committee.

CAROL POTTER
Chief Executive
18th November 2020

Prepared by:
SUSAN FRASER
Associate Director of Planning and Performance

NHS Fife

Report to the Board on 25 November 2020

BOARD DEVELOPMENT SESSION – 28 October 2020

Background

1. The bi-monthly Board Development Sessions provide an opportunity for Board Members and senior clinicians and managers to consider key issues for NHS Fife in some detail, in order to improve Members' understanding and knowledge of what are often very complex subjects. The format of the sessions usually consists of a briefing from the lead clinician or senior manager in question, followed by discussion and questions, or a wide-ranging discussion led by members themselves.

2. These are not intended as decision-making meetings. The Board's Code of Corporate Governance sets out the decision-making process, through recommendations from the Executive Directors Group and/or relevant Board Committee, and this process is strictly observed.

3. The Development Sessions can, however, assist the decision-making process through in-depth exploration and analysis of a particular issue which will at some point thereafter be the subject of a formal Board decision. These sessions also provide an opportunity for updates on ongoing key issues.

October Development Session

4. The most recent Board Development Session took place via MS Teams on Wednesday 28 October 2020. There were four main topics for discussion, Test & Protect (including incident update), Seasonal Flu Programme, Redesign of Urgent Care and Winter Planning.

Recommendation

5. The Board is asked to **note** the report on the Development Session.

TRICIA MARWICK
Board Chairperson
02 November 2020

NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**25 November 2020**
Title:	**Committee Annual Assurance Statements**
Responsible Non-Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Gillian MacIntosh, Board Secretary**

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2   Report summary

2.1   Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board. The requirement for these statements is set out in the Code of Corporate Governance and is a key part of the overall annual accounts and assurance process for 2019/20.

2.2   Background

The Code of Corporate Governance requires all standing committees of the NHS Board to provide an Annual Report (Annual Statement of Assurance). As part of this Statement, each Committee must demonstrate that it is fulfilling its remit, implementing its work plan and ensuring the timely presentation of its minutes to the Board. These reports are designed to provide assurance that there are adequate and effective governance arrangements in place. Each Committee must identify any significant control weaknesses or issues at the year-end which it considers should be disclosed in the Governance Statement and should specifically record and provide assurance that the Committee has carried out the annual self-assessment of its effectiveness.

2.3 Assessment

Each Committee has respectively considered and discussed its own report at the cycle of meetings held in July.

The Audit & Risk Committee initially reviews and considers the Annual Statements of Assurance of the other Committees, confirming whether they have fulfilled their remit and that there are adequate and effective internal controls operating within their particular area of operation. In addition, the Chief Internal Auditor has reviewed these statements as part of his year-end report. As part of that report, an overall positive overview on internal controls and governance has been provided, with a number of recommendations for action during 2020/21, some specifically related to the content and consistency of information provided in future committee annual reports.

The Annual Assurance Statements for the Audit & Risk Committee, Clinical Governance Committee, Finance, Performance & Resources Committee, Remuneration Committee and Staff Governance Committee are attached for information to members of Fife NHS Board.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

Each Committee has reviewed and approved their report at the cycle of meetings held in July, followed by consideration by Audit & Risk in September.

2.4   Recommendation

The paper is provided for:

- **awareness** – to note the Annual Statement of Assurances for each of the Board's standing committees for 2019/20.

Report Contact
Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

ANNUAL STATEMENT OF ASSURANCE
FOR THE AUDIT & RISK COMMITTEE 2019/20

1. Purpose of Committee

1.1 The purpose of the Audit & Risk Committee is to provide the Board with assurance that the activities of Fife NHS Board are within the law and regulations governing the NHS in Scotland and that an effective system of internal control is maintained.

1.2 The duties of the Audit & Risk Committee are in accordance with the principles and best practice outlined in the Scottish Government Audit & Assurance Committee Handbook, dated April 2018.

2. Membership of Committee

2.1 During the financial year to 31 March 2020, membership of the Audit & Risk Committee comprised:

Mr Martin Black	Chair / Non-Executive Member
Ms Sinead Braiden	Non-Executive Member
Cllr David Graham	Stakeholder Member
Ms Janette Owens	Area Clinical Forum Representative
Mrs Margaret Wells	Non-Executive Member

2.2 The Committee may choose to invite individuals to attend the Committee meetings for the consideration of particular agenda items, but the Board Chief Executive, Director of Finance, Director of Nursing (as the lead for risk), Board Secretary, Chief Internal Auditor and statutory External Auditor are normally in routine attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

3.1 The Committee met on five occasions during the year to 31 March 2020, on the undernoted dates:

- 16 May 2019
- 20 June 2019
- 5 September 2019
- 9 January 2020
- 13 March 2020

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 As the 2019/20 Financial Year drew to a close, the Covid-19 pandemic required an unprecedented mobilisation effort on behalf of NHS Fife in order to address the developing public health emergency. As cases of coronavirus increased and the Board subsequently placed on an emergency footing, staff responded with professionalism, speed and agility, effecting major service changes in an extremely short timescale. This report is written against that background, with the knowledge that the Committee's future schedule of business will adapt appropriately to reflect on the Board's ongoing response to Covid-19. Issues to consider in the forthcoming year

will include ongoing implications for the Board's strategic planning and risk management processes, as services begin to be remobilised and redesigned.

4.2   Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains an action register to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings.

4.3   The range of business covered at the meeting demonstrates that the full range of matters identified in the Audit & Risk Committee's remit is being addressed. In line with its Constitution and Terms of Reference, the Committee has considered standing agenda items concerned with the undernoted aspects:

- Internal Control mechanisms;
- Internal & External Audit;
- Corporate Governance, including implementation of and compliance with the NHSScotland *Blueprint for Good Governance*;
- updates to the NHS Fife Code of Corporate Governance and the Board's Standing Orders;
- scrutiny of the Board's Annual Financial Accounts;
- Risk Management, including the Board Assurance Framework; and
- other relevant matters arising during the year.

4.4   In relation to the internal audit function, the Committee received information on the external quality evaluation of the FTF Internal Audit service, in accordance with Public Sector Internal Audit Standards. As key stakeholders and as part of the validated self-assessment exercise, Committee members were invited to submit a review questionnaire on the quality of the service provided. The final External Quality Assessment report and related action plan were considered by the Committee at its meeting in May 2019.

4.5   Members have reviewed and discussed in detail at meetings the annual audit plans; reports from the internal auditors covering a range of service areas; and management's progress in completing audit actions raised. In relation to the latter, the Committee has noted that further work is required to enhance the effectiveness and timeliness of completing audit recommendations, to reduce the number of outstanding actions, and the Director of Finance has undertaken to improve this as a priority action in the current year. At the January 2020 Audit & Risk Committee, it was agreed that any audit report which is categorised as Limited Assurance or No Assurance will be reported in full to the Audit & Risk Committee, with the Lead Executive Director invited to attend, to improve scrutiny of improvement activities required.

4.6   In reference to External Audit, the Committee has considered in detail the annual audit plan and the annual audit report. The annual audit report includes a report to those charged with governance on matters arising for the audit of the annual financial statements, as well as comment on financial sustainability, governance and best value. The Committee has also considered national reviews undertaken by Audit Scotland, including their report 'NHS in Scotland 2019', and its implications locally.

4.7   For assurance purposes, the Audit & Risk Committee has received and considered the annual assurance statements of each of the governance committees of the Board, namely: Clinical Governance Committee; Finance, Performance & Resources Committee; Remuneration Committee; and Staff Governance Committee. These detail the activity of each committee during the year and the business they have considered in discharging their respective remit. No significant issues were identified for disclosure in the financial statements. In reference to the assurance statement received from the Integration Joint Board, the findings of Section the 102 report requested by the Controller of Audit were highlighted. These were in relation to financial

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management and sustainability of the Partnership; slow progress in embedding good governance and management arrangements; and lack of progress in development of transformation and best value arrangements. Improvements in these areas will be a high priority in the forthcoming year.

4.8   On behalf of the Board, the Audit & Risk Committee receives regular updates on the workstreams being progressed within NHS Fife for compliance with the NHSScotland *Blueprint for Good Governance*. NHS Fife's induction approach for new Non-Executive members has been recognised as best practice and has informed a model rolled out nationally via a Director's Letter to all Boards. In the reporting year, the Committee has considered the work being undertaken on the implementation of Model Standing Orders for the Board and a new covering template for Board agenda papers, which is part of the national work ongoing to develop a suite of standard documentation on a 'Once for Scotland' approach. NHS Fife, via the Board Secretary, is engaged in current work reviewing the Terms of Reference for Standing Committees, which is expected to result in new guidance being issued once this work is completed.

4.9   Over the year, members received an update on the implementation of a new Performance & Accountability Framework across NHS Fife, welcoming the structured, transparent and systematic approach to ensure the robust delivery of standards and targets across the areas of (i) Finance; (ii) Operational Performance; (iii) Quality; and (iv) Workforce.

4.10   Progress with fraud cases and counter fraud initiatives were discussed by the Committee in private session on a regular basis throughout the year. The Committee received quarterly fraud updates, which provided members with updates on NHS Fife fraud cases, counter fraud training delivered to staff, initiatives undertaken to identify and address fraud, and the work carried out by Practitioner & Counter Fraud Services in relation to detecting, deterring, disabling and dealing with fraud in the NHS. This has provided the Committee with the assurance that the risk of fraud is being managed and addressed across NHS Fife.

4.11   During the year, members of the Committee have engaged in a number of training opportunities, covering best practice arrangements for Audit & Risk Committees. A discussion session with the Internal and External Auditors was held in March 2020, outlining the year-end processes each undertake as part of the review of the financial statements and systems of internal control. A follow-up training session covering the annual accounts scrutiny process has been scheduled for September 2020, prior to the Committee's formal consideration of the 2019-20 financial statements.

5.   Best Value

5.1   Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2019/20.

6.   Risk Management

6.1   All NHS Boards are subject to the requirements of the Scottish Public Finance Manual (SPFM) and must operate a risk management strategy in accordance with the relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.

6.2   In line with the Board's agreed risk management arrangements, the Audit & Risk Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Board Assurance Framework. Progress and appropriate actions were noted, and a number of changes to mitigating and operational risks amended, including those to reflect external developments such as Brexit. A stand-alone eHealth BAF was introduced during the year and is currently being used to pilot a new Risk Assurance Mapping

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process, which work is being taking forward in tandem with a number of other territorial boards. This work also intends to encompass the assurances required yearly from Executive Directors and the annual assurance reporting to the Board via its Committees.

6.3 The Committee received updates on activity related to the risk management workplan, including the ongoing discussions with Board members to determine the Board's risk appetite thresholds, in delivery of the risk management framework. A short-life working group, involving all Board standing Committee Chairs, was established in 2018 to help formalise a set of risk appetite statements and to define definitions of risk appetite and risk tolerance. This completed its work in the reporting year, as presented to the Board's Development Session in October 2019. Specific responsibilities and processes relating to all aspects of the Board's risk appetite and tolerance will be described in the updated version of the Risk Management Framework to be presented to the Committee and the Board in September 2020, with a plan developed to support implementation. The updated Risk Management Framework will also include a new suite of Key Performance Indicators and the process for formal reporting through the governance structure.

7. Self Assessment

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

8. Conclusion

8.1 As Chair of the Audit & Risk Committee during financial year 2019/20, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year. Audit & Risk Committee members conclude that they have given due consideration to the effectiveness of the systems of internal control in NHS Fife, have carried out their role and discharged their responsibilities on behalf of the Board in respect of the Committee's remit as described in the Standing Orders.

8.2 I can confirm that that there were no significant control weaknesses or issues at the year end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

8.4 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed: *Martin Black*   Date: 4 November 2020

Martin Black, Chair
On behalf of the Audit & Risk Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

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AUDIT & RISK COMMITTEE
ATTENDANCE RECORD 2019/20

	16.05.19	20.06.19	05.09.19	09.01.20	13.03.20
Mr M Black	√	√	√	√	√
Ms S Braiden	√	√	√	√	√
Mrs J Owens	√	√	√	√	x
Cllr D Graham	√	√	x	√	√
Ms M Wells	√	√	x	√	√

In attendance

	16.05.19	20.06.19	05.09.19	09.01.20	13.03.20
Mr P Hawkins, Chief Executive (until 27 January 2020)	✓	✓	x	✓	
Mrs C Potter, Director of Finance (until 27 January 2020) / Chief Executive (from 28 January 2020)	✓	✓	✓	✓	x
Mrs M McGurk, Director of Finance (from 3 February 2020)					✓
Ms H Buchanan, Director of Nursing	✓	✓	✓	✓	x
Dr G MacIntosh, Board Secretary	✓	✓	✓	✓	✓
Mr T Gaskin, Chief Internal Auditor	x	✓	x	✓	x
Mr B Hudson, Regional Audit Manager, Fife	✓	x	✓	✓	✓
Mr A Brown, Principal Auditor		✓			
Ms Z Headridge, Audit Scotland					✓
Mr B Howarth, Audit Scotland		✓			
Mrs P Fraser, Audit Scotland					✓
Mrs P Tate, Audit Scotland	✓	✓			
Mr A Croxford, Thomson Cooper (Annual Accounts Endowments)		✓			

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BEST VALUE FRAMEWORK

Vision and Leadership

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board has identified the risks to the achievement of its strategic and operational plans are identified together with mitigating controls.	Each strategic risk has an Assurance Framework which maps the mitigating actions/risks to help achieve the strategic and operational plans. Assurance Framework contains the overarching strategic risks related to the strategic plan.	**COMMITTEES** **AUDIT & RISK COMMITTEE** **BOARD**	Bi-monthly 5 times per year 2 times per year	Board Assurance Framework (to FP&R/CG/SG Committees) Board Assurance Framework (to A&R Committee) Board

6

GOVERNANCE AND ACCOUNTABILITY

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

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

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

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REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife has a robust framework of corporate governance to provide assurance to relevant stakeholders that there are effective internal control systems in operation which comply with the SPFM and other relevant guidance.	Explicitly detailed in the Governance Statement.	**AUDIT & RISK COMMITTEE**	Annual Annual	Code of Corporate Governance review Annual Assurance statements Compliance with NHS Scotland Blueprint
		BOARD	Ongoing	

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USE OF RESOURCES

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

OVERVIEW

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife maintains an effective system for financial stewardship and reporting in line with the SPFM.	Statutory Annual Accounts process	**AUDIT & RISK COMMITTEE**	Annual	Statutory Annual Accounts Assurance Statements SFIs
NHS Fife understands and exploits the value of the data and information it holds.	Annual Operational Plan Integrated Performance & Quality Report	**BOARD** **COMMITTEES**	Annual Bi-monthly	Annual Operational Plan Integrated Performance & Quality Report

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PERFORMANCE MANAGEMENT

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

OVERVIEW

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

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

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REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance Report and agree the measures.	**COMMITTEES** **BOARD**	Annual	Integrated Performance Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	**COMMITTEES** **BOARD**	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts including External Audit report
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report Minutes of Committees

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REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife overtly links Performance Management with Risk Management to support prioritisation and decision-making at Executive level, support continuous improvement and provide assurance on internal control and risk.	Board Assurance Framework	**AUDIT & RISK COMMITTEE** **BOARD**	Ongoing	Board Assurance Framework Minutes of Committees

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CROSS-CUTTING THEME – SUSTAINABILITY

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

OVERVIEW

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

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

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector "family". This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make. A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it is making a contribution to sustainable development by actively considering the social, economic and environmental impacts of activities and decisions both in the shorter and longer term.	Sustainability and Environmental report incorporated in the Annual Accounts process.	**AUDIT & RISK COMMITTEE** **BOARD**	Annual	Annual Accounts Climate Change Template

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CROSS-CUTTING THEME – EQUALITY

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

OVERVIEW

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

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

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

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

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**ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE CLINICAL GOVERNANCE COMMITTEE 2019/20**

1. Purpose

1.1 To provide the Board with the assurance that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including health improvement activities.

2. Membership

2.1 During the financial year to 31 March 2020, membership of the Clinical Governance Committee comprised: -

Dr Leslie Bisset	Chair / Non-Executive Member
Martin Black	Non-Executive Member
Sinead Braiden	Non-Executive Member (from 1 December 2019)
Wilma Brown	Area Partnership Forum Representative
Helen Buchanan	Director of Nursing
Cllr David Graham	Non-Executive Member
Paul Hawkins	Chief Executive (until 27 January 2020)
Rona Laing	Non-Executive Member
Dr Christopher McKenna	Medical Director
Dona Milne	Director of Public Health
Janette Owens	Area Clinical Forum Representative
Carol Potter	Chief Executive (from 28 January 2020)
John Stobbs	Patient Representative
Margaret Wells	Non-Executive Member

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

3. Meetings

3.1 The Committee met on seven occasions during the financial year to 31 March 2020, on the undernoted dates:

- 8 May 2019
- 3 July 2019
- 4 September 2019
- 14 October 2019
- 6 November 2019
- 16 January 2020
- 4 March 2020

3.2   The attendance schedule is attached at Appendix 1.

4.   Business

4.1   As the 2019/20 Financial Year drew to a close, the Covid-19 pandemic required an unprecedented mobilisation effort on behalf of NHS Fife in order to address the developing public health emergency. At its March 2020 meeting, the Committee considered an update on NHS Fife's initial response to the start of the coronavirus outbreak. As cases increased and the Board subsequently placed on an emergency footing, staff responded with professionalism, speed and agility, effecting major service changes in an extremely short timescale. This report is written against that background, with the knowledge that the Committee's future schedule of business will adapt appropriately to reflect on the Board's ongoing response to Covid-19. Issues to consider in the forthcoming year will include ongoing implications for the Board's clinical governance oversight processes and structures, particularly in light of new responsibilities placed on the Health Board in relation to public health testing and care home support.

4.2   Minutes of Clinical Governance Committee meetings have been subsequently approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains an rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings.

4.3   During the year, the Committee has undertaken a review of its own agenda management, in an attempt to reduce excessive meeting paperwork and the volume of appendices, enhance forward-planning of key items of business, and improve signposting on papers as relates to expected Committee actions. As an example, the Integrated Performance & Quality Report (IPQR) has been comprehensively revised, to include data originally within a stand-alone Quality Report, with the aim of reducing duplication of reporting where appropriate. This work remains ongoing, based on members' feedback as captured through the annual self-assessment exercise and an ongoing regular review of the Committee's workplan and key priorities.

4.4   The Committee carefully scrutinises at each meeting key indicators in areas such as performance in relation to falls, pressure ulcers, complaints and the number of Adverse Events (with a related presentation, at the Committee's request, delivered during the reporting year on the number of hypoglycaemic episodes). Specific scrutiny has been given in recent meetings to the rate of Staphylococcus aureus Bacteraemia (SABs), particularly within the community, with members receiving detailed reports on improvements planned to address the higher rate of infections amongst People Who Inject Drugs. Members have also considered in detail performance on Surgical Site Infections (SSIs), including a review of a related obstetrics improvement plan and new treatment pathways in relation to post-Caesarean SSIs, where Fife was identified as an outlier in comparison to national data.

4.5   The preparation of a robust plan for dealing with Winter demand, along with a review of the previous year's performance, were both considered by the Committee at a number of meetings. A lessons-learned report remained an important area of consideration by the Committee, to improve performance on an ongoing basis. The potential impact of Covid-19 risks on Winter Planning is recognised to be a significant issue going forward.

4.6   Members received updates on the implementation of a new Performance & Accountability Framework across NHS Fife, welcoming the structured, transparent and systematic approach to ensure the robust delivery of standards and targets across the areas of (i) Finance; (ii)

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Operational Performance; (iii) Quality; and (iv) Workforce. The Committee also considered the Strategic Objectives 2019/20, describing what NHS Fife aims to achieve in year, in tandem with a looking-back review of Directors' Objectives for 2018/19. The Board's Annual Operational Plan (for both 2019/20 and 2020/21) has also been considered and its targets scrutinised by members. Individual reports covering an updated Waiting Times Improvement Plan, Primary Care Improvement Plan (including revised governance arrangements) and an action plan resulting from a HIS inspection of Care of Older People in Victoria Hospital and Glenrothes Hospital were also reviewed by members, with progress and actions to be addressed noted by members.

4.7   The Committee assessed planned changes to the governance and reporting structure put in place to cover partnership transformation programmes previously overseen by the Joint Strategic Transformation Group. A new Integrated Transformation Board (and 'Stage & Gate' programme approval / monitoring process) has been established during the year in order to improve its effectiveness, and this remains under development. Under the overarching topic of the Clinical Strategy, update reports were considered on Community Hospital redesign, Mental Health strategy review, Acute transformation (including a post-completion review of the initial Site Optimisation project stream), and medicines efficiency (including the programme's future structure). A presentation was delivered to the Committee on the implementation of the strategy for the Learning Disability Service.

4.8   Within the reporting year, a comprehensive review has been undertaken of public participation and engagement, with a view to revamping the groups in place to best support public involvement. A new structure has been agreed, to replace the previous Participation and Engagement Network (PEN) and Patient Focus Public Involvement (PFPI), which will help deliver the objectives defined in the national engagement plan. As the new structure becomes established, the Committee welcomes further updates on this important issue.

4.9   Papers were provided to the Committee on various capital projects, including progress with the approval and submission of Initial Agreement Documents for Kincardine & Lochgelly Health Centres and on the large-scale Elective Orthopaedic Centre to be established at Victoria Hospital. An outline business case for the implementation of Hospital Electronic Prescribing & Medicines Administration (HEPMA) was supported in principle by the Committee.

4.10   Annual reports were received from the Director of Public Health and individually on the subjects of Equality Outcomes, Fife Child Protection, Integrated Screening, Immunisation, Radiation Protection, Medical Education, Prevention & Control of Infection, Quality of Care Framework, Organisational Duty of Candour, Research & Development Strategy, Organisational Resilience Standards, and any relevant Internal Audit reports that fall under the Committee's remit. Considerable time and scrutiny was given to the annual Alcohol & Drug Partnership report and Drugs Related Deaths report, noting the important lessons-learned from a similar review undertaken in Tayside that has received significant national scrutiny. A review to enhance the Fife Alcohol and Drug Partnership has been recommended, to ensure that progress is made at pace. Further work around prescribed high risk medicines and scrutiny of post-mortem procedures has also been commissioned, which remains underway at the time of writing.

4.11   The Committee has received minutes and reports from its three sub-groups, namely the eHealth Board, Health & Safety Sub-Committee, and the Information Governance & Security Group, detailing their business during the reporting year. Updates to Terms of Reference and workplans for these groups have also been considered when necessary. It has been agreed to develop in 2020-21 guidance and a template for the format of sub-groups annual assurance statements, to improve the consistency and content of information provided.

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4.12 In reference to the Health & Safety Sub-Committee, a review of its membership has been commissioned, to ensure that future meetings are well attended and participants routinely exceed the minimum required by quoracy. This will be undertaken in the next reporting year and is expected to enhance the Sub-Committee's overall effectiveness.

4.13 The Committee supported the new Digital & Information Strategy approved by the eHealth Board. It has also noted that an eHealth Governance review is currently underway, which is also expected to consider the membership, composition and remit of the eHealth Board, since the frequency of its meetings and attendance has been problematic in the recent period. This review is also anticipated to strengthen and clarify reporting lines of assurance to the Committee in the next reporting year around digital workstreams. In reference to the work of the Information Governance & Security Group, it is noted that 13 reportable incidents were escalated to the Information Commissioner's Office / Scottish Government within the 2019-20 year, the majority of which were however within the required 72 hour timescale and also resulted in no further action necessary on the Board's part. Improvements in compliance rates for mandatory Information Governance training, subject access request responses and progress in populating an Information Asset Register are welcomed by the Committee.

4.14 An annual statement of assurance has also been received and considered from the Clinical & Care Governance Committee of the Integration Joint Board, detailing how Clinical & Care Governance mechanisms are in place within all Divisions of the Fife Health & Social Care Partnership and that systems exist to make these effective throughout their areas of responsibility.

4.15 During the year, the Committee received regular reports on the subject of Brexit, particularly in relation to the potential impact of a 'no deal' or 'hard' Brexit, on issues such as access to treatment and medicines; cross-border co-operation on public health matters; nuclear medicine, diagnostics and treatment; eHealth procurement; and research and development . A watching brief remains, despite the stepping-down of Brexit-related emergency planning activity, as the national political position has stabilised.

5. Best Value

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

6. Risk Management

6.1 In line with the Board's agreed risk management arrangements, NHS Fife Clinical Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Board Assurance Framework in the areas of Quality & Safety, Strategic Planning and a newly introduced BAF report on eHealth. Progress and appropriate actions were noted.

6.2 As with other Board Committees, Clinical Governance Committee members contributed to work involved in developing a risk appetite threshold for the Board overall, to determine the nature and extent of the significant risks the Board is willing to take in order to achieve its strategic priorities. A dedicated session at the Committee was led by the Risk Manager in order to capture members' thoughts and comments, which were brought together in a subsequent Board Development Session.

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7. Self Assessment

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

8. Conclusion

8.1 As Chair of the Clinical Governance Committee during financial year 2019-20, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.

8.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

8.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed: Date: 8 July 2020

Dr Les Bisset, Chair
On behalf of the Clinical Governance Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

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NHS Fife Clinical Governance Committee Attendance Record
1st April 2019 to 31st March 2020

	08.05.19	03.07.19	04.09.19	14.10.19 (private)	06.11.19	16.01.20	04.03.20
Dr L Bisset (Chair)	√	√	√	√	√	√	√
Mr M Black	√	√	√	√	√	√	√
Ms S Braiden						√	√
W Brown	x	√	x	√	x	√	x
H Buchanan	√	x	√	√	x	√	x
Cllr D Graham	√	x	√	√	√	√	√
P Hawkins	x	x	√	x	x	x	
R Laing	√	√	√	√	√	√	√
Dr C McKenna	√	√	√	√	√	√	√
D Milne	√	√	√	√	√	√	x
J Owens	√	√	x	√	√	√	x
C Potter				As DoF		As Dep CEO	√
J Stobbs	√	√	√	√	√	√	√
M Wells	√	√	√	√	√	√	√

In attendance

	08.05.19	03.07.19	04.09.19	14.10.19 (private)	06.11.19	16.01.20	04.03.20
M Kellet, Director of H&SC	√	√					
N Connor, Director of H&SC			√		√	√	√
Dr R Cargill, AMD, ASD	√	√	√		√	√	x
Dr L Campbell, ADN, ASD		√	√		√		
Dr S McCallum, AMD, H&SCP	√						
Dr H Hellewell, AMD, H&SCP		√	√		√	x	√
E Ryabov, Chief Operating Officer	√	√	x		x		
M Olsen, Interim Chief Operating Officer						√	x
A Mackay, Deputy Chief Operating Officer			√				√
E McPhail, Director of Pharmacy	√						

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	08.05.19	03.07.19	04.09.19	14.10.19 (private)	06.11.19	16.01.20	04.03.20
In attendance (cont.)							
S Garden, Director of Pharmacy			x		√	√	x
A Fairgrieve, Director of Estates & Facilities		√					
S Fraser, Ass. Director of Planning & Performance		√	x		x	√	x
L Douglas, Director of Workforce						x	√
B A Nelson, Director of Workforce	√		√				
Dr G MacIntosh, Board Secretary	√	x	√	√	√	√	√
H Woodburn, Head of Quality & Clinical Governance	√	√	√		√	√	√
E Muir, Clinical Effectiveness Coordinator	√	x	x				
J Crichton, Interim Director, Project Management Office							√
L Barker, AND, H&SCP							√
E O'Keefe, Consultant in Dental Public Health							√
D Steven, Pharmacy							√
A Verrecchia, APF Representative							√

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Best Value Framework

Vision and Leadership

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Winter Plan Capacity Plan	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE** **CLINICAL GOVERNANCE COMMITTEE** **BOARD**	Annual Bi-monthly Bi-monthly	Winter Plan approval and performance review of previous year NHS Fife Clinical Governance Workplan is approved annually and kept up-to-date on a rolling basis Minutes from Linked Committees e.g. • NHS Fife Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • NHS Fife Infection Control Committee • NHS Fife H&SCP Care & Clinical Governance Committee NHS Fife Integrated Performance & Quality Report is considered at every meeting

GOVERNANCE AND ACCOUNTABILITY

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

OVERVIEW

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publically available. Committee papers and minutes are publically available	**BOARD** **COMMITTEES**	Ongoing	Clinical Strategy updates and Transformation Programmes considered on a rolling schedule Via the NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	**BOARD** **COMMITTEES**	Ongoing	SBAR reports EQIA section on all reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.	Complaints system in place and regular complaints monitoring.	**CLINICAL GOVERNANCE COMMTTEE**	Ongoing Bi-monthly	Single complaints process across Fife health & social care system NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints are monitored through the report.
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	Annual feedback Individual feedback	**CLINICAL GOVERNANCE COMMITTEE**	Ongoing Bi-monthly	Review of Participation & Engagement processes and groups undertaken during the reporting year NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints are monitored through the report.

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USE OF RESOURCES

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

OVERVIEW

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife's activities.	Information & Security Governance Group Annual Report eHealth Board minutes	**CLINICAL GOVERNANCE COMMITTEE**	Annual	Minutes and Annual Report considered, in addition to related Internal Audit reports
NHS Fife understands and exploits the value of the data and information it holds.	Annual Operational Plan Integrated Performance & Quality Report	**BOARD** **COMMITTEES**	Annual Bi-monthly	Integrated Performance & Quality Report considered at every meeting Particular review of performance in relation to SSIs and community-based SABs undertaken in current year

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PERFORMANCE MANAGEMENT

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

OVERVIEW

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	Integrated Performance & Quality Report encompassing all aspects of operational performance, Annual Operational Plan targets / measures, and financial, clinical and staff governance metrics. The Board delegates to Committees the scrutiny of performance Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report considered at every meeting Minutes from Linked Committees e.g. • Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • eHealth Board • Infection Control Committee • Information Governance & Security Group
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	**COMMITTEES** **BOARD**	Annual	Integrated Performance & Quality Report considered at every meetings. Review of format undertaken in reporting year

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REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report considered at every meetings Minutes of Linked Committees are reported at every meeting
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	**COMMITTEES** **BOARD**	Every meeting Annual	Integrated Performance & Quality Report considered at every meeting The Committee commissions further reports on any areas of concern, e.g. as with SSIs
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report considered at every meeting Minutes of Linked Committees • Area Clinical Forum • Acute Services Division, Clinical Governance Committee • Area Drugs & Therapeutics Committee • Fife Resilience Forum

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CROSS-CUTTING THEME – EQUALITY

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

OVERVIEW

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		**BOARD** **COMMITTEES**	Ongoing	Clinical Strategy updates regularly considered on a rolling schedule Mental Health Strategy and Digital & Information Strategy reviewed in current year All strategies have a completed EQIA
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	**BOARD** **COMMITTEES**	Ongoing	Clinical Strategy updates regularly considered on a rolling schedule Mental Health Strategy and Digital & Information Strategy reviewed in current year All strategies have a completed EQIA

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REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	**BOARD** **COMMITTEES**	Ongoing	All NHS Fife policies have a EQIA completed and approved. The EQIA is published alongside the policy when uploaded onto the intranet
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	**BOARD** **COMMITTEES**	Ongoing	Review of Participation & Engagement processes and groups undertaken during the reporting year, which encompassed effectiveness of engagement with key groups of users

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

1.   Purpose of Committee

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

2.   Membership of Committee

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

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

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

3.   Meetings

3.1   The Committee met on seven occasions during the financial year to 31 March 2020, on the undernoted dates:

- 14 May 2019
- 16 July 2019
- 10 September 2019
- 14 October 2019

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

3.2   The attendance schedule is attached at Appendix 1.

4.   Business

4.1   As the 2019/20 Financial Year drew to a close, the Covid-19 pandemic required an unprecedented mobilisation effort on behalf of NHS Fife in order to address the developing public health emergency. Staff responded with professionalism, speed and agility, effecting major service changes in an extremely short timescale. This report is written against that background, with the knowledge that the Committee's future schedule of business will adapt appropriately to reflect on the Board's ongoing response to Covid-19. Issues to consider in the forthcoming year will be the implications for the Board's financial planning processes and efficiency savings targets, in addition to the continued challenges of addressing overspend within integrated services.

4.2   Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains an action register to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings.

4.3   At each meeting the Finance, Performance and Resources Committee considers the most up-to-date financial position for the year for both revenue and capital expenditure. This function is of central importance, as the Committee provides detailed scrutiny of the ongoing financial position and all aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board.

4.4   Considerable time was spent in meetings discussing and reviewing the financial pressures facing the Board, the delivery of in-year savings and consideration of future year service changes and financial consequences. A detailed update on the Acute Services Division Savings Plan was reviewed at the July 2019 meeting of the Committee in a dedicated presentation session with members, with subsequent updates to following meetings.

4.5   The Committee has also received detailed reports on the Annual Operational Plan for 2019/20, subsequently approved by the Board in May 2019, and, in private session, the new version of the Plan for 2020/21. Briefings were also provided on additional funding secured via ADEL and details of qualifying expenditure through this source. A new five-year Procurement Strategy was reviewed and approved by the Committee in September 2019, setting out how the Board intends to ensure that its procurement activity delivers value for money and contributes towards NHS Fife's broader strategic objectives.

4.6   The Committee scrutinised operational performance at each meeting through review of the Integrated Performance & Quality Report (IPQR). During 2019/20 the IPQR was further developed to improve layout, content and provide clearer data analysis, trend and interpretation. There was increased clarity, and subsequently increased scrutiny, of matters within the IPQR of specific relevance to the Committee.

4.7   Members received updates on the implementation of a new Performance & Accountability Framework across NHS Fife, welcoming the structured, transparent and systematic approach to ensure the robust delivery of standards and targets across the areas of (i) Finance; (ii) Operational Performance; (iii) Quality; and (iv) Workforce. A summary of the key themes identified at the review meetings with services held in September 2019 was considered by the Committee at its January 2020 meeting. The Committee also considered the Strategic Objectives 2019/20, describing what NHS Fife aims to achieve in year, in tandem with a looking-back review of Directors' Objectives for 2018/19.

4.8   In September 2019, detailed updates, at the request of the Committee, were given on performance within the services of Psychological Therapies and CAMHS, particularly in relation to ongoing concerns about failure to meet RTT targets. The issues were explained in detail by the relevant service managers and Committee members scrutinised the various improvement actions and recovery plans. Further updates were delivered to the January and March 2020 meetings of the Committee, with members reviewing the actions underway to improve performance in these services.

4.9   The preparation of a robust plan for dealing with Winter demand, along with a review of the previous year's performance, were considered by the Committee at a number of meetings. A lessons-learned report remained an important area of consideration by the Committee, to improve performance on an ongoing basis. The potential impact of Covid-19 risks on Winter Planning is recognised to be a significant issue going forward.

4.10   During the year, the Committee received regular reports on the subject of Brexit, particularly in relation to the potential financial impact of a 'no deal' or 'hard' Brexit, on issues such as the economy, budget planning, procurement of medicines and equipment, and the supply chain in general. A watching brief remains, despite the stepping-down of Brexit-related emergency planning activity, as the national political position has stabilised.

4.11   The Committee has considered a regular update around the status of General Policies & Procedures, gaining assurance from improved performance in the review and updating of Board-level policies. Members have been supportive of efforts to move to a more streamlined review process, utilising electronic software solutions where appropriate, and this work is expected to develop over the coming year.

4.12   The Committee considered matters in relation to the following capital schemes:

- Kincardine & Lochgelly Health Centres Initial Agreement Documents
- Elective Orthopaedic Centre Outline Business Case
- Hospital Electronic Prescribing & Medicines Administration (HEPMA)

4.13   The Committee also received reports on the management of Capital schemes in general, and reviewed the Property & Asset Management Strategy update for 2019 in detail at its July meeting. A detailed presentation was given to members on the processes of the Scottish Capital Investment Manual (SCIM), to improve members' awareness of this key governance process. The annual PPP Monitoring Report for 2018-19, covering the sites of St Andrews Community Hospital and Phase 3 of the Victoria Hospital in Kirkcaldy, was considered by the Committee in January 2020, with members gaining assurance from the positive audit opinion detailed therein.

5.   Outcomes

5.1   The Committee has, through its scrutiny and monitoring of regular finance reports and other one-off reports, been able to assure the Board that NHS Fife:

- complied with statutory financial requirements and achieved its financial targets for the financial year 2019/20;
- met specific reporting timetables to both the Board and the Scottish Government Health & Social Care Directorates;
- made adequate progress in the delivery of efficiency savings (on a recurring and non recurring mix), noting the continuing challenges within Acute and social care spend within the Fife Health & Social Care Partnership; and
- has taken account of planned future policies and known or foreseeable future developments in the financial planning process.

6   Best Value

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

7   Risk Management

7.1   In line with the Board's agreed risk management arrangements, the Finance, Performance & Resources Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Board Assurance Frameworks covering Financial Sustainability, Strategic Planning and Environmental Sustainability. Progress and appropriate actions were noted. Within the Committee's remit specifically, the ongoing risks presented by the failure to achieve savings targets within Acute, in addition to ongoing pressures in the Partnership in relation to the Social Care budget and the potential impact of the Integration risk share arrangement, were considered in detail, with assurances sought over mitigating actions.

7.2   As with other Board Committees, Finance, Performance & Resources Committee members contributed to work involved in developing a risk appetite threshold for the Board overall, to determine the nature and extent of the significant risks the Board is willing to take in order to achieve its strategic priorities. A dedicated session at the Committee was led by the Risk Manager in order to capture members' thoughts and comments, which were brought together in a subsequent Board Development Session.

8   Self Assessment

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

9.   Conclusion

9.1   As Chair of the Finance, Performance and Resources Committee at 31 March 2020, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning and monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of all aspects of non financial performance metrics.

9.2   I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed: *R. Laing*   Date: 7 July 2020

Rona Laing, Chair
On behalf of the Finance, Performance and Resources Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE
ATTENDANCE SCHEDULE 2019/20

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

In attendance

	14.05.19	16.07.19	10.09.19	14.10.19 (private)	05.11.19	14.01.20	10.03.20
M Kellet, Director of H&SC	√	x					
N Connor, Director of H&SC			√		√	√	x
A Fairgrieve, Director of Estates	√	√	√		√	√	√
E Ryabov, Chief Operating Officer	x	√	√		x		
M Olsen, Interim Chief Operating Officer						√	√
A Mackay, Deputy Chief Operating Officer	√				√		
E McPhail, Director of Pharmacy	x						
S Garden, Director of Pharmacy		√	√		√	x	√
Dr G MacIntosh, Board Secretary	√	x	√	√	√	√	√
R Robertson, Deputy Director of Finance	√				√	√	√
C Dobson, Divisional General Manager (West)		√					√
A Wilson, Capital Projects Director					√		

BEST VALUE FRAMEWORK

Vision and Leadership

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

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

7

GOVERNANCE AND ACCOUNTABILITY

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

OVERVIEW

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

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

8

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

9

USE OF RESOURCES

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

OVERVIEW

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

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

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

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PERFORMANCE MANAGEMENT

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

OVERVIEW

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

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

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

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

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CROSS-CUTTING THEME – SUSTAINABILITY

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

OVERVIEW

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

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:
- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

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

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

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

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

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CROSS-CUTTING THEME – EQUALITY

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

OVERVIEW

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

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

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

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

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ANNUAL REPORT OF THE REMUNERATION COMMITTEE 2019/20

PURPOSE

The Remuneration Committee is established as a Committee of NHS Fife Board.

Its remit is to consider and agree performance objectives, performance appraisals and linked remuneration issues for those staff within the executive cohort and will oversee senior management pay arrangements.

Specifically, the Committee:

- o Reviews action taken by the Chief Executive on recommendations made by the Committee, the Board, or the Scottish Ministers on remuneration or terms and conditions matters for the Chief Executive and the Executive Directors
- o Gives assurance to the Board on the delivery of remuneration and terms and conditions issues, identifying progress, issues and actions being taken, where appropriate
- o Will consider the job descriptions for the Chief Executive and the Executive Directors
- o Considers and determines objective setting, performance appraisals and linked remuneration issues for the Chief Executive and the Executive Directors
- o Hears and determines appeals against the decisions of the Consultant Discretionary Awards Panel

To fulfil its duties the Committee takes into account a range of factors including:

- o Guidance issued from the Scottish Ministers, the Scottish Partnership Forum and other relevant sources

MEMBERSHIP

The membership of the Committee for the year ending 31 March 2020:

Mrs Tricia Marwick, Chair, Fife NHS Board

Mr Paul Hawkins, Chief Executive, Fife NHS Board (→Feb 2020)

Mrs Carol Potter, Chief Executive, Fife NHS Board (Feb 2020 →)

Mrs W Brown, Employee Director

Dr L Bisset, Non Executive Director

Mr M Black, Non Executive Director

In addition, the following people regularly attend the Committee meetings and participate in the business of the Sub-Committee:

Ms B A Nelson, Director of Workforce, Fife NHS Board (→ December 2019)

Mrs L Douglas, Director of Workforce, Fife NHS Board (January 2020 →)

Other attendees are recorded in the minutes of the Committee meetings.

MEETINGS

The Committee met on 3 occasions during the period from 1 April 2019 to

31 March 2020:

11th July 2019

26th November 2019

12th March 2020

The attendance schedule is attached as Appendix 1.

BUSINESS

Details of business items considered during the period 1 April 2019 to 31 March 2020 are attached at Appendix 2.

CONCLUSION

NHS Fife has demonstrated that it has clearly determined and reviewed its performance and that of its senior managers. It has robust arrangements in place to oversee the application of the remuneration arrangements for all of its managers in the executive cohort.

As Chair of the Remuneration Committee during financial year 2019/20, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfill our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken this year I can confirm that appropriate arrangements were in place for the implementation of the circulars and the Committee fulfilled its remit and purpose.

I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Tricia Marwick

………………………………………………………………

Mrs Tricia Marwick, Chair, Fife NHS Board

Chair of Fife NHS Board Remuneration Committee

NHS FIFE REMUNERATION COMMITTEE

ATTENDANCE RECORD 1 APRIL 2019 – 31 MARCH 2020

Name	Designation	Organisation	Dates		
			11.07.19	**26.11.19**	**12.03.20**
Mrs T Marwick	Chair	Fife NHS Board	✓	✓	✓
Mr P Hawkins	Chief Executive	Fife NHS Board	✓	✓	N/A
Mrs C Potter	Chief Executive	Fife NHS Board	N/A	N/A	✓
Mrs W Brown	Employee Director	Fife NHS Board	✓	X	✓
Dr L Bisset	Non-Exec Member	Fife NHS Board	✓	✓	✓
Mr M Black	Non-Exec Member	Fife NHS Board	✓	✓	✓

In Attendance:	Designation	Organisation	Dates		
			11.07.19	**26.11.19**	**12.03.20**
Ms B A Nelson	Director of Workforce	Fife NHS Board	✓	✓	N/A
Mrs L Douglas	Director of Workforce	Fife NHS Board	N/A	N/A	✓

NHS FIFE REMUNERATION COMMITTEE

ITEMS OF BUSINESS CONSIDERED

BETWEEN 1 APRIL 2019 AND 31 MARCH 2020

Agenda items discussed at Remuneration Sub Committee meetings 2019/20

Regular items

- Minutes
- Matters Arising
- Items for Highlighting to Private Session of NHS Fife Board Committee

Meeting on 11th July 2019

NHS Fife Executive Cohort Annual Performance Review 2018/19

Annual Performance Management Review for Senior Managers not in the Executive Cohort 2018/19

NHS Fife Executive Cohort objectives 2019/20

Remuneration Committee Governance Arrangements and Terms of Reference

Cessation of Midwifery Posts

Remuneration Committee Self Assessment

Meeting on 26th November 2019

Matters Arising   - Cessation of Midwifery Posts

                   - Outstanding Senior Manager Appraisals
Discretionary Points – retention for an individual

Executive/Senior Manager Cohort – Mid Year Reviews 2019/20

Circular PCS(ESM)2019/2 – Pay and Conditions of Service Executive and Senior Management Pay 2019/20

Feedback from Scottish Government on 2018/19 outcomes (NPMC letter)

NHS Fife Remuneration Committee Self Assessment 2019/20

Director of Workforce – commencing salary

Director of Health and Social Care Partnership – starting salary

Interim Director Programme Management Office (Fixed Term)

Meeting on 12th March 2020

Chief Executive – secondment

Chief Executive – remuneration

Director of Nursing – additional allowance Senior Responsible Officer, Orthopaedic Project

Executive Cohort Director of Finance (secondment) and Director of Strategy, Planning and Performance

Remuneration Committee Self Assessment 2019/20

B06-20 Annual Audit Report Recommendation 6 – update

Remuneration Committee Terms of Reference

Remuneration Committee Timetable and Workplan 2020/21

**ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2019/20**

1.   Purpose

1.1   The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, and is built upon partnership and collaboration, and within the direction provided by the Staff Governance Standard.

1.2   To assure the Board that the Staff Governance arrangements in the Integration Joint Board are working effectively.

1.3   To escalate any issues to the NHS Fife Board if serious concerns are identified regarding staff governance issues within all services, including those devolved to the Integration Joint Board.

2.   Membership

2.1   During the financial year to 31 March 2020, membership of the Staff Governance Committee comprised: -

Mrs Margaret Wells	Chair / Non-Executive Member
Mrs Wilma Brown	Employee Director
Ms Helen Buchanan	Director of Nursing
Mr Eugene Clarke	Non-Executive Director
Mrs Christina Cooper	Non-Executive Director
Mr Alistair Morris	Non-Executive Director (from 1 December 2019)
Mr Simon Fevre	Co-Chair, H&SCP Local Partnership Forum
Mr Paul Hawkins	Chief Executive (until 27 January 2020)
Ms Carol Potter	Chief Executive (from 28 January 2020)
Mr Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

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

3.   Meetings

3.1   The Committee met on seven occasions during the financial year to 31 March 2020, on the undernoted dates:

- 3 May 2019
- 28 June 2019
- 30 August 2019
- 14 October 2019 (private session)

- 1 November 2019
- 17 January 2020
- 6 March 2020

3.2   The attendance schedule is attached at Appendix 1.

4.   Business

4.1   As the 2019/20 Financial Year drew to a close, the Covid-19 pandemic required an unprecedented mobilisation effort on behalf of NHS Fife in order to address the developing public health emergency. Staff responded with professionalism, speed and agility. This report is written against that background, with the knowledge that the Committee's future schedule of business will adapt appropriately to reflect on the Board's ongoing response to Covid-19. Issues to consider will be ensuring staff well-being and planning for remobilisation of services, whilst managing the continuing threat of disease outbreaks.

4.2   The Workforce Strategy 2019-2022 was approved by the Staff Governance Committee in June 2019 and subsequently authorised by the NHS Fife Board in July 2019. On behalf of the Committee, completion of the actions within the Workforce Strategy is being overseen by the Workforce Planning Group. The Committee has received information on the supporting Youth Employment Strategy, an important strand for enhancing recruitment of new staff and developing careers in a health care setting.

4.3   The Committee considered the publication of the independent 'Sturrock Review' in May 2019, along with the Scottish Government's response to the report's findings. Whilst the review dealt with the cultural issues related to allegations of bullying and harassment in NHS Highland specifically, the implications for all Boards were detailed to the Committee, and the report's recommendations were also a broader focus of discussion within the Board, APF and LPF. An internal action plan has been developed to address the Review's findings. The draft National Whistleblowing Standards have been detailed to the Committee, and it is anticipated that the Board's new Whistleblowing Champion, Non-Executive Board Member Ms Katy Miller, will contribute to the local implementation of this work, when she takes up her position as a Committee member from April 2020.

4.4   Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered the Health & Social Care Staff Experience Reports for 2018 and 2019 in the reporting year. Measures aimed at improving the iMatter response rate have been agreed, in conjunction with Communications colleagues, to improve the Board's performance overall, and this has had a positive impact based on further reports supplied towards year-end. A summary of appraisal and personal development planning completion performance was considered by the Committee in June 2019, as was a report reflecting an improving position in Core Skills training compliance. The yearly update on Medical Revalidation & Appraisal was considered by the Committee at its November 2019 meeting and its findings noted.

4.5   The Committee receives regular updates on recruitment, including data on consultant recruitment (where an improved position has been reported) and on efforts to improving nursing and midwifery recruitment, particularly in partnership with local universities and colleges. Two significant digital projects achieved within the year were the delivery of the Electronic Employee Support System (eESS) and JobTrain within NHS Fife, each aimed at enhancing and streamlining the administrative processes to support recruitment and employee management activity.

4.6   Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, with updates noting the launch of a new digital

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platform for easy access to this information. The improved consistency of information made across Boards was welcomed by Committee members.

4.7   As with other Board Committees, Staff Governance members contributed to work involved in developing a risk appetite threshold for the Board overall, to determine the nature and extent of the significant risks the Board is willing to take in order to achieve its strategic priorities. A dedicated session at the Committee was led by the Risk Manager in order to capture members' thoughts and comments, which were brought together in a subsequent Board Development Session.

4.8   Throughout the reporting year, the Committee received updates from the Brexit Assurance Group, particularly focusing on the staff survey results for affected staff and areas of concern to where specific support could be directed. Linkages with the national 'Stay in Scotland' campaign were highlighted. The potential workforce issues of Brexit were also considered by the Committee. Support continues to be provided to staff, despite the stepping-down of Brexit-related activity, as the national political position has stabilised.

4.9   At each meeting of the Committee, members routinely scrutinise the relevant section of the Board Assurance Framework on Workforce Sustainability, and also receive regular updates on Absence Management performance and Well at Work activities. The Committee recognised the achievement of the Board retaining the Gold Health Working Lives Award within the reporting year. Performance activity is also reviewed each meeting based on data within the Integrated Performance & Quality Report, focused on measures to improve the average sickness absence rate amongst staff.

4.10   Each meeting also reviews in detail a particular strand of the Staff Governance standards, ensuring full coverage over the year's meeting schedule. The Committee received individual papers to demonstrate that staff are: well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

4.11   The Committee has reviewed its remit over the year and a number of clarifying changes to wording have been agreed. As part of this discussion, the capacity issues of staff-side representatives to nominate a dedicated deputy in the event of their absence has been noted and will be taken forward as an operational matter.

4.12   During the year, the Committee received a number of detailed presentations, covering a variety of relevant topics including: (i) Digital Readiness and related training needs amongst staff; (ii) the potential impact of implementing Safe Staffing legislation; (iii) an update on the Going Beyond Gold programme, reflecting on the positive benefits of mindfulness / good conversations; (iv) a Staff Story focused on the successful return to work by an employee with a long period of absence; and (v) improving Personal and Team Resilience with the Laboratories team. The usefulness of these sessions has been greatly recognised by members.

5.   Best Value

5.1   Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2019/20.

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6. Risk Management

6.1 In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Workforce Sustainability section of the Board Assurance Framework. Progress and appropriate actions were duly noted.

7. Self Assessment

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

8. Conclusion

8.1 As Chair of the Staff Governance Committee during financial year 2019/20, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.

8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed: *M J Wells*   Date: 3 July 2020

Margaret Wells, Chair

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

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NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2019 – 31 MARCH 2020

	03.05.19	28.06.19	30.08.19	14.10.19 (private)	01.11.19	17.01.20	06.03.20
Mrs M Wells	✓	✓	✓	✓	✓	✓	✓
Mrs W Brown	✓	✓	x	✓	x	✓	✓
Ms H Buchanan	✓	x	x	✓	✓	✓	x
Mr E Clarke	✓	✓	✓	✓	✓	✓	✓
Mrs C Cooper	✓	x	✓	✓	x	✓	✓
Mr S Fevre	✓	✓	✓	✓	x	✓	✓
Mr P Hawkins	x	x	x	x	x	x	
Mr A Morris						✓	✓
Ms C Potter				As DoF		As Dep CEO	x
Mr A Verrecchia	✓	x	✓	✓	✓	x	✓

In attendance

	03.05.19	28.06.19	30.08.19	14.10.19 (private)	01.11.19	17.01.20	06.03.20
Mr P Hayer, Depute for Co-Chair, ASD LPF						✓	
Ms B A Nelson, Director of Workforce (until 31.12.19)	✓	✓	✓	✓	✓		
Ms L Douglas, Director of Workforce (from 01.01.20)					Observer	x	Part
Mr M Kellet, Director of H&SC	✓	✓					
Ms N Connor, Director of H&SC			✓		✓	✓	x
Mr B Anderson, Head of Staff Governance	✓	✓	✓		✓	✓	✓
Ms R Waugh, Head of HR	x	✓	✓		✓	✓	x
Ms E Ryabov, Chief Operating Officer	x	✓	x		x		
Ms M Olsen, Interim Chief Operating Officer						✓	x
Mr A Mackay, Deputy Chief Operating Officer	✓		✓		✓		✓
Dr G MacIntosh, Board Secretary	✓	✓	✓	✓	✓	x	✓
Ms P Cummings, Risk Manager	✓						
Ms J Owens, Associate Director of Nursing		✓	✓				
Ms C Dobson, Divisional General Manager (West)							✓

5

Best Value Framework

Vision and Leadership

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife acts in accordance with its values, positively promotes and measures a culture of ethical behaviours and encourages staff to report breaches of its values.	Whistleblowing Policy Code of Corporate Governance	**BOARD** **STAFF GOVERNANCE COMMITTEE**	Annual	Whistleblowing Champion appointed as a Board member Review of new National Whistleblowing Standards and preparation for their introduction Model Code of Conduct included in annually reviewed Code of Corporate Governance

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REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan Workforce Plan Property & Asset Management Strategy	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE** **STAFF GOVERNANCE COMMITTEE** **BOARD**	Annual Annual Annual Bi-annual Bi-monthly	Annual Operational Plan Financial Plan Workforce Plan Property & Asset Management Strategy Integrated Performance & Quality Report

7

GOVERNANCE AND ACCOUNTABILITY

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

OVERVIEW

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

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

8

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from staff and responds positively to issues raised.	Annual feedback Individual feedback	**CLINICAL GOVERNANCE COMMITTEE**	Annual Ongoing Quarterly Bi-monthly	Annual Review with Ministers Care Opinion Regular meetings with MPs/MSPs Integrated Performance & Quality Report

9

USE OF RESOURCES

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

OVERVIEW

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.	eKSF process and Executive and Senior Manager Performance reporting. Medical performance appraisal.	**STAFF GOVERNANCE COMMITTEE** **REMUNERATION COMMITTEE**	Annual and as required Bi-monthly	eKSF & iMatter reports Integrated Performance & Quality Report
NHS Fife understands and measures the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards.	Medical revalidation report and monitoring Nursing revalidation.	**STAFF GOVERNANCE COMMITTEE**	Ongoing	Minutes of Staff Governance Committee

10

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.	Service Improvement and Quality are core dimensions of eKSF process. Executive and Senior Manager Objectives – core collective objectives include performance and leadership.	**STAFF GOVERNANCE COMMITTEE** **REMUNERATION COMMITTEE**	Ongoing	Minutes of Staff Governance Committee & Remuneration Committee

11

PERFORMANCE MANAGEMENT

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

OVERVIEW

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

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

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REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive.	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	**COMMITTEES** **BOARD**	Annual	Integrated Performance & Quality Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good, with escalation of issues to the Board as required	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	**COMMITTEES** **BOARD**	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts including External Audit report
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report Minutes of Committees

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CROSS-CUTTING THEME – SUSTAINABILITY

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

OVERVIEW

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

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

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife promotes personal well-being, social cohesion and inclusion.	Healthy workforce	**STAFF GOVERNANCE COMMITTEE** **BOARD**	Ongoing	Well at Work Gold Award

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CROSS-CUTTING THEME – EQUALITY

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

OVERVIEW

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		**BOARD** **COMMITTEES**	Ongoing	EQIA section on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	**BOARD** **COMMITTEES**	Ongoing	EQIA section on all reports
NHS Fife's Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.		**STAFF GOVERNANCE**	Ongoing	Minutes

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REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife ensures that all members of staff are aware of its equality objectives.	Induction Equality and Diversity is core dimension in eKSF Equality and Diversity Learn Pro Module	**STAFF GOVERNANCE**	Ongoing	iMatter reports eKSF reports Minutes
NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	**BOARD** **COMMITTEES**	Ongoing	Clinical Strategy EQIA section on reports
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	**BOARD** **COMMITTEES**	Ongoing	EQIA section on reports

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NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**25 November 2020**
Title:	**COVID-19 Vaccination**
Responsible Executive:	**Scott Garden, Director of Pharmacy & Medicines,**
	Dona Milne, Director of Public Health
Report Authors:	**Scott Garden**

1   Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

Mass vaccination of the population with COVID-19 vaccine will be the single largest Public Health intervention in modern times. NHS Fife submitted the first draft of their COVID-19 vaccination plan to Scottish Government on 11th November. This plan was discussed and scrutinised at an extraordinary meeting of the Clinical Governance Committee on 18th November.

The Cabinet Secretary for Health and Sport delivered an update to the Scottish Parliament regarding vaccination on 19th November. It is envisioned that vaccination could begin for priority cohorts as early as December.

This paper provides the NHS Fife Board with an update on developments, priority areas, programme planning and additional information which has become available to NHS Fife.

2.2 Background

Both the pace of vaccine development, and the commercial sensitivity of information available, has led to a number of assumptions needing to be made at a national level to progress planning at board level:

Availability and Stability of Vaccine

The National Programme is using the 'best case' delivery date for initial doses of the vaccine, which would mean deployment would be from early December 2020. This is dependent on success in clinical trials of one of the two front running vaccines procured by the UK Government on a four nations basis. At this stage, assumptions are being made based on precedent about the volume and rate vaccine will be obtained in Scotland, and at individual board level.

The first vaccine available requires storage in ultra low temperature freezers and we are awaiting further information on stability of the vaccine during movement to other settings in order to inform our planning. Therefore, the current working assumption is that until the stability data is released, that Boards should plan for people to come to the vaccine initially rather than moving the vaccine to other sites. More mobile settings could then come in to play further into December assuming the stability data enables this.

Vaccine Approval

Working assumptions are that the Joint Committee on Vaccinations and Immunisations (JCVI) will be able to assess safety and efficacy data and assume a position by the end of November for the first vaccine.

Prioritisation of Cohorts

It is anticipated that boards will only receive small volumes of the vaccine initially, with volumes increasing over the first few months. It will therefore be necessary to identify priority groups to receive the first vaccines. The JCVI has provided interim advice on prioritisation of vaccines, focused on age and clinical risk factors, and also prioritising health and social care workers

The Cabinet Secretary outlined the priority cohorts for vaccination in her speech to parliament. Due to vaccine characteristics and whilst we await advice regarding the stability of moving the first vaccine, the latest working assumption is the priority groups will be front-line Health and Social Care workforce, Care Homes and over 80s, unpaid carers and personal assistants, and those who will be delivering the vaccination programme. It is then envisioned that the vaccine will be rolled out in sequentially to population groups in line with JCVI advice.

Efficacy of Vaccine

Full information on efficacy is not available. At present it is anticipated that at least two doses of a vaccine (with a gap between each dose) will be required to produce an immune response.

2.3 Assessment

The COVID-19 vaccination silver command continues to progress planning through the logistics, workforce and scheduling bronze command groups. Planning for programme delivery is incorporating lessons learned from the extended flu programme. The interim governance structure for the programme can be seen below in Figure One.
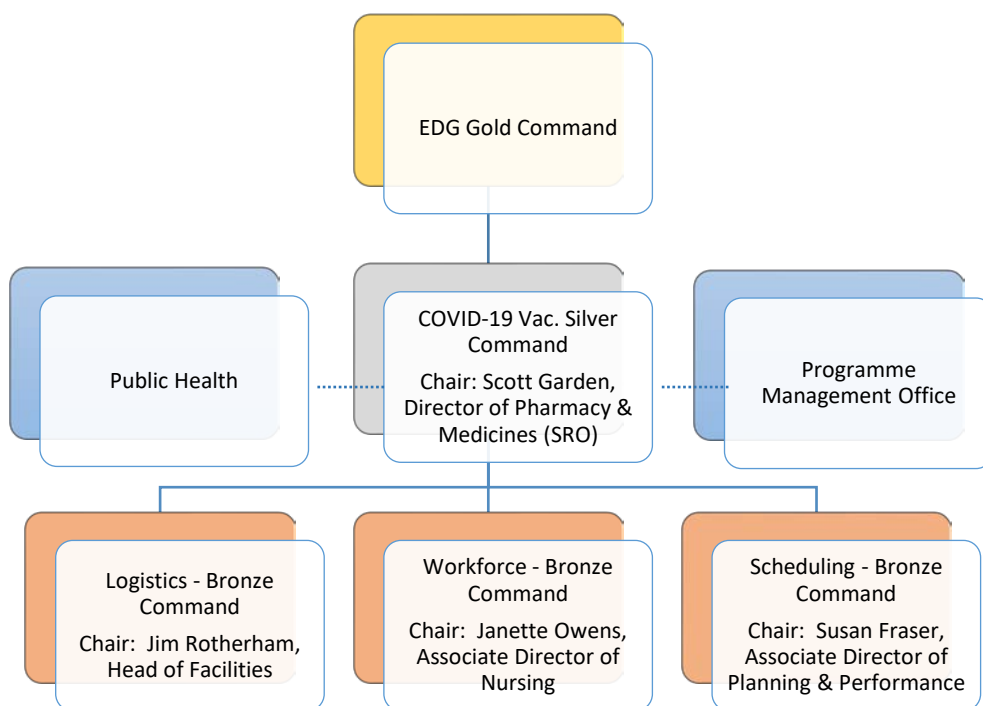

Figure One – Interim Governance Structure, COVID-19 Vaccination Programme

The Director of Public Health has overall responsibility for the governance and assurance of all immunisation programmes across NHS Fife. In view of the lessons learned from the seasonal flu programme, an overt recognition of roles and responsibilities is required at this stage to clarify that the responsibility for *planning* of the Covid 19 vaccination programme has been formally delegated by the Director of Public Health, through the agreement of the Chief Executive, across the Executive Director portfolios to the Director of Pharmacy & Medicines. A decision in respect of the Director responsibility of the *delivery* of the Covid 19 vaccination programme is being finalised.

In parallel with the EDG Gold Command structure, ongoing assurance on the governance, planning and delivery of programme will be provided by the Director of Public Health to the Clinical Governance Committee, via the Public Health Assurance Committee.

Programme Management Office
An interim Programme Management Office (PMO) has been formed to see through the initial planning phases. Additional support has been obtained from NSS with three programme support officers having joined NHS Fife recently. The PMO has established a full risk register for the programme and continues to manage this with escalation through Gold Command.

Good progress is being made in the scheduling, workforce and logistics work streams against the priorities agreed through Gold command.

Logistics

Progress has been made with requirements for venue locations, with initial assessments of sites being undertaken w/c 16th November. Consideration is being given to the workforce required for these venues, including drivers, security and domestic staff.
In addition to this, freezers have been installed in preparation for vaccine receipt.

It is acknowledged that walkthrough venues may not be suitable for the whole population. The logistics team will work closely with the scheduling team to ensure person centred alternatives are offered at an individual level (e.g. GP practice, Community Pharmacy), or at a local population level (e.g. Pop-up clinics in populations which may require them).

Workforce

A national workforce tool has still to be published however the workforce group have been planning various scenarios of scheduling, venue numbers and delivery models (based on vaccine availability) to ensure we can identify and recruit to the minimal critical workforce.

NHS Fife Professional and Practice Development are currently planning training requirements with the limited information available – while aspects of training cannot currently be planned, a practical focus on fundamentals of immunisation and injection technique etc. is planned.

Peer vaccination will be an important component of Health and Social care staff uptake. A Head of Nursing from Acute and HSCP have both been released to consider the practicalities and enablers required to deliver this at pace and scale.

With respect to walkthrough clinics, leadership requirements have been considered, reflective of the lessons from the flu programme, and recruitment has commenced for cluster and team lead posts.

Scottish Executive Nurse Directors (SEND) met on 19th November to discuss the role of Health Care Support Workers (HCSWs) in vaccination. HCSWs will be able to vaccinate under a national protocol which is currently being produced. Given this is a new role being introduced, and there will be a recruitment exercise, as well as training required, it is envisioned that HCSWs will be unlikely to be able to support Wave One of the programme. Nevertheless, it is essential the actions of both Job Description development and Competency Frameworks are progressed urgently at a national level to allow boards to mobilise in preparation for introduction of these roles.

Independent Contractors

A Direct Enhanced Service (DES) agreement has been signed off by the Scottish Government. This will provide a framework for GP practices to offer vaccination. A meeting is scheduled for 24th November to enable this to be discussed ASAP with GP Subcommittee Members.

The Interim Chief Pharmaceutical Officer has advised that arrangements for Community Pharmacies to participate in the programme are in progress, and more information should be available shortly. The Programme team have ensured that 122 community locations in Fife are able to order vaccination directly from the vaccine wholesaler once this becomes available (all GP practices and 62 community pharmacy locations).

Scheduling

While national clarification is required about mailing/call/recall arrangements for Phase 1, it is assumed that there will be no national solution for this cohort. Therefore, planning has been undertaken at a local level. The COVID-19 vaccination programme has undertaken due diligence in considering the most appropriate model for the scheduling of patients. An option scoring exercise was undertaken by the COVID-19 vaccination silver command group. It was felt that a central telephone number for patients to call to make an appointment would be the most advantageous models when aspects regarding patient experience, workforce, efficient running of clinics, and digital capacity were considered together. The issues regarding this model were considered in full with the lessons learnt from the flu programme. Of note, it is considered essential that letters are only sent to NHS Fife citizens in each cohort after explicit direction and planning from the programme team, with appropriate local messaging.

Feedback has been sought from our NHS Fife military liaison officer colleagues on our planning and programme management, to ensure we are utilising the full expertise available to us. The Cabinet Secretary has highlighted that the military remain ready to bolster planning nationally.

2.3.1 Quality/ Patient Care

Due consideration has been given to planning of programme delivery, mindful of the short timescale for planning, limited vaccine availability, and potential for external forces to change plans at short notice. Delivery models have therefore been assumed to mirror broadly the extended flu programme, with consideration being given to person centred alternatives for those who cannot attend a walkthrough cluster clinic.

Dates have been matched to vaccine availability ensuring that the information available allows for optimal use of vaccines while staying within priority cohorts. Additional vaccination may become available during the first waves; however, deployment of this vaccination will take into consideration the requirement for vaccine courses to be completed with the same vaccination type.

2.3.2 Workforce

For the first cohorts, some of the same workforce identified for the extended flu programme will provide support to the COVID-19 vaccination effort. Partnership with independent contractors will be pivotal to the success of this programme.

In addition, as previously described, a peer vaccine model is required for effective deployment of vaccination, blended with Occupational Health support and access through walkthrough clinics. As previously highlighted, consideration is to be given in how to sequence and offer the COVID-19 vaccination to health and social care staff, given the limited volumes of this available in the early weeks of the programme.

Additional support will be provided to peer vaccinators given the complexities compared to flu vaccination.

2.3.3 Financial

The Director of Finance and their team are sighted on the programme and have provided advice regarding clear capture and justification of spend for the programme.

Recruitment is underway for a number of posts in addition to the extension of contracts for some staff associated with the extended flu programme. The full workforce plan will be finalised once the required assumptions and considerations have been clarified.

2.3.4 Risk Assessment/Management

A risk based approach to planning has been undertaken given the number of assumptions being made at a national level. A risk register has been established and is being reviewed frequently by programme management and COVID-19 Vaccine Silver command to ensure timely and appropriate mitigation and escalation to EDG Gold Command.

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment has been prioritised. Good progress with this is being made. Feedback from patient groups with regard to the flu programme has been provided by NHS 24; this will inform planning and delivery of the COVID-19 vaccination programme.

2.3.7 Communication, involvement, engagement and consultation

Work is being progressed at pace by the Communications Team. An initial draft of a communications plan has been developed. This local action plan for Fife will complement the national communications strategy ensuring that Fife's communications are in-line with national guidance and resources, while ensuring that the specific local communication needs, available communications channels and networks have the material they need to ensure a successful roll-out of the vaccination programme across Fife in line with national timescales and targets.

2.3.8 Route to the Meeting

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

- COVID-19 Vaccination Silver Command, 6 November 2020
- EDG Gold Command, 9 November 2020
- COVID-19 Vaccination Silver Command, 13 November 2020
- EDG Gold Command, 16 November 2020
- NHS Fife Clinical Governance Committee, 18 November 2020
- EDG Gold Command, 23 November 2020

2.4 Recommendation

NHS Fife Board are asked to note the planning and assumptions made in the development COVID-19 vaccination plans.

Report Contact
Scott Garden
Director of Pharmacy & Medicines
Scott.Garden2@nhs.scot

NHS Fife

Meeting:	NHS Fife Board Meeting
Meeting date:	25 November 2020
Title:	Winter Plan 2020/21
Responsible Executive:	Helen Buchanan, Director of Nursing
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1   Purpose

This is presented to the NHS Fife Board for:

- Discussion

This report relates to the:

- Winter Plan 2020/21

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

Health and Social Care providers have a key responsibility to undertake effective planning of capacity to ensure that the needs of people are met in a timely and effective way across the winter months. Although demand for care can happen at any time of the year, in winter activity rises. There is increased risk of infection (Norovirus in particular), the weather conditions can be adverse and influenza is more likely than at other times of the year.

This winter will come with additional challenges relating to COVID-19 including possible subsequent waves and impact on scheduled care services as well as planning for a possible COVID-19 vaccination programme.

2.2 Background

The Winter Plan for 2020/21 describes the arrangements in place to cope with increased demand on services over the winter period and possible subsequent COVID-19 waves.

The priority is to ensure that the needs of vulnerable and unwell people are met in a timely and effective manner despite increases in demand. Our workforce are key to the successful delivery of the winter plan. Pandemic, resilience, severe weather, norovirus and flu plans have been re-visited and are in place.

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

Winter communications planning is well under way and will include COVID-19 communications. The communication planned is both staff and public facing using recognised communications mechanisms (including social media).

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period and subsequent COVID-19 waves
- Describe a shared responsibility to undertake joint effective planning of capacity
- Ensure that the needs of vulnerable and ill people are met in a timely and effective manner, despite increases in demand, and in accordance with national standards. (e.g. 4-hour emergency access target)
- Support a discharge model that has performance measures, a risk matrix and an escalation process
- Ensure staff and patients are well informed about arrangements for winter and COVID-19 through a robust communications plan
- Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure

Learning from previous winter has also been considered in terms of performance, what went well, what went less well and has helped to identify planning priorities for 2020/21.

The results were analysed and key actions were agreed including the introduction of a number of new models of care that will change how care is delivered over the winter period or during subsequent Covid-19 waves.

2.3 Assessment

Planning priorities to ensure delivery of the different components of the plan are:

- Home First Model
- Near Me for Unscheduled Care
- Whole System Pathway Modelling
- Scale up direct entry to STAR units from community MDT's
- Point of Care Testing (POCT) in Paediatrics, A&E and Admissions Unit
- Restructure of medical assessment and admissions
- Scheduling of Unscheduled Care
- AHPs 7 day working

The Plan and associated checklists were submitted to Scottish Government on 3rd November. This was requested by Scottish Government on 22nd October. The first draft was reviewed by EDG on 12th October with development session with NHS Board on 28th October. The plan was then discussed at Governance Committees in late October/early November.

Real time intelligence accessing winter score cards, performance data and information from the capacity and flow tool will facilitate early proactive conversations and actions with managers from Acute Services and Health & Social Care Partnership.

2.3.1 Quality/ Patient Care

The Winter Plan has been prepared prioritising patient care in the right place at the right time and by the right person.

2.3.2 Workforce

The report has been compiled by Planning & Performance Team (PPT) in partnership with Acute Services and H&SC Partnership. Actions in the plan have also been provided by Public Health (including Business Continuity), Workforce, Communications and Infection Control.

2.3.3 Financial

Financials are included in Plan – Appendix 5

2.3.4 Risk Assessment/Management

Options for Surge Capacity over winter have been risk assessed

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

Winter Plan has been in produced by Planning and Performance Team in partnership with Acute Services and H&SC Partnership. Planning meetings have taken place weekly and Winter Review/Planning Event was held in August, all via Microsoft Teams with key stakeholders.

2.3.8 Route to the Meeting

The Winter Plan has been reviewed by:
- EDG
- Staff Governance Committee
- Clinical Governance Committee
- Finance, Performance and Resources Committee

2.4 Recommendation

The NHS Fife Board is requested to:
- **Discussion** – the draft Winter Plan 2020/21

3 List of appendices

- Draft Winter Plan 2020/21

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NHS Fife Winter Plan

2020/21

CONTENTS

1 **Introduction**

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

Winter 2020/21 will come with additional challenges relating to COVID-19 including possible subsequent waves and impact on scheduled care services as well as planning for a possible COVID-19 vaccination programme.

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

This plan is supported by:

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

NHS Fife, Fife Council and Fife HSCP have completed the self assessment checklist which helps to measure our readiness for winter across several domains. The checklist will be utilised as a local guide to assess the quality of winter preparations. A detailed review of plans in these areas will apply a Red, Amber, or Green status. The self assessment checklist will be reviewed over winter to ensure that plans are in place to cope with system pressures and ensure continued delivery of care.

2   Key Deliverables

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

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period and subsequent COVID-19 waves

- Describe a shared responsibility to undertake joint effective planning of capacity

- Ensure that the needs of vulnerable and ill people are met in a timely and effective manner, despite increases in demand, and in accordance with national standards. (e.g. 4-hour emergency access target)

- Support a discharge model that has performance measures, a risk matrix and an escalation process

- Ensure staff and patients are well informed about arrangements for winter and COVID-19 through a robust communications plan

- Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure

Our approach to planning for winter recognises:

- Our workforce are key to the successful delivery of the winter plan

- Engagement with staff across key stakeholders is essential and this took place through winter plan workshops

- Multiple threats are present, beyond those seen in previous years, including - but not exclusively - seasonal flu, ongoing presence of COVID-19, possible severe weather, norovirus and EU Exit; however resilience plans are continually revisited and are in place

We have completed the Scottish Government's self assessment checklist (attached at Appendix 8) which indicates that arrangements are in progress to support the delivery of the winter plan.

3 **Planning Priorities Winter 2020/21**

A different approach was taken in preparation for Winter 2020/21, due to the continuation of emergency measures to manage the COVID-19 pandemic through to March 2021 at the earliest.

Firstly, a short questionnaire was sent to the Winter Planning stakeholders by email with the following questions:

- What do you anticipate the key challenge for this winter will be?
- What learning from COVID-19, could be utilised for this winter?
- What new changes should be considered for this winter?

The results were then analysed and the following key actions were agreed for 2020/21 including the introduction of a number of new models of care that will change how care is delivered over the winter period or during subsequent Covid-19 surges.

1. Point of Care Testing (POCT) in Paediatrics, A&E and Admissions Unit
    POCT used within acute assessment and admission areas throughout winter flu season. Anticipated this year this will expand to provide expedited COVID-19 testing to ensure appropriate clinical placement and pathway management.

2. Restructure of medical assessment and admissions
    Review of clinical pathways from GP referrals to accommodate anticipated need for red and green pathways in winter months to allow for increased presentations in line with normal seasonal flux. Scope need for medical short stay and care model that this could deliver.

3. Scheduling of Unscheduled Care
    Work with guidance for Urgent Care Model to dovetail processes and smooth demand through the clinical day. Expand use of the ECAS and supporting services for this pathway to ensure maximized use of outpatient care models and reduce unnecessary admissions.

4. AHPs continue 7 day working from COVID
    AHP support to continue over 7 days with a view to supporting criteria led discharges and preventing de-conditioning which could prolong length of stay.

5. Process re the use of Near Me for Unscheduled Care
    Full evaluation of all previous face to face services prior to remobilization thereby reducing footfall into the hospital and efficiently utilizing clinical time. Work with services to shift to Patient Initiated Review for appropriate patient groups.

6. Home First Model
    Additional capacity in intermediate care teams will be retained to support a Home First model to avoid admissions.

7. Scale up direct entry to STAR units from community MDT's
    Scoping work is required to explore the use of care home beds to prevent avoidable hospital admission. This would include a blended model of care with Hospital at Home to support individuals with medical needs.

8.   Whole System Pathway Modelling
      Work is underway to develop a capacity and flow tool to support whole system planning and commissioning.

9.   Effective Test and Protect service
      Ensure increase capacity of test and protect team in order to support reduced transmission of Covid-19 in the Fife population.

Secondly, a Winter Review and Planning Workshop was held on 18 August 2020 on MS Teams with key stakeholders. The Workshop was well attended with a wide range of stakeholders from across all agencies although numbers were limited as the event was held online. Additional actions were identified including:

- Embed Daily Dynamic discharge and EDD in all wards

- OPAT expansion

- Explore flexible staffing models to utilise resources accordingly

- Staff support to continue through Winter period

Some of these actions will be progressed through other groups and some actions will not be progressed as they are cost prohibitive.

Additions to the Winter Plan for 2020/21

As 2020/21 is different from previous years, focus has been on redesigning the plans for winter taking into account our Covid-19 sensitive environment. Additional work has taken place on surge capacity, COVID-19 subsequent waves, development of a care capacity tool, revision of escalation plan and participation in the nationally led, locally delivered redesign of urgent care.

Surge capacity plans
Surge capacity has always been a challenge during the winter period and 2020/21 will be particularly challenging due to HAI restrictions impacting on bed spacing and COVID-19 hospital pathways. We are approaching surge capacity differently this year by focusing on patient flow through the health and social care system and making sure we have capacity in community and social care by stepping up and stepping down care for patients and avoiding hospital admissions.

COVID-19 pathway plans
As winter approaches, COVID-19 pathways are in place in each of Fife's hospitals. This is in place to protect emergency admissions into the hospital as well as the green pathways for the elective programme. At the time of writing, these pathways are established but a further plan details how the organisation of the hospital will change if the number of COVID-19 admissions increase including increased admissions to ICU.

Care Capacity tool
Although during winter, there are weekly meetings to review activity and capacity and to plan ahead, key information about future capacity in community and social care is not available. This year, a care flow tool is being developed to support service planning and commissioning to

meet demand ensuring that people receive the right care, in the right place and by the right person.

Tool effectively translates demand to commissioning in a timely, proactive way. Work is still ongoing developing this tool but is planned to be in place by October 2020.

Escalation plan
A revised escalation plan has been developed to take into account changes to surge capacity and COVID-19 plans. The trigger points for acute and community are being revised to ensure escalation to different levels are appropriate. These triggers will cover all health and social care metrics and will include the Care Capacity Tool metrics.

Redesign of Urgent Care
The national led, locally delivered redesign of urgent care will change how patients flow through urgent care to emergency care pathways. This should impact how patients access urgent and emergency care to more appropriate pathways but also continue to maintain physically distancing in departments and waiting rooms.

The first milestone for this programme is the establishment of an Urgent Care Flow and Navigation Centre by the beginning of December 2020, in line with the national programme of work. Any lessons learned from the pilot in NHS Ayrshire and Arran, and shared with other NHS Boards, will be reflected in our planning during November.

The planning priorities identified for 2020/21 align with a range of transformation programmes across Acute Services and Health and Social Care. However, although transformation continues to happen during this period of COVID-19 through programmes like Redesign of Urgent Care and Near Me, the formal Transformation Board has been suspended until the emergency planning measures cease (currently end of March).

The Executive Nurse Director has been identified as the Executive Lead for Winter. Whole system working will be supported by the operational leads through the Director of Health and Social Care and Director of Acute Services. A Silver Command Group for Winter is being established which will support both escalation, monitoring and agility of decision making at a senior level over the winter months. The Winter Planning Group is now the Bronze Operational Group and there will be a Bronze Workforce Group established.

4 **Winter Planning Process**

4.1 Clear alignment between hospital, primary and social care

a) *Winter Review 2019/20 – Actions and successes continued to 2020/21*

- Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign

- 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

- Reduce length of stay as a winter planning group and being progressed through BAU

- Test of Change for use of the community hub during Winter

- Test of Change to reconfigure STAR bed pathway

- Urgent Care ED enhanced direction model

- Implementation of model for discharge lounge through tests of change

- Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action

b)   Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s Corp	Lead/s Acute	Lead/s H&SC	Status	Workforce	Finance
1	Scheduling of Unscheduled Care – creation of an integrated flow and navigation centre to triage, assess and manage unscheduled care	November 2020	DOA DOHSC		DCOO GM EC	DGM West			
2	Implement Home First Model - more timely discharges & realistic home based assessments	November 2020	DOHSC			DGM West			
3	Scale up direct entry to STAR units from community MDT's	November 2020	DOHSC			DGM West			
4	Restructure of medical assessment and admissions	November 2020	DOA		GM EC				
5	Process re the use of Near Me for Unscheduled Care	November 2020	DOA		DCOO				
6	Right Care – Right Place campaign to increase awareness of alternatives to the Emergency Department for minor, non-urgent illnesses and injuries and encourage local people to make use of local services	October 2020	DON	Comms					
7	Ensure national winter campaigns, key messages and services (including NHS 24 and NHS Inform) are promoted effectively across Fife and supported by relevant local information and advice	November 2020	DON	Comms					
8	New model of care for Respiratory Pathway	November 2020	DOA DOHSC		GM EC	DGM West			

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
9	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	October 2020	DOHSC			DGM West			
10	Review capacity planning ICASS, Homecare and Social Care resources throughout winter including 7-day access to H@H	October 2020	DOHSC			DGM West			
11	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	October 2020	DOHSC			DGM West			
12	Continue to Test change to reconfigure STAR bed pathway	November 2020	DOHSC			DGM West			
13	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action	October 2020	DOA DOHSC	AD P&P	DCOO GMs	DGM West			

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

a) *Winter Review 2019/20 – Actions and successes continued to 2020/21*

- Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period

- Integrated services to support discharges will run throughout all public holidays – this includes social work, homecare, community therapy staff and district nurses. Communication will be supported through daily huddles across services

- Test of change of a rota of senior decision making capacity in OOH/weekends to promote 7 day discharges

- Agree Urgent Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period

- Public facing information across social media platforms developed to communicate access to OOH including public holiday access

- Enhance Clinical Co-ordinator role within the Urgent Care service

- Enhanced linkage with Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges

- Enhance weekend discharge planning with further development of the weekend discharge team

- Explore augmenting IAT/MSK resource at front door with a view to reducing admission rate

- Proactive recruitment and a joined up workforce plan to utilise staff intelligently across the year as well as winter

- Implementation of 7-day pharmacy service in place within Acute on substantive basis

b)   *Winter Planning 2020/21 – Actions we are going to take this year*

Ref	Action	Timescales	SRO	Lead/s Corp	Lead/s Acute	Lead/s H&SC	Status	Workforce	Finance
1	Implementation of a sustainable 7-day OT and PT service for acute being progressed through the Integrated Capacity and Flow Group- invest to save to support effective patient flow and address de-conditioning.	December 2020	DOA		GM WCCS			1.6 Band 6 PT 1.8 Band 4 HCSW 1.0 Band 5 OT 1 Band 4 HCSW	£72.5k
2	Paediatric nurse staff levels currently being reviewed. The increased activity associated with winter combined with the requirement for managing Covid-19 pathways will require additional staff to ensure safe staffing levels	October 2020	DOA		GM WCCS			13.3 band 5 3 band 3	
3	Implement flexible staffing models to utilise resources accordingly – managed by tactical workforce group, chaired by Associate Director of Nursing	November 2020	DON		DCOO	DGM West			

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Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
4	Ensure NHS Fife staff are kept informed about preparations for winter including arrangements for staff flu vaccinations, local service arrangements and advice for patients	November 2020	DON	Comms					
5	Occupational Health medical and nursing support was increased temporarily to support the pandemic efforts, funding has been secured to recruit to these posts on a substantive basis	November 2020	DOW	Workforce					
6	Staff health and wellbeing signposting resources were provided from April 2020 and an expanded Staff Listening Service, (accessible to Health, H&SC Partnership, and care home staff), available from April 2020 to 31 March 2021	November 2020	DOW / DON	Workforce /Nursing					
7	Mental Health Occupational Health nursing input in place for staff support from August 2020	August 2020	DOW	Workforce					
8	Agree Flow & Navigation Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period	October 2020	DOHSC			DGM West			
9	Create and enact a workforce plan to staff surge capacity taking into account Fife Council Christmas shut down	October 2020	DOHSC		DCOO GMs	DGM West			

4.3 <u>Local systems to have detailed demand and capacity projections to inform their planning assumptions</u>

a) *Winter Review 2019/20 – Actions and successes continued to 2020/21*

- Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data including Urgent Care in collaboration with NHS 24

- Performance measures will be in place and scrutinised

- Estimated Discharge Date process to be further developed and clear instructions in place

- Full review of how and when surge capacity is used against the escalation plan

- Banish boarding event to take place to reduce pressure in hospital with patients boarding in non patient wards.

- Comprehensive review of board and ward round process across Acute inpatient wards to identify and implement consistent best practice

- Location and staffing plan for surge capacity in place

b) *Winter Planning 2020/21 – Actions we are going to take this year*

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Whole System Pathway Modelling – development & implementation of capacity tool	November 2020	DOA		GM EC	DGM West			
2	Daily Dynamic discharge and EDD to be embedded in all wards	November 2020	DOA		GM EC	DGM West			
3	Plan for Surge Capacity (including Community Hospitals, Care Home, Home care ICASS & H@H)	October 2020	DOA DOHSC		DCOO	DGM West		See App2	Acute HSC

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

a) Winter Review 2019/20 – Actions and successes continued to 2020/21

- 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

- Review the ambulatory model for surgical and medical patients and implement any enhancements

- Review theatre requirements for SHDU cases to smooth activity over the week

b) Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s Corp	Lead/s Acute	Lead/s H&SC	Status	Workforce	Finance
1	Implementation of rapid diagnostic outpatient appointments for inpatients to ensure that no inpatient discharges are delayed whilst waiting on diagnostics	October 2020	DOA		GM WCCS				
2	OPAT expansion to release bed capacity	October 2020	DOA		GM EC		Not progressing this year		
3	Configure SSSU as amber Unit to support peaks in Orthopaedic Trauma demand	September 2020	DOA		GM PC				
4	In line with SG guidance, configure green elective areas and pathways within DIU, Ward 52 and Day Unit (within QMH) to maintain elective activity over winter	September 2020	DOA		GM PC				
5	Set-up weekly theatre meetings to review theatres lists 3 weeks in advance, including full review of patients waiting by clinical priority to determine list allocation to be escalated to Clinical Prioritisation Group	September 2020	DOA		GM PC				

4.5   Escalation plans tested with partners

a) *Winter Review 2019/20 – Actions and successes continued to 2020/21*

- 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

- Review and improve business continuity plans for services

- Tabletop exercise arranged to test Major Incident plans

- Multi Agency meeting to discuss winter arrangements across Fife

- Update Corporate Business Continuity Plan and Response and Recovery Plan

- Ensure that community services have access to 4x4 vehicles in the event of severe weather and that staff have received an appropriate level of training to drive such vehicles

- Review the full capacity protocol

b) *Winter Planning 2020/21 – Actions we are going to take this year*

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Corporate Business Continuity Plan has been reviewed by the NHS Fife Resilience Forum	August 2020	DPH	Business Continuity					
2	Corporate Business Continuity Policy has been reviewed by the NHS Fife Resilience Forum	August 2020	DPH	Business Continuity					
3	Business Continuity templates to be updated, re-issued to all departments and returned	October 2020	DPH	Business Continuity	DCOO	DGM West			

4	Ensure severe weather communications plan is in place and provided to NHS Fife Resilience Forum and EDG	October 2020	DON	Comms						
5	Local Resilience Partnership to hold a workshop to look at how Fife would manage events/incidents over winter including Covid-19, season flu, winter weather and EU-exit	November 2020	DPH	Public Health						

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

a) *Winter Review 2019/20 – Actions and successes continued to 2020/21*

- Point of Care Testing (POCT) for flu will be implemented early this year in preparation for the challenges expected from increased numbers of patients presenting with flu

- Weekly Winter Planning Meetings to continue to monitor hospital position

b) *Winter Planning 2020/21 – Actions we are going to take this year*

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Point of Care Testing (POCT) in A&E and Admissions Unit	November 2020	DOA		DCOO		Funded separately		
2	Define and agree paediatric COVID pathways to stratify patient flow based on clinical urgency and IPC measures	December 2020	DOA		GM WCCS				
3	Package of education/training to support best practice in IPC in NHS Fife acute & community settings	October 2020		IPCT					

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4.7 Delivering seasonal flu vaccination to public and staff

a) *Winter Review 2019/20 – Actions and successes continued to 2020/21*

- Deliver the staff vaccination programme to NHS and Fife HSCP staff through drop-in clinics and peer vaccinator programme in order to achieve 60% national target and 65% local target for uptake among healthcare workers

- Monthly review of progress against seasonal flu action plan

- Deliver staff communications campaign across Acute & HSCP

- Develop & distribute Information pack to independent care sector in Fife, covering staff vaccination, winter preparedness and outbreak control measures

- Redesign consent form and data collection methods to enable more detailed & timely monitoring of staff vaccination against targets

- Insert flu vaccination messaging for at-risk groups in out-patient letter template

b) *Winter Planning 2020/21 – Actions we are going to take this year*

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Deliver the staff vaccination programme to health and frontline social care staff (NHS, Fife HSCP, independent and third sector) through peer vaccinator programme, occupational health clinics, care-home based and pharmacy delivery in order to achieve 60% national target and 65% local target for uptake	December 2020	DOHSC			DGM West			
2	Implement actions required for staff and community seasonal flu vaccination delivery under the Joint Fife HSCP & NHS Fife Flu Silver Group	December 2020	DOHSC			DGM West			
3	Ensure data collection methods enable weekly monitoring of flu vaccination uptake	October 2020	DOHSC			DGM West			

Ref	Action	Timescales	SRO	Comms				
4	Raise awareness of the flu campaign and encourage health and care staff and key workers in the public sector to take up the offer of a free flu vaccination and lead by example	February 2021	DOHSC	Comms				

4.8 Covid-19 Mobilisation and delivering the COVID-19 Immunisation Programme

Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Produce plan for possible second Covid-19 wave in Acute and H&SC	October 2020	DOA DOHSC		DCOO	DGM West			
2	Refer to Business Continuity plans in event of resurgence in Covid-19 cases	October 2020	DOA DOHSC		DCOO	DGM West			
3	Engage in regular review of care homes in collaboration with the HSCP	October 2020	DPH	Public Health					
4	Support weekly asymptomatic staff Covid-19 testing in care homes	October 2020	DPH	Public Health					
5	Support symptomatic residents Covid-19 testing in care homes, and flu testing where there is a suspected outbreak	October 2020	DPH	Public Health					
6	Carry out resident Covid-19 surveillance testing on a care homes in Fife	October 2020	DPH	Public Health					
7	Increase capacity and skills with Health Protection Team for outbreak management for care homes in Fife	November 2020	DPH	Public Health			Funded Separately		
8	Increase and sustain capacity to undertake all contact tracing requirements for Fife residents as part of the National Contact Tracing Test and Protect Programme.	November 2020	DPH	Public Health					
9	Maintain surge capacity to manage abrupt changes in incidence of Fife Covid-19 positive cases throughout the winter months	October 2020	DPH	Public Health					

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
10	Develop action plans for outbreak prevention and management of high-vulnerability settings and events. The aim of identifying these settings is to minimise the outbreak risks.	October 2020	DPH	Public Health					
11	Promote local and national messages associated with COVID-19 and Test and Protect	November 2020	DPH	Comms					
12	Review of outbreak management guidance in line with latest national guidance	October 2020	DON	IPCT					
13	Local delivery framework for COVID-19 immunisation to be developed and implemented using outputs of national work	December 2020	DOP	Pharmacy		DGM West			
14	PMO to be established for COVID-19 immunisation programme and required workforce to be recruited for the next 12 months which encompasses the different delivery models required at each stage of the plan	December 2020	DOP	Pharmacy		DGM West			

5   Summary

The Winter Plan for 2020/21 describes the arrangements in place to cope with increased demand on services over the winter period and possible subsequent COVID-19 waves. This has been carried out in partnership with NHS Fife, Fife Council and Fife HSCP who have a shared responsibility to undertake effective planning of capacity. Partnership working is essential in order to deliver the plan and will be tested at times of real pressure.

The priority is to ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand. Our workforce are key to the successful delivery of the winter plan. Pandemic, resilience, severe weather, norovirus and flu plans have been re-visited and are in place.

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

Winter communications planning is well under way and will include COVID-19 communications. The communication planned is both staff and public facing using recognised communications mechanisms (including social media).

The financial plan (detailed in Appendix 5) outlines our required resource in order to deliver upon the expectations of Fife outlined in Director General Health & Social Care and Chief Executive NHS Scotland's letter, Preparing for Winter 2020/21 dated 22 October 2020. This is based on a worst case scenario with all levels of surge capacity and associated actions being required. If this were to come to fruition, there would be a cost pressure which carries financial risk for both NHS Fife and Fife Health and Social Care Partnership as Scottish Government funding for winter will not cover the indicated cost required to enact this plan. The costs shown are only for the surge capacity and the working assumption is that all other actions detailed in the Winter Plan (section 4) are manageable within existing budgets, or via other funding streams such as Test & Protect.

 The workforce requirements for surge capacity are detailed in Appendix 2, with the financial consequences set out in Appendix 5 (as described above). Staffing and financial implications of the Test and Protect, Seasonal Flu, and Covid19 Vaccine Programmes are not included in this plan.

Appendices

Appendix 1: Fife Integrated Escalation Plan

Fife Integrated Escalation Plan Winter 2020/21 v0.4				
Escalation at:	**Acute Services Actions**		**H&SC Actions**	**Total Capacity**
	Emergency Care	**Planned Care**		
Extreme Pressure Hospital Occupancy: >=100% >10 patients awaiting admission in A&E/AU1au/AU2au for admission No critical care capacity available H&SC: >100% Occupancy >30 patients clinically fit for next stage of care from VHK	NHS Fife and Fife Council CEO to agree actions			
	Instigate Full Capacity Protocol as follows: • All acute beds available for any patient • Organisational business continuity plans invoked • Move all delayed patients to other locations in Fife • Surgery proceeds on the premise that Ward 52 cannot receive Amber patients without impacting on the green status of the ward • In the event of surgery cancellation redirect available theatre staff to support inpatient activity. • 11 intermediate beds • Commission up to a maximum of 35 external nursing home placements • Increase QMH W8a by 5 beds • Open Cameron Balfour dependent on medical cover and staffing plan – 16 beds			Hosp Tot Core Surg All 739 691 48 CC 36 36 - AS 437 417 20 HSC 266 238 28 H@H - 51 admissions ICASS - 100 Beds Intermediate beds - 11 Increase in care packages - 25 Nursing home placements - 35
Severe Pressure Hospital Occupancy: >=95% >5 patients awaiting admission in A&E/AU1au/AU2au without allocated beds Intensive care capacity available H&SC: >100% Occupancy >20 patients clinically fit for next stage of care from VHK	COO and Director of H&SCP to agree sequence of actions DAILY *Review requirement for delivery of non-critical services with a view to deploy staff into clinical areas* *Critical review of planned activities across all staff groups to focus on patient care and flow*			
	Open W6 – 12 beds Increase AU1 Red occupancy to 3 patients per bay Cancel outpatient clinics where medical staffing can support inpatient management based on specialty requirement	Maximise use of SSSU so that inpatient surgery has no impact on hospital capacity Surgical consultants are contacted by the PC management team to support with timely discharges and creation of flow Re-evaluate AU2 capacity split across medical/surgical beds	Increase flow to homecare and care homes – scale up resource in line with winter surge plan, up to 25 care packages and 25 care home placements Utilise 11 intermediate beds Increase ICASS capacity – additional 20 beds Increase H@H – additional 6 admissions Increase QMH W8 – additional 7 beds	Hosp Tot Core Surg All 714 691 23 CC 36 36 - AS 433 417 16 HSC 245 238 7 H@H - 51 admissions ICASS - 100 Beds Intermediate beds - 11 Increase in care packages - 25
Moderate Pressure Hospital Occupancy: >85% <5 patients awaiting admission in A&E/AU1au/AU2au without allocated beds Critical care capacity available H&SC: >90% Occupancy >10 patients clinically fit for next stage of care from VHK	Deputy COO and DGM West to agree sequence of actions DAILY			
	Every patient to be reviewed by a consultant Expedite medically fit for discharge patients Early Supported Discharge to H@H All wards to identify at least 1 patient for discharge pre 10:30am Assess AHP caseload and implement staffing moves as required. Specialty ward rounds to take place every day	Identification of amber surgical patients in surgical wards and in AU2 who are near discharge and suitable for a move to SSSU, appropriate patients would be approved by the respective on call Planned Care Consultant. Urology patients admitted to the surgical assessment unit (AU2) are redirected to UDTC Specialty ward rounds to take place every day	Increase flow to homecare and care homes – scale up resource in line with winter surge plan Prioritise ICASS discharges from VHK & QMH - Prioritise discharges from VHK to STAR/ Assessment beds/home with homecare above normal commissioning levels	Hosp Core All 691 CC 36 AS 417 HSC 238 H@H - 45 admissions ICASS - 80 Beds
Planned Operation Working Hospital Occupancy: <85% No patients awaiting admission in A&E/AU1au/AU2au Critical care capacity available H&SC: <90% Occupancy <10 patients clinically fit for next stage of care from VHK	Management plan put in place • Huddle discussion and predictor indicates that hospital is able to accommodate both elective and emergency patients for the day • There are no patients in A&E or Admission Units awaiting admission without allocated beds		The normal flow to H&SC services is expected (10/12 patients to exit each day)	Hosp Core All 691 CC 36 AS 417 HSC 238 H@H - 45 admissions ICASS - 80 Beds

Appendix 2: Fife Winter Surge Bed Plan

			Fife Winter Surge Plan 2020/21 v1.2		
			Health & Social Care | Homely Setting and Care Homes		
Order of opening	**AREA**	**BED CAPACITY AVAILABLE**	**RISKS/ISSUES**	**BENEFITS**	**FINANCIAL IMPLICATIONS**
1	Maximise Home Care Capacity	300 hrs internal 300 hrs external contracted	• Additional resource if contracting out to private providers – either spot purchasing or book advanced hours/runs	• Home First principles • Low cost • Creates capacity for all inpatient areas	**Total £274,050** **Internal: £157,500** **External: £116,550** (unit costs £18.50/£25 00 per hour)
2	ICASS	20 Core 80 **100 beds**	• Dependent on recruitment - will dictate increased capacity • Additional investment required for Band 3 Rehab Support workers to increase daily capacity – (90K 6 months)	• Home First principles • Continues rehabilitation at home and reduces demand for homecare • Low cost • Creates capacity for all inpatient areas	**£90,000** 5 WTE band 3 (unit cost £17 per hr)
3	H@H	6 Core 45 **51 admissions**	• Recruitment will dictate increased capacity in particular as skill set required for H@H is highly specialist at NP level	• 7 day access to for admission's from GP OOH urgent care • Step down from AU1 to prevent Acute admission • Increased capacity for GP admissions to prevent admission to acute hospital • Less likely to close the service • Creates capacity and supports prevention of admission • Supports Fife wide model	**Total £187,083** **Pharmacy** £67,950 for 7-day cover for 5 months comprised of: 1.1 WTE clinical pharmacist B8a £32,675 1.3 WTE pharmacy technician B5 £23,140 1.0 wte pharmacy support worker B3 £12,135 **Nursing/Medical** Nursing Band 6 NP 2.4 - £71,250 Medical staff for weekend shifts - £47,500 - Total request = £118,750 Cost per day per patient £168.00
4	Intermediate Care beds	11 Dedicated intermediate care beds to enable step down Emergency respite provision would be ring fenced across the system.	• GP registration would be required for patients who did not live locally • Community Nursing may be required • Patients must be medically well to step down • Pre-assessment required • New model of care • Cost needs to be worked up • COVID testing pre-admission • Public perception of care homes • Additional care transition • LOS average 56 days	• Homely setting • Promote individuals to be independent • Releases in-patient capacity • Number of patients in delay reduces • Location – supports flow in West Fife which can be a challenge	**Total £75,000** Transfer of respite to accommodate step down beds £740 per week *20 weeks* 5 beds - £74,000 Registration Fee - £1,000
5	Additional nursing care home placements (private providers)	Commission interim Nursing Home placements depending on pressures across the VHK and community hospitals	• GP registration would be required for patients who did not live locally to the care home • Community Nursing may be required • Patients must be medically well to step down • Pre-assessment required • COVID testing pre-admission • Public perception of care homes • Financial implications • Additional care transition • District Nursing may need to support • LOS average 41 weeks	• Homely setting • Promote individuals to be independent • Releases in-patient capacity • Number of patients in delay reduces	Care home beds have been calculated on a sliding scale based on usage and also calculated on risk therefore additional beds could be commissioned as follows: • **25 beds would cost £210K** • **35 beds would cost £296K**

					Inpatient Hospital Areas		
Order of opening	**AREA**	**SURGE BED CAPACITY**	**CORE BEDS**	**CORE STAFF**	**RISKS/ISSUES**	**BENEFITS**	**FINANCIAL IMPLICATIONS**
6	QMH Ward 8/8a	12 7/5	0	22 WTE (nursing, 1 AHP, 1 RMO cover)	• AHP cover required • Medical cover required • Sexual health would require remobilisation	• LOS average 40 days	**Total - £454,363** Additional Nursing: W8 - £169,624 W8a - £117,739 1 AHP £25,000 RMO £142,000 (only if W8a opens, will also cover W3 and Balfour)
7	VHK Ward 6	12	0	0	• Currently being used as Diabetes Centre due to service displacement • Environment is sub-optimal • Unable to use hoists • Limited patient cohort can be admitted to area • Securing the workforce required • Medical staff buy in to provide RMO cover • Pressure on AHPs to provide rehabilitation • High cost • May not be sustainable	• Within acute setting • Ward area already partly prepared • Could be used to support those approaching discharge and waiting on care packages • Could be used to deliver ambulatory model	**Total - £587,779** Nursing (19.96 WTE) - £360,027 AHP (2 WTE)- £38,754 Medical (2 WTE) – £188,998
8	Cameron Hospital Balfour Ward	18 Assuming 4 bedded bays	0	20 WTE	• Securing the workforce required staff being re deployed to imms/test & trace • Medical staff would need to secure RMO cover which is not available in the HSCP and also need to secure junior medical or ANP cover as existing locum junior medical cover on Cameron site unlikely to be able to provide this without increased secure staffing. • Pressure on AHPs to provide rehabilitation • High cost • May not be sustainable • Accommodation required for AHP staff if Balfour ward opened as this was the rehab area and office space	• Ward area already prepared as a result of COVID • Some staff may be available following Wellesley closure • LOS average 40 days	**Total - £482,000** 80, 000 per month Nursing - £400,000 Junior Doctor - £57,000 1 AHP - £25,000
9	QMH Ward 3	Up to 22 beds	0	22WTE 13 WTE registrants 8 WTE 2 1 WTE 7 3 x Medical Sessions	• Securing the workforce required – staff being re deployed to imms/test & trace • Medical staff buy in to provide RMO cover • Pressure on AHPs to provide rehabilitation • High cost • May not be sustainable • Isolated area within QMH	• Ward area already prepared as a result of COVID up to 18 beds • Could be used to cohort patients awaiting guardianship – trend is increasing • LOS average 40 days ≥ if guardianship cases	**Total £498,750** £94,750 per month nursing - £473,750 Consultant costs covered in £170,000 for ward 8 and ward8a 1 AHP - £25,000
10	HSCP and Acute Hospital Areas Revert to pre-covid bed spacing - 6 bedded bays	HSCP 31 Acute 20 (dependent on bed spacing)	248	480	• Additional staffing may be required • Risk of staff burnout • Pressure on AHPs • Infection control risks of providing care within environment's with <1m bed spacing with no physical screens • Provision would be beyond the funded bed base	• Areas already up and running functioning with MDT staffing in place	Unclear if this will be within IPCT guidance - assumed a medium level of costs

Appendix 3: Fife Additional Wave ICU Response Plan

NHS Fife COVID-19 Additional Wave Response Plan – Acute Services v1.1

NHS Fife has immediate equipment stock to enable ventilation of 35 patients. Any additional requirement can be facilitated through use of theatre ventilator stock
Previously deployed staff are engaged in a programme of Keeping in Touch (KiT) days in order to maintain critical care competencies. Identified ratios in accordance with guidance issued 26/03/20 from CNO

Escalation at:	Acute Services Actions		Staff Impacts Critical Care	CC Capacity
	Critical Care Actions	**Enabling Actions**		

Stage 4

Scale up 48-72hrs

14 COVID +ve patients in ICU

Gold command to agree sequence of actions DAILY

Critical Care Actions:
3rd Red ICU opened – critical care floor becomes full level 3 support

Amber ICU remains in Recovery 2

Green SHDU remains Ward 52

Amber SHDU into Recovery 1

Amber medical level 2 care into CCU

Red medical level 2 care remains in Ward 43

Enabling Actions:
Surgical programme reduced to P1 activity only

Staff Impacts Critical Care:
1:6 critical care nurse / patient ratio PLUS 4 deployed RNs PLUS 4 deployed nRNs

Nursing staff deployed from surgical specialty ward areas

Prioritise support from anaesthetic team into critical care

15 WTE physiotherapists allocated to critical care

CC Capacity:

CC	T	R	A	G
All	54	32	18	4
L3	38	28	10	
S L2	8		4	4
M L2	8	4	4	

Stage 3

Scale up 24-48hrs

7 COVID +ve patients in ICU

Silver command to agree sequence of actions DAILY – Gold command briefed DAILY

Critical Care Actions:
2nd Red ICU opened in SHDU area

Amber level 2/3 move from SHDU to Recovery 2

Red medical level 2 care into Ward 43

Enabling Actions:
Surgical program reduced to P1&2 only

Reduce QMH theatre programme to support reallocation of staff.

F2F Outpatient activity suspended – focus on inpatient care

Staff Impacts Critical Care:
Move to 1:4 critical care nurse / patient ratio PLUS 3 deployed RNs PLUS 4 deployed nRNs

Nursing staff with transferrable skills deployed from Theatres and Recovery

Reduction in theatre program critical to releasing anaesthetic support

9.0 WTE physiotherapists allocated to critical care

CC Capacity:

CC	T	R	A	G
All	42	24	14	4
L3	26	20	6	
S L2	8		4	4
M L2	8	4	4	

Stage 2

Scale up within 24hrs

3 COVID +ve patients in ICU

2 COVID +ve patients in MHDU side rooms

Silver command to agree sequence of actions BI-WEEKLY – Gold command briefed WEEKLY

Critical Care Actions:
ICU becomes red ward

Amber level 2/3 created in SHDU

SHDU (surgical level 2 care) move to Ward 52 (4 green in 52 – 4 Amber in SHDU)

Should ICU be accommodating COVID +ve patients on main floor – potential to accommodate level 2 medical patients to prevent MHDU expansion. Situation dependent.

Enabling Actions:
Elective program reduced to P1-3 only

Review QMH theatre programme.

Review nursing staffing across Division to identify supporting staff from critical care trained pool

Staff Impacts Critical Care:
Move to 1:2 critical care nurse/patient ratio PLUS 2-3 deployed appropriately trained RNs

Increased medical support from Anaesthetic staff

Prepare to remobilise respiratory physiotherapist

CC Capacity:

CC	T	R	A	G
All	32	10	18	4
L3	16	10	6	
S L2	8		4	4
M L2	8		8	

Stage 1

Critical Care Actions:
4 x ICU side rooms (2x -ve pressure)
2 x MHDU side rooms and Bay 1

Available for use for COVID or other query-infectious patients

Enabling Actions:
Full surgical program in operation.

Maintain availability of negative pressure rooms in Wd 51 for COVID patients requiring NIV

Staff Impacts Critical Care:
No impact on nurse / medical staffing.

1:1 critical care nurse /patient ratio

No impact on physiotherapy

CC Capacity:

CC	Total
All	25
L3	9
S L2	8
M L2	8

Appendix 4: Fife H&SC Additional Wave Response Plan

Fife H&SC COVID-19 Additional Wave Response Plan – Community Services v1.1			
Escalation at:	**Community Hospital Actions**	**Enabling Actions**	**Workforce**
Stage 4 **Scale up 48-72hrs** 14 COVID +ve patients in ICU Ward 53 24 +ve Ward 51 5 +ve	Gold command to agree sequence of actions DAILY		
	QMH Ward 3 / Cameron Balfour opened	Redeploy nursing resource to support additional wards Additional medical staffing required (RMO and ward Dr)	AHP model of care targeted to the most complex individuals
Stage 3 **Scale up 24-48hrs** 14 COVID +ve patients in ICU Ward 53 20 +ve patients Ward 51 open	Silver command to agree sequence of actions DAILY – Gold command briefed DAILY		
	QMH Ward 8a opened with 5 beds	Review nursing resource to support Ward 8a from deployed areas QMH Ward 3 / Cameron Balfour plan to open	AHP's to be deployed to in patient areas - cardiac and pulmonary rehab physio staff may need to be deployed to Acute
Stage 2 **Scale up within 24hrs** 7 COVID +ve patients in ICU Ward 53 10 +ve patients Ward 51 plan to open	Silver command to agree sequence of actions BI-WEEKLY – Gold command briefed WEEKLY		
	QMH Ward 8a plan to open	Review nursing staffing across HSCP to identify supporting staff who could support in patient areas Transfer service delivery for sexual health operating within QMH Ward 8a	Plan for critical service delivery as identified within business continuity plans
Stage 1	231 beds 79 side rooms available for use for ward based COVID outbreaks or other infectious patients	Normal transfers from VHK to community hospitals	No impact on nurse / medical staffing No impact on AHP's

Appendix 5: Winter Plan Financial Table

Ref		Description	Area	Timescale	Cost (CYE)
		Winter Plan 2020/21 Financial Impact *Cost based on 6-month winter period*			
4.2.1		Implementation of a sustainable 7-day OT and PT service for acute	Acute	Nov-20 to Mar-21	£72,500
4.3.3	Costs in relation to Surge Plan (see Appendix 2)	Provide additional homecare capacity to support timely discharges from and prevent admissions to hospital	H&SC	Nov-20 to Mar-21	£274,000
4.3.3		Provide additional ICASS capacity to support timely discharges from and prevent admissions to hospital	H&SC	Oct-20 to Mar-21	£90,000
4.3.3		Provide additional H@H capacity to support timely discharges from and prevent admissions to hospital	H&SC	Nov-20 to Mar-21	£187,083
4.3.3		Provide additional Intermediate Care placements to meet demand	H&SC	Nov-20 to Mar-21	£75,000
4.3.3		Commission 25 additional Nursing Home placements to meet demand and support hospital discharges	H&SC	Oct-20 to Mar-21	£210,000
4.3.3		Surge Capacity – Ward 8/8A QMH	H&SC	Nov-20 to Mar-21	£454,363
4.3.3		Surge Capacity – Ward 6 VHK	Acute	Nov-20 to Mar-21	£587,779
4.3.3		Surge Capacity – Balfour Ward, Cameron	H&SC	Nov-20 to Mar-21	£482,000
4.3.3		Surge Capacity – Ward 3, QMH	H&SC	Nov-20 to Mar-21	£469,000

Total Potential Cost (Worst Case Scenario)	£2,901,725
SG Winter Funding	£661,000
Potential Cost Pressure	£2,240,725

Appendix 6: Weekly Winter Monitoring Report

Area	Indicator	Trend	03-May	10-May	17-May	24-May	31-May	07-Jun	14-Jun	21-Jun	28-Jun	05-Jul	12-Jul	19-Jul	26-Jul	02-Aug	09-Aug	16-Aug	23-Aug	30-Aug	06-Sep	13-Sep	20-Sep	27-Sep	04-Oct	11-Oct	18-Oct	25-Oct
OOH Urgent Care	Contacts		2143	1876	1978	2006	1927	1890	1818	1804	1995	1903	1897	1902	1816	1852	1899	1915	2176	2380	2225	2065	1910	1836	1895	2294	1691	1779
	DoT Home Visits		31	21	48	19	57	22	15	24	31	22	29	37	13	24	31	16	20	29	30	22	21	19	42	20	20	31
	% ref to 2ndary Care		3.83%	2.61%	3.24%	3.54%	4.20%	4.23%	4.24%	4.77%	5.41%	4.68%	5.06%	4.78%	5.84%	4.91%	5.63%	5.54%	4.69%	3.78%	3.91%	5.42%	4.76%	4.74%	4.91%	4.18%	5.09%	4.95%
	COVID Ax Centre		177	137	151	135	123	118	117	96	137	108	98	123	102	115	106	118	181	217	175	142	142	106	139	110	111	106
	COVID Advice Calls		349	336	272	289	218	255	220	193	201	196	172	157	162	165	165	190	508	477	377	305	193	176	207	212	155	166
Emergency Department	Attendances		723	763	805	910	1022	941	981	1055	1102	991	1050	1166	1123	1089	1177	1145	1228	1148	1172	1157	1136	1154	1061	1094	976	1051
	Performance		96.8%	95.4%	96.1%	94.3%	95.7%	94.9%	96.1%	96.2%	95.7%	96.5%	95.9%	95.9%	90.7%	95.9%	94.5%	94.8%	93.0%	93.8%	93.2%	94.2%	95.4%	96.8%	94.4%	93.7%	93.9%	93.7%
VHK	Admissions		520	494	552	595	564	590	588	641	645	642	647	675	714	681	702	678	678	672	708	714	646	657	672	638	695	662
	Emergency		487	459	517	554	535	555	554	600	595	586	578	604	638	602	636	605	594	601	630	626	566	587	592	554	612	581
	Discharges		444	508	513	548	569	599	524	620	627	639	671	638	662	692	694	667	652	667	714	694	638	641	640	657	670	684
	% B4 Noon		15.0%	15.4%	16.1%	12.9%	15.5%	10.4%	20.5%	18.6%	15.8%	12.3%	14.3%	12.0%	16.0%	16.7%	14.4%	15.8%	13.6%	14.7%	13.3%	11.9%	13.0%	13.8%	13.5%	13.0%	14.6%	14.5%
Theatre Activity	Scheduled		21	32	26	30	34	25	48	61	45	88	85	150	178	182	150	192	216	205	243	231	251	265	245	272	229	239
	Cancelled		0	4	0	0	1	0	4	6	0	10	2	5	6	4	3	7	12	9	18	8	8	12	14	18	3	12
	Hospital Cancelled		0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	1	1	0	2	1	0	0	0	0
VHK Bed Utilisation	Occupancy		64%	67%	68%	73%	79%	77%	75%	81%	83%	79%	78%	77%	85%	82%	80%	80%	81%	84%	85%	79%	81%	84%	85%	87%	83%	82%
	COVID Bed Days											143	113	106	129	84	97	109	78	83	87	91	106	110	121	104	184	251
	Boarding Bed Days		148	170	178	181	239	219	204	205	207	217	224	192	252	250	176	166	222	237	214	240	287	247	309	363	301	316
	DD Bed Days		10	12	16	14	17	19	46	53	60	58	22	25	38	19	27	31	13	23	34	20	7	23	16	13	22	23
Community Hospital	Admissions		37	37	35	41	39	35	26	29	36	27	38	33	30	48	43	37	49	45	41	38	35	41	34	38	43	46
	Discharges		35	38	35	41	40	34	26	28	36	27	38	33	29	48	44	37	49	44	40	37	35	41	34	37	43	45
	Occupancy		61%	59%	64%	66%	65%	67%	67%	68%	69%	84%	85%	87%	91%	93%	91%	92%	93%	89%	89%	92%	92%	91%	92%	94%	94%	94%
	COVID Bed Days											7	11	4	10	4	0	2	2	2	6	1	4	2	1	3	3	0
	DD Bed Days		235	208	188	194	218	228	201	238	248	258	293	297	332	348	318	385	421	341	325	302	329	352	342	344	300	254
	DD Standard		109	98	82	86	108	106	81	127	143	153	185	183	218	235	215	293	333	245	211	188	216	230	215	211	158	122
	DD Code 9		124	110	106	108	110	122	120	111	105	105	108	114	114	113	103	92	88	96	114	114	113	122	127	133	142	132

Appendix 7: HSCP Winter Placement Tracker

	Downstream Beds (DSB) Placed / Moved within Community Hospital	Social Care Discharge Models						Other Discharge Routes				
		Predicted Demand for HSC placements	Long Term Care	Homecare	START	Assessment & Intermediate Care Beds	STAR	Predicted Demand for Placements	Re-Start Care Packages	High Health Gains	Hospital @ Home	ICASS
Nov-20	165	149	34	8	77	18	12	169	75	10	20	64
Dec-20	157	152	37	8	77	18	12	169	75	10	20	64
Jan-21	178	159	36	12	81	18	12	177	75	10	20	72
Feb-21	157	157	34	12	81	18	12	177	75	10	20	72
Mar-21	146	157	34	12	81	18	12	177	75	10	20	72
	803	774	175	52	397	90	60	869	375	50	100	344

Preparing for Winter 2020/21:
Supplementary Checklist of Winter Preparedness: Self-Assessment

Priorities	These checklists supplement the Preparing for Winter 2020/21 Guidance and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance. For the avoidance of doubt, your winter preparedness assessment should cover systems, processes and plans to mitigate risks arising from a resurgence in covid-19, severe weather, winter flu and other winters respiratory issues, and a no deal Brexit – either individually or concurrently.
1. Resilience	
2. Unscheduled / Elective Care	
3. Out of Hours	
4. Norovirus	The checklists also include other areas of relevance but are not exhaustive. Local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery.
5. Covid -19, Seasonal Flu, Staff Protection & Outbreak Resourcing	
6. Respiratory Pathway	NHS Special Boards should support local health and social care systems to develop their winter plans as appropriate
7. Integration of Key Partners / Services	

Winter Preparedness: Self-Assessment Guidance

- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.

- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

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

1	Resilience Preparedness *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1.1	The NHS Board and Health and Social Care Partnerships (HSCPs) have robust business continuity management arrangements and plans in place to manage and mitigate all key disruptive risks including the impact of severe weather, EU Exit and Covid-19 resurgence. These arrangements have built on the lessons learned from previous events, and are regularly tested to ensure they remain relevant and fit for purpose. Resilience officers are fully involved in all aspects of winter planning to ensure that business continuity management principles are embedded in winter plans. *The Preparing For Emergencies: Guidance For Health Boards in Scotland (2013) sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of Preparing for Emergencies for details. The* Preparing for Emergencies Guidance *sets out the minimum standard of preparedness expected of Health Boards – see Standard 18.*	☒ ☒		NHS Fife and HSCP have established and robust Business Continuity Plans in place. Each ward, department and service have responsibility to review and update their plans at least once each year. This is supported by the Business Continuity Manager. The Business Continuity Manager and Emergency Planning Officer are involved in all aspects of contingency planning.
1.2	Business continuity (BC) plans take account of the critical activities of the NHS Board and HSCPs; the analysis of the effects of disruption and the actual risks of disruption; and plans are based on risk-assessed worst case scenarios, including Covid-19 reasonable worst case scenarios. Risk assessments take into account staff absences including those likely to be caused by a range of scenarios including seasonal flu and/or Covid-19 as outlined in section 5 and a business impact analysis so that essential staffing requirements are available to maintain key services. The critical activities and how they are being addressed are included on the corporate risk register and are regularly monitored by the risk owner. The Health Board and HSC partnership has negotiated arrangements in place for mutual aid with local partners, which	☒ ☒ ☒		All NHS Fife and HSCP Business Continuity Plans consist of a Business Impact Analysis; Risk Assessment; and Continuity Plan. New templates all include these elements.

	cover all potential requirements in respect of various risk scenarios.			
1.3	The NHS Board and HSCPs have appropriate policies in place should winter risks arise. These cover: • what staff should do in the event of severe weather or other issues hindering access to work, and • how the appropriate travel and other advice will be communicated to staff and patients • how to access local resources (including voluntary groups) that can support a) the transport of staff to and from their places of work during periods of severe weather and b) augment staffing to directly or indirectly maintain key services. Policies should be communicated to all staff and partners on a regular basis. *Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.*	⊠		HR18 - Disruption of Staff Travel Arrangements Policy is in place and staff will be directed accordingly as required. NHS Fife has a Severe Weather Response Plan, which includes H&SCP. This Plan includes the Command & Control structure, staff reporting arrangements, 4x4 responses and access to voluntary agencies.
1.4	The NHS Board's and HSCPs websites will be used to advise on changes to access arrangements during Covid-19, travel to appointments during severe weather and prospective cancellation of clinics.	⊠		Advice and information are issued on NHS Fife website, Blink, Twitter and Facebook pages. Links and information from East of Scotland Local and Regional Resilience Partnership, Fife Council, Travel Scotland and the Met Office will also be distributed.
1.5	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	⊠		The current core capacity across NHS Fife is 72 at VHK. Joint working continues with Fife Council and Funeral Directors to ensure contingency plans would increase throughput across local crematoriums and cemeteries. Multi-faith arrangements around mutual aid support are ongoing.
1.6	The NHS Board and HSCPs have considered the additional impacts that a 'no deal' EU withdrawal on 1 January 2021 might have on service delivery across the winter period.	⊠		Multi-agency exercises continue on a regular basis which, although not specifically around winter and builds on existing arrangements.

			RAG	
				A silver command Brexit Group will meet WB 02/11/20. A Fife Multi-Agency Winter Preparedness Review is being planned where key members from all partner organisations will be present.

2	**Unscheduled / Elective Care Preparedness** *(Assessment of overall winter preparations and further actions required)*	**RAG**	**Further Action/Comments**
2.1	**Clinically Focussed and Empowered Management**		
2.1.1	Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity. *To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	⊠	A winter review event of last winter was held August 2020 via Teams. This event involved representative from all areas of NHS Fife and HSCP. The outcomes were developed and learning used for the winter plan. Hospital Control Room established within Acute during COVID, now part of core Site Management process and will remain in place through winter. Integrated Capacity tool is in the final stages of testing, this will be used each day to look at capacity across acute and the HCSP. Inprovement actions will be identified and progressed with escalation to Silver Command as necessary.
2.1.2	Effective communication protocols are in place between clinical departments and senior managers to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked.	⊠	There is a daily acute and HSCP multi-disciplinary daily safety huddle via Teams to support decision-making in the very early part of the day. The HSCP contributes to VHK huddle to ensure a whole system approach is taken. This is supported by a mid morning capacity review with Director involvement. Weekly operational planning meetings continue to look at operational plans for a week ahead and agree a weekend plan for the site. The balance

				of accommodating elective and emergency admissions is part of this process and informs the decision to open additional capacity if necessary
2.1.3	A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU. *This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.* *Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care and discharged without further delay*	⊠		A full review of our current escalation plan has been undertaken. Escalation plan in place as part of Winter Plan, with enabling actions across Acute and HSCP. Supported by ICU escalation plan in response to COVID-19.
2.1.4	Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period. *All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.*	⊠		As above – Escalation plans link to staffing requirement. Additional capacity costed under financial plan.
2.2	**Undertake detailed analysis and planning to effectively manage scheduled elective, unscheduled and COVID activity (both short and medium-term) based on forecast emergencyand elective demand and trends in infection rates, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.**			
2.2.1	Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions *Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.*	⊠		System watch is used routinely to predict on a daily basis current demand and activity is planned (this will include urgent elective care) around these numbers. There a robust escalation plan which includes surge beds also being implemented. This has however been impacted with Covid with fluctuations being seen and taken account of.

			Daily discussion in Acute of predict admissions and discharges (using EDD) and projection of profile on weekly basis.
	Weekly projections for Coved demand and the capacity required to meet this demand including an ICU surge plan with the ability to double capacity in one week and treble in two weeks and confirm plans to quadruple ICU beds as a maximum surge capacity.		
	Plans in place for the delivery of safe and segregated COVID care at all times.		
	Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.		
	NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.		
2.2.2	Pre-planning has optimised the use of capacity for the delivery of emergency and elective treatment, including identification of winter / COVID surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work. *This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution.* *Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of*	☒	A full escalation plan with actions re emergency and elective work has been put together and is now in place to avoid unnecessary disruption.

	adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment. *Management plans should be in place for the backlog of patients waiting for planned care in particular diagnostic endoscopy or radiology set in the context of clinical prioritisation and planning assumptions*			
2.3	**Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge. To note this year the festive period public holidays will span the weekends.**			
2.3.1	System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October. *This should take into account predicted peaks in demand, including impact of significant events on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations.*	☒		Plans in place – being finalised with clinical teams and adjusted to account for increasing COVID activity. A tactical workforce group has been established to support workforce planning and deployment due to competing priorities.
2.3.2	Extra capacity should be scheduled for the 'return to work' days after the four day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.	☒		Plans in place – being finalised with clinical teams. Workforce planning is ongoing and will be supported by tactical group.
2.3.3	Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc. *NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic*	☒		NHS Fife is a core member of Fife LRP (Local Resilience Partnership) and is fully engaged in all multi agency arrangements

	outreach services and mitigate for any change in service provision from partner organisations			
2.3.4	Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered. *Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.*	⊠		All rotas in place to ensure public can access OOH across the winter period and public holidays.
	Develop whole-system pathways which deliver a planned approach to urgent care ensuring patients are seen in the most appropriate clinical environment, minimising the risk of healthcare associated infection and crowded Emergency Departments. **Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.**			

	To ensure controlled attendance to A&E services a 24/7 Health Board Flow Navigation Centre will offer rapid access to a senior clinical decision maker and be staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate.
	
	Referrals to the flow centre will come from:
	    • NHS 24
	    • GPs and Primary and community care
	    • SAS
	    • A range of other community healthcare professionals.
	
	If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide visible
		⊠		Cabinet Secretary announcing UC Redesign programme on 27/10/20, await National Strategy and can commence Public Local Communication plan and public engagement following this.
				
				Go live date confirmed as 1/12/20
				
				FNH test event planned 7 – 10 days prior to launch to allow rigorous review of clinical and digital pathways to identify any issues / further risks to be managed.
				
				Workforce Modelling is progressing within ED / MIU to support the virtual FNH.
				
				Training needs analysis is being completed with RAG status being reviewed.
				
				Algorithm has been reviewed by UCSF clinical colleagues awaiting ED sign off.

appointments / timeslots at A&E services. The impact on health-inequalities and those with poor digital access should be taken into account, mitigated, monitored and built into local equality impact assessments.		Existing Clinical Pathways mapped and pathway Subgroups are progressing work to enhance existing models. Readiness assessment discussed with Scot. Gov 23/10/20 Phased implementation plan in development Digital Delivery pathways for ED/MIU have been created, meeting to be held early w/c 26/10 for approval by ED clinicians before build is undertaken. Adastra hosting solution has been investigated, approved by Board awaiting sign off ongoing cost before Digital process map has been developed and awaiting sign off from ED colleagues. This will then allow the build and training plan to be commenced. Kit was ordered and requires sign off. Band 3 dispatcher role is seen as key to affect service delivery within FNH. Workforce modelling has commenced and is expected to be completed with decision from Finance to be presented to UC Redesign Group on 3/11/20.
Professional to professional advice and onward referral services should be optimised where required Development of pathways across whole system for all unscheduled care working with Scottish Ambulance Service to access pathways and avoid admission.	⊠	Existing Professional to Professional pathways have been mapped and aligned to clinical pathways Existing clinical Pathways mapped and pathway Subgroups are progressing work to enhance existing models Multi disciplinary engagement to develop whole system pathways in collaboration with partner agencies eg. SAS and NHS24

2.4	**Optimise patient flow by proactively managing Discharge Process utilising 6EA – Daily Dynamic Discharge to shift the discharge curve to the left and ensure same rates of discharge over the weekend and public holiday as weekday.**		
2.4.1	Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process. *Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.* *Utilise Criteria Led Discharge wherever possible.* *Supporting all discharges to be achieved within 72 hours of patient being ready.* *Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.*	⊠	Within the Acute hospital, the Discharge Hub facilitates the discharge of those who require ongoing support from health and social care following an in-patient stay. This service offers a multi-agency, integrated, person centred approach to the assessment of an individual's needs as they approach discharge. The hub has a key role in community and whole system flow. Close working relationship with SAS to ensure sufficient patient transport support, utilising the HALO to link between teams.
2.4.2	To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate. *Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during*	⊠	Ongoing. Review of all ward and board practices taken place across the Acute hospital. Ongoing support from Unscheduled Care team against 6EAs to improve practices prior to peak Winter. Rolling programme in place for ward level review of discharge activity led by Associate Medical Director, Associate Director of Nursing and Deputy Chief Operating Officer with individual ward MDTs. Programme supported by data from Unscheduled Care team.

	this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.		(orange)	
2.4.3	Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon. *Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.* *Extended opening hours during festive period over public Holiday and weekend*	☒	(red)	Discharge lounge not currently in operation. Has routinely been part of our core discharge processes, but has been suspended in response to COVID. Previous discharge lounge area unsuitable due to physical distancing requirements and appropriate clinical space currently utilised.
2.4.4	Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge *There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes*	☒	(green)	The H&SC Discharge Model is based on demand for services from last year. Weekly monitoring reporting and escalation plan are in place where provision of services is reviewed and increased if necessary.
2.5	**Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.**			
2.5.1	Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels.	☒	(green)	There is a plan incorporating predicted demand into planning for Social Work packages of care.

	This will be particularly important over the festive holiday periods. *Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions.* *Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.* *Assessment capacity should be available to support a discharge to assess model across 7 days.*			
2.5.2	Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible. *Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.* *All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible*	☒		As above
2.5.3	Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge. *Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.*	☒		Patients identified as part of HHG recorded on Trak to ensure joint working and communication across teams including discharge HUB and OOH
2.5.4	All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances. *KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.*	☒		ACP's completed for all HHG patients as part of intervention and monitored using RAG data base. This is reviewed daily for all patients.
2.5.5	Covid-19 Regional Hubs fully operational by end November. Additional			Additional lab platforms to be delivered late October and in

	lab capacity in place through partner nodes and commercial partners by November. Turnaround times for processing tests results within 24/48 hours.			operation by mid-November to support increased capacity requirement. Local lab turnaround times within 24 hrs.
2.6	**Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**			
2.6.1	Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government. *Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	⊠		This is addressed during the morning safety huddles and weekly winter meetings between NHS Fife and HSCP General Managers. Established link with SAS through Hospital Ambulance Liaison Officer (HALO).
2.6.2	Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent. *SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public.* *The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.* *The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.*	⊠		Ongoing communication through multiple mediums (website, social media, press) regarding winter preparedness and COVID-19 response. Enhanced communication will be in place to cover service provision over key holiday periods.

			RAG	
	Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns			

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

| | | | | baseline for formulate festive planning. Updated data will be available from NHS24 closer to Christmas giving Boards the chance to revisit requirements and amend accordingly. Activity rates are reviewed weekly in conjunction with data received from public health and Scottish Government regarding activity.

Additional recruitment and training has taken place for both admin and clinical staff to ensure as flexible a workforce as possible is in place to meet the requirements of the service

Bank staff are also available organised through the respiratory nurse service for H@H only. |
|---|---|---|---|---|
| 3.3 | There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed. | ☒ | | UCSF plans to increase staffing levels over the winter period on Saturday and Sundays to supplement the home visiting capacity as this has previously been identified as critical to the delivery of care. Activity is closely monitored during the winter months and reviewed along with guidance from HPS and SGHD.

New ways of working are now established as part of Urgent Care Transformation, including Clinical HUB Supervision, UCP Home Visiting. Evaluation evidences safe, appropriate and effective care. UCPs work within specific clinical criteria, releasing time to care for GPs to manage more complex clinical presentations. |
| 3.4 | There is reference to direct referrals between services.

For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate? | ☒ | | Direct referrals are encouraged between UCSF and MIU and A & E. Fife Urgent Care Practitioners can directly refer to other specialties, including tertiary services such as ENT, without the need for a GP to be involved. Direct referrals ensure that the patient journey is not added to by an unnecessary reassessment in A&E.

Specialist Paramedics can now directly refer to AU1 and other services, removing the need for a further clinical consultation and ensuring an appropriate patient journey and effective use of resources. |

3.5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	⊠		UCSF employ Adastra for all documentation and all clinicians are trained in the use of this. Regular reviews of documentation are undertaken and fed back to clinical staff to ensure good, clear, accurate record keeping in line with professional codes is achieved.
3.6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa		⊠	The use of the professional to professional line is encouraged at all times and is routinely used by Pharmacists; District Nurses, Labs and SAS. Calls come directly into Fife's Dispatcher and details are entered into Adastra for a clinician to clinically manage.

3.6 continued:

Pharmacists have repeat prescribing PGDs which have further reduced calls to NHS24 and UCSF. .

Community pharmacies within the health board area can manage minor illness through the Pharmacy First service.

Each centre and the hub will have a copy of all Pharmacy opening times across NHS Fife. This includes a list of designated palliative care pharmacies.
Dispatch and the Centres will utilise the flowchart – "Accessing medicines OOH" which was devised by Pharmacy. Oxygen concentrators are now available in all centres.

A robust system for Controlled drug supply is in place and all GPs are aware of the ordering procedure. Drugs are checked at the start of each shift and a regular audit is carried out by NHS Fife Pharmacy staff. No major drug issues have been noted.

Prior to the festive period all drug levels are assessed, and additional stocks are agreed, for commonly used medications such as, antibiotics, inhalers, steroids, analgesia and emergency contraception. This includes those used in the Centres by GP's and UCP's and those in the mobile bags

3.7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.	☒		Direct referral to the Unscheduled Care Mental Health team is available. The team is available during the out-of-hours period and will make arrangements to see the patient. Unscheduled Care Assessment Team (UCAT) telephone screening service is available for individuals who have contacted NHS 24, aged between the ages of 18 to 65 with concerns regarding mental health issues or self ham ideation expressed. If the patient's life is in immediate risk or they are actively self harming, it would not be appropriate referral to UCAT and Police / SAS should be considered as the safe and appropriate outcome. GPs will attend patients at home if it is considered that due to their clinical condition they may require an emergency detention, this is a necessary step due to current legislation.
3.8	Ensure there is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres *This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.*	☒		Provision of dental services is organised through NHS24 as the single point of contact and this has been well established for several years and is robust in its arrangements
3.9	The plan displays a confidence that staff will be available to work the planned rotas. *While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.*	☒		**Call Handling /Dispatch staff**: Double staffing required during peak times. Staff will be expected to attend shift as planned. **Nursing staff**: Nursing staff rotas will reflect activity, available accommodation and profiling of peak demands from previous years **GPs:** Extra GPs will be recruited for all centres during peak periods. A review of peak demands on the service has allowed UCSF to predict staffing requirements and plan to meet potential demand. **Short Notice GP Directory** of those willing to come in and

				work additional shifts/part shifts throughout festive period will be available.
3.10	There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24. *This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.*	☒		NHS Fife will be working with the communication department to ensure effective plans are in place to communicate how services should be accessed over the winter period. NHS24 Winter Campaign messages support the delivery of the out of hours service and routine local communication will signpost to where services are available as well as the need to order repeat prescriptions well in advance. Communication strategy will be implemented reflecting previous public holiday arrangements. Primary Care Department will request all practices advertise their opening hours and encourage them to use the facility on all prescriptions to remind patients to order repeat prescriptions early. Advertisements in local papers will be placed.
3.11	There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.	☒		There is enhanced partnership working with the Scottish Ambulance Service (SAS). Arrangements with SAS remain in place as in previous years.
3.12	There is evidence of joint working between the Board and NHS 24 in preparing this plan. *This should confirm agreement about the call demand analysis being used.*	☒		NHS Fife UCSF and NHS24 have worked very closely. This will continue with regular meetings between the services to plan and review service delivery to the population of Fife and Kinross. Pre-prioritised calls are received directly into the hub where the GP/UCP's will be based. This allows liaison between the staff groups for those patients who require face to face consultation and equity in service provision. UCSF are working with NHS 24 using previous year's data from both organisations to continue to develop plans.

			RAG	
				Festive arrangements will be shared in detail with NHS24 and vice versa to enable the two organisations to work in close partnership.
3.13	There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan. *This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.*	☒		Planning is shared with colleagues from the Acute Sector, in particular, the Emergency Care Directorate.
3.14	There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan. *This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.*	☒		UCSF can refer directly to emergency Social Work if necessary. Public Protection referral polices available to support effective referral in the urgent care period.
3.15	There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic flu and other emergency plans, including provision for an escalation plan. *The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.*	☒		Previously NHS24 escalation plans would be tested with all Health Board areas prior to the festive period and UCSF would participate in the planned teleconferencing meetings to discuss any issues/pressures that have been identified and agree the trigger points for moving towards escalation if required. Pandemic Plan has been reviewed for 2020/2021 winter period.

4	Prepare for & Implement Norovirus Outbreak Control Measures *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
4.1	NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings *This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.*	☒		

			☒	
4.2	Infection Prevention and Control Teams (IPCTs) will be supported in the execution of a Norovirus Preparedness Plan before the season starts. *Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which nursing and care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in these settings.*	☒		
4.3	PHS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff, e.g. available on ward computer desk tops, or in A4 folders on the wards and that frontline staff are aware of their responsibilities with regards prevention of infection.	☒		Control measures described in NHS Fife Infection Control Manual (on Blink) with Links to NICM Outbreak folders including guidance on Norovirus have been provided to all inpatient wards
4.4	NHS Board communications regarding bed pressures, ward closures, etc are optimal and everyone will be kept up to date in real time. *Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.*	☒		Daily safety huddle, attended by Senior Management and IPCT. Use of Boards at entrances to provide information about ward closures. Use of social media.
4.5	Debriefs will be provided following individual outbreaks or at the end of season to ensure system modifications to reduce the risk of future outbreaks. *Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.*	☒		
4.6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the PHS Norovirus Activity Tracker.	☒		Reported via ICC and CGC reports

4.7	Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge.	⊠		
4.8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. *While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.*	⊠		Microbiologists provide 24 / 7 cover. 2 IPCNs on call/onsite each day over public holidays.
4.9	The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wards over a couple of days. *As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.*	⊠		
4.10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation. *HPT/IPCT and hospital management colleagues should ensure that the they are all aware of their internal processes and that they are still current.*	⊠		
4.11	The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus.	⊠		including use of social media via comms team

4.12	Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of Covid-19.	☐		Communications plan: including use of social media via comms team

5	Covid-19, Seasonal Flu, Staff Protection & Outbreak Resourcing *(Assessment of overall winter preparations and further actions required)*		RAG	**Further Action/Comments**
5.1	Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMO's seasonal flu vaccination letter published on 07 Aug 20 https://www.sehd.scot.nhs.uk/cmo/CMO(2020)19.pdf *This will be evidenced through end of season vaccine uptake submitted to PHS by each NHS board. Local trajectories have been agreed and put in place to support and track progress.*	☒	🟩	Peer vaccination in all areas.
5.2	All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible. *It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake. Vaccine uptake will be monitored weekly by performance & delivery division.*	☒	🟩	Peer vaccination being delivered within teams. No drop in clinics are available, but strong pool of peer vaccinators. HSCP colleagues are being supported to have flu immunisations through local pharmacy settings.
5.3	Workforce in place to deliver expanded programme and cope with higher demand, including staff to deliver vaccines, and resource phone lines and booking appointment systems.	☒	🟧	Increased capacity has been developed within the immunisation team to ensure a safe and effective delivery of the flu programme.

5.4	Delivery model(s) in place which: - Has capacity and capability to deal with increased demand for the seasonal flu vaccine generated by the expansion of eligibility as well as public awareness being increased around infectious disease as a result of the Covid-19 pandemic. - Is Covid-safe, preventing the spread of Covid-19 as far as possible with social distancing and hygiene measures. - Have been assessed in terms of equality and accessibility impacts *There should be a detailed communications plan for engaging with patients, both in terms of call and recall and communicating if there are any changes to the delivery plan.*	☒		Increased capacity has been developed within the immunisation team to ensure a safe and effective delivery of the flu programme. Social Distancing is in place across all services
5.5	The winter plan takes into account the predicted surge of seasonal flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period. *If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. In addition, the centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals)*	☒		Near patient testing in AAU and ED will take place. Test turnaround time reduced to half hour, which assists in bed management decisions
5.6	PHS weekly updates, showing the current epidemiological picture on Covid-19 and influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity. *PHS and the Health Protection Team within the Scottish Government monitor influenza rates during the season and take action where necessary, The Outbreak Management and Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. PHS produce a weekly influenza bulletin and a distillate of this is included in the PHS Winter Pressures Bulletin.*	☒		Weekly distribution of information to key staff

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| 5.7 | NHS Health Boards have outlined performance trajectory for each of the eligible cohort for seasonal flu vaccine (2020/2021) which will allow for monitoring of take up against targets and performance reporting on a weekly basis. The eligible cohorts are as follows:

• Adults aged over 65
• Those under 65 at risk
• Healthcare workers
• Unpaid and young carers
• Pregnant women (no additional risk factors)
• Pregnant women (additional risk factors)
• Children aged 2-5
• Primary School aged children
• Frontline social care workers
• 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household
• Eligible shielding households

The vaccinations are expected to start this week (week commencing 28th September), and we will be working with Boards to monitor vaccine uptake. This will include regular reporting that will commence from the end of week commencing 12th October. We will adopt a the Public Health Scotland model, which is a pre-existing manual return mechanism that has been used in previous seasons with NHS Boards to collate Flu vaccine uptake data when vaccination is out with GP practices. | ☒ | |
| 5.8 | Adequate resources are in place to manage potential outbreaks of Covid-19 and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods.

NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures. | ☒ | Winter plan and escalation plan in place |

			🟩	
5.9	Tested appointment booking system in place which has capacity and capability to deal with increased demand generated by the expansion of eligibility and increased demand expected due to public awareness around infectious disease as a result of the Covid-19 pandemic.	⊠	🟧	Planning in progress to make sustainable
5.10	NHS Boards must ensure that all staff have access to and are adhering to the national COVID-19 IPC and PPE guidance and have received up to date training in the use of appropriate PPE for the safe management of patients. Aerosol Generating Procedures (AGPs) In addition to this above, Boards must ensure that staff working in areas where Aerosol Generating Procedures (AGPs) are likely to be undertaken - such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) - are fully aware of all IPC policies and guidance relating to AGPs; are FFP3 fit-tested; are trained in the use of this PPE for the safe management of suspected Covid-19 and flu cases; and that this training is up-to-date. ***Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013). https://www.hse.gov.uk/pUbns/priced/hsg53.pdf***	⊠	🟩	Covid-19 PPE Guidance shared and adhered to across all areas. Aeroborne precautions are being followed in areas with AGP's

| 5.11 | NHS Boards must ensure that the additional IPC measures set out in the CNO letter on 29 June staff have been implemented. This includes but is not limited to:
 • Adherence to the updated extended of use of face mask guidance issued on 18 September and available here.
 • Testing during an incident or outbreak investigation at ward level when unexpected cases are identified (see point 9).
 • Routine weekly testing of certain groups of healthcare workers in line with national healthcare worker testing guidance available here (see point 9).
 • Testing on admission of patients aged 70 and over. Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster.
 • Implementation of COVID-19 pathways (high, medium and low risk) in line with national IPC guidance.
 • Additional cleaning of areas of high volume of patients or areas that are frequently touched.
 • Adherence to physical distancing requirements as per CNO letter of 29 June and 22 September.
 • Consideration given to staff movement and rostering to minimise staff to staff transmission and staff to patient transmission.
 • Management and testing of the built environment (e.g. water systems) that have had reduced activity or no activity since service reduction / lockdown – in line with extant guidance. | ⊠ | • Adherence with CNO letter of 29th June and updated letter of 18th September. Reminders of practice given at safety huddle by IPCT.
 • Testing completed at ward level for all suspected outbreaks.
 • Routine weekly testing as per National testing guidance – oncology, haematology and mental health staff
 • Over 70's serial testing stopped within Fife. Testing on admission for all patients continues and all inter health board transfers
 • Covd pathways implemented
 • Cleaning regimes adhered to and compliance monitored via cleaning sheet and walk arounds. Updated on safety briefs.
 • Physical distance being adhered to as per CNO letters of 29 June and 22 September
 • Staff rosta's reflective of covid pathways
 • Estates montoring all areas |

5.12	Staff should be offered testing when asymptomatic as part of a COVID-19 incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf In addition to this, key healthcare workers in the following specialities should be tested on a weekly basis: oncology and haemato-oncology in wards and day patient areas including radiotherapy; staff in wards caring for people over 65 years of age where the length of stay for the area is over three months; and wards within mental health services where the anticipated length of stay is also over three months. *Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/*	⊠		Robust Staff testing in place and protocols updated to ensure rapid access. Drive-through facility available for staff and mobile testing in place for staff who cannot drive.
5.13	The PHS COVID-19 checklist must be used in the event of a COVID-19 incident or outbreak in a healthcare setting. The checklist is available here: https://www.hps.scot.nhs.uk/web-resources-container/covid-19-outbreak-checklist/ The checklist can be used within a COVID ward or when there is an individual case or multiple cases in non-COVID wards.	⊠		Checklist used which would inform local PAG's led by Microbiology for all ward outbreaks
5.14	Ensure continued support for routine weekly Care home staff testing This also involves the transition of routine weekly care home staff testing from NHS Lighthouse Lab to NHS Labs. Support will be required for transfer to NHS by end of November, including maintaining current turnaround time targets for providing staff results.	⊠		Covid Care Home HUB in Place to support staff testing with care homes.

6	**Respiratory Pathway** *(Assessment of overall winter preparations and further actions required)*		RAG	**Further Action/Comments**
6.1	**There is an effective, co-ordinated respiratory service provided by the NHS board.**			
6.1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	☒		The demand for Respiratory Services remain high and a Consultant Nurse post has been developed to focus on treatments that can be supported through our ECAS service or supported at home.
6.1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	☒		Part of Community Discharge Model
6.1.3	Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times. *Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..* *Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.* *Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).*	☒		Developed a targeted integrated preventative model called High Health Gains, which improves community focussed health and wellbeing outcomes and reduces hospital emergency admissions. This model was trialled within 3 GP practice localities and worked well
6.1.4	Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients. *Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.*	☒		
6.2	**There is effective discharge planning in place for people with chronic respiratory disease including COPD**			

6.2.1	Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.	☒		The Emergency Care Assessment Suite within the Victoria Hospital continues to extend the number and types of patient that can be assessed and treated there. This includes an enhanced range of interventions including DVT, IV Antibiotics/Infusions, Lumbar Puncture and Blood Transfusion.
	Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).			
6.2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.	☒		
6.3	**People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.**			
6.3.1	Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease. *Spread the use of ACPs and share with Out of Hours services.* *Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.* *SPARRA Online: Monthly release of SPARRA data,* *Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.*	☒		These patients are part of High Health Gain patient group.
6.4	**There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board**			
6.4.1	Staff are aware of the procedures for obtaining/organising home oxygen services. Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please	☒ ☒		

	contact Health Facilities Scotland for assistance (0131 275 6860)	☒		
	Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period.	☒		
	Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated. *Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.*			
6.5	**People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.**			
6.5.1	Emergency care contact points have access to pulse oximetry. *Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.*	☒		

7	**Key Roles / Services**		RAG	**Further Action/Comments**
	Heads of Service	☒		
	Nursing / Medical Consultants	☒		
	Consultants in Dental Public Health	☒		
	AHP Leads	☒		
	Infection Control Managers	☒		
	Managers Responsible for Capacity & Flow	☒		
	Pharmacy Leads	☒		
	Mental Health Leads	☒		

	Business Continuity / Resilience Leads, Emergency Planning Managers	☒	
	OOH Service Managers	☒	
	GP's	☒	
	NHS 24	☒	
	SAS	☒	
	Other Territorial NHS Boards, eg mutual aid	☒	
	Independent Sector	☒	
	Local Authorities, incLRPs & RRPs	☒	
	Integration Joint Boards	☒	
	Strategic Co-ordination Group	☒	
	Third Sector	☒	
	SG Health & Social Care Directorate	☒	

Appendix 9: COVID Surge Bed Capacity
Covid Surge Bed Capacity Template

		Baseline ICU Capacity	Double Capacity and Commitment to deliver in one week	'Triple plus' Capacity Commitment to deliver in two weeks	ICU Max Surge Beds	Y - Correct / N Incorrect with comment	Please list assumptions & consequences to other service provision to meeting these requirements
PART A: ICU	Please confirm that your NHS Board can deliver the stated level of ICU Capacity in the time periods set out	9	20	36	36	**N**- Incorrect. Triple capacity is 26 not 36.	Severely reduced surgical programme – P1-2 with some P3 cancer activity. Elective activity step down required to support staffing (assuming unscheduled Amber demand remains at present levels)

PART B: CPAP	Please set out the maximum number of COVID patients (at any one time) that could be provided CPAP in your NHS Board, should it be required	40	In line with current IPC guidance, CPAP is considered an AGP. Within NHS Fife, AGPs are only conducted either within Critical Care, Theatres, or Ward 51 (LIDU with 10 x -ve pressure rooms). Currently NIV is only conducted in Ward 51. Physically hold a total stock of 40 CPAP capable machines, so could conceivably have up to 40 patients on CPAP if Respiratory (Ward 43) became an AGP area.
PART C: Acute	Please set out the maximum number of acute beds that your NHS Board would re-provision for COVID patients (share of 3,000 nationally), should it be required	322	Excludes critical care. This would be based on all medical wards red, surge capacity open in Wd 6, Wd 10, DIU. ENT, Wd 10, Wd 44, SSSU all convert to COVID from surgical along with all medical wards. Maintenance of surgical capacity for P1 and urgent cancer activity ONLY (AU2 & Wds 52,54,31,33). All other elective surgical activity suspended. All OP activity suspended, all elective endoscopy/DIU suspended. All clinical teams focussed on inpatient care.

NHS Fife

NHS SCOTLAND

Meeting:	**NHS Fife Board Meeting**
Meeting date:	**25th November 2020**
Title:	**NHS Fife Elective Orthopaedic Centre Project**
Responsible Executive:	**Helen Buchanan**
Report Author:	**Alan Wilson Capital Project Director**

1   Purpose

This is presented to the group for:

- Decision

This report relates to a:

- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

NHS Fife has instigated the next stage of the Scottish Capital Investment Manual (SCIM) process for the development of a new Elective Orthopaedic Centre. This involved the production of a Full Business Case (FBC) for submission to the Scottish Government Health and Social Care Directorate Capital Investment Group (CIG) on 13th October 2020 to meet the initial timelines as set out in the Initial Agreement Document (IAD) for their November 2020 meeting.

The paper is to provide the group with an update and opportunity to comment on the Full Business Case.

2.2   Background

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

2.3   Assessment

The Full Business Case is now complete and has been approved through all internal governance committees as per the programme within the document. It was then issued to the Scottish Government Health and Social Care Directorates Capital Investment Group for capital funding approval at their meeting on 11th November 2020. Some of the Project Board were invited to present the application to the group, which was well received, and we should have confirmed approval pending support from National Design Assessment Programme and completion of the Centre of Excellence audit review. These will be completed over the next week.

The design has had to be altered between the Outline Business Case and the Final Business Case production in regards to the roof plant area needing to be enclosed following on from the production of reports from previous high profile projects and along with some material increases caused by the current COVID 19 pandemic, this has led to an increase in the project costs.

The funding allocation that has been agreed and submitted also has an allowance in for fully equipping 2 in number Radiology Suites that were added to the scope previously and also the integration of digital technology within the operating theatres which will make NHS Fife one of the leaders in the use of this enhanced technologies for orthopaedic surgery.

The project is marginally behind programme due to issues with the planning process for the car park enabling works. However, planning consent has now been received for these works which are due to commence on 16th November 2020 and be complete early February 2021. Pending governance approvals, the main works will commence in February 2021 and be complete by the Q3 2022.

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

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

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

An impact assessment has been completed and is available.

2.3.6 Other impact
N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This Full Business Case has been approved by NHS Fife's Elective Orthopaedic Board, Capital Investment Group, Executive Directors Group, Finance Performance and Review Committee and Clinical Governance Committee. It will also be presented to the Area Partnership Forum on 18th November.

2.4 Recommendation

- **Decision** – For Members to support the approval of the Full Business Case.

3 List of appendices

N/A

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October 2020

Full Business Case

Fife Elective Orthopaedic Centre
NHS Fife

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

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Contents

Rev	Originator	Approved	Date
0 **–** DRAFT / Comment	Ben Johnston	Draft for comment	18 Sept. 2020
1 **–** DRAFT / Comment	Ben Johnston	Draft for FCIG	25 Sept. 2020
2 **–** DRAFT / Comment	Ben Johnston	Draft for EDG	02 Oct. 2020

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ORTHOPAEDIC CENTRE - FBC - DRAFT 02.10.20 REV.2.DOCX

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Glossary of Terms

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

1 Executive Summary

1.1 Introduction

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

A summary of the key changes since OBC are outlined below:

- Some minor changes have been made to the proposed staffing within the Strategic Case – refer to Section 2.5.4

- Stakeholder consultation and the option costs have been updated within the Economic Case – the preferred option continues to score most highly

- The Commercial, Financial and Management Cases have been updated and finalised

1.2 Strategic Case

1.2.1 Existing Arrangements

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

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

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

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

1.2.2 Strategic Context

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

Need for change	Anticipated benefits
▪ Current ward provision does not support infection control, safety and the overarching strategy to move towards single room accommodation for inpatients.	▪ Positive patient experience and dignity respected
▪ Current ward provision does not reflect the increasing requirement for short stay facilities in the delivery of orthopaedic services. Current ward provision lacks flexibility to meet future demand	▪ Optimises resource usage (theatre and bed utilisation)
▪ Current accommodation does not support effective patient pathways / flow with bottle-necks arising. Situation affects efficiency of service provision.	▪ Maintain support to allow people to live independently together with life quality. Overarching benefit
▪ Current provision compromises patient dignity and quality of experience overall.	▪ Improves the healthcare estate (condition, quality, perception, statutory, back-log and lifecycle)
▪ Condition of existing facilities are below the required standard to support the service over the longer term.	▪ Minimises readmissions (post operation complications) and optimises timely discharge ▪ Optimises resource usage (theatre and bed utilisation) ▪ Improves HAI and patient safety ▪ Community benefits realised from implementation of the investment proposal.

Table 1 - Need for change and benefits

1.2.3 Opportunities

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

1.2.3.1 Capacity to meet future demand

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

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

Table 2 - Proposed accommodation

1.2.3.2 Colocation of outpatients

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

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

1.2.3.3 Estate rationalisation

In addition to the opportunities noted above another key aspect relates to the long-term benefit of being able to progressively re-provide all clinical services currently within the tower block at VHK. The condition and clinical functionality of the tower block is unsustainable over the longer term. The estimated capital cost to deal with significant clinical backlog within the tower block is £36.5m, of which £21.4m relates to repairing the external fabric which has reached the end of its life. Through re-providing clinical services, the Board will be better positioned to implement an option appraisal for the tower block within the context of a VHK master plan.

1.3 Economic Case

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

	Option 1	Option 2	Option 3	Option 4	Option 5
	As Existing	Refurb. Existing	Refurb other	Modular	New build
Net Present Cost (NPC) - £m	240.9	254.8	323.1	354.5	325.3
Weighted Benefit Points (WBP)	545	660	1,250	1,785	2,000
NPC per WBP - £000	442	386	258	199	163
Rank	5th	4th	3rd	2nd	1st

Table 3 - Cost per benefit point for each option

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

The recommended preferred option continues to be Option 5:

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

1.4 Commercial Case

The Commercial Case was developed significantly at OBC and has been finalised within this FBC. Key aspects contained within the commercial case are summarised below.

- The project is being delivered using HFS Frameworks Scotland 2 (FS2) which operates using the NEC3/ECC3 form of contract. Contract option A has been selected which operates under a lump sum price arrangement. Given the maturity of the design it is considered that is the most suitable option for the project.

- The target price has been developed through a robust market testing process where a wide range of contractors have been invited to participate in providing prices for the various work packages.

- The design has been fully developed in conjunction with the Project Team and Stakeholders. With exception to the NSS Design Quality Assurance process which is ongoing, the design has been well received through HAI, NDAP, AEDET and focussed design workshops.

- The has been some upward movement in the area of the building from OBC to FBC. This has been caused by the rooftop plantroom which has increase in size through design development.

- Statutory applications have been made and approvals are anticipated in advance of the planned construction start date.

- The current key risks facing the project are summarised in the table below:

Risk	Mitigation
COVID-19 impacts progress affecting cost and the completion date.	The works will be external until the middle of 2021. The impact up until that date should be minimal as social distancing should be able to be maintained. If COVID-19 is likely to affect the project thereafter, mitigation plans will require to be developed. The risk has been identified within the project risk register and a provisional risk allowance has been made – this may however prove to be inadequate depending on events may unfold. An application for additional funding may be required to cover any deficit that may arise.
BREXIT impact on material availability and impact on programme.	Given the current market, supply chains and procurement of materials extend beyond the UK borders. It is difficult to mitigate and control this risk which will be affected by political policy and decisions regarding trade between borders. The risk has been identified within the project risk register and a provisional risk allowance has been made – this may however prove to be inadequate depending on the severity of any associated restrictions and constraints flowing from BREXIT.
NSS Design Quality Assurance	Towards the end of FBC, the project was informed that the design needed to be reviewed by the NSS Design Quality Assurance team. This process is underway and all parties are cooperating collaboratively. There is a risk that any matters arising through this process may lead to changes to the design and potentially additional cost.
Ground conditions	A lot of due diligence has been undertaken to understand the ground conditions and obstructions through detailed surveys and investigations. This has helped to create a

Risk	Mitigation
	robust Site Information pack. In construction there is however always a residual risk. This has been identified within the risk register together with an appropriate contingency budget to deal with any unforeseen events arising.

Table 4 - Key risks

1.5 Financial Case

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

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

1.5.1 Capital Costs

A capital cost summary is provided in the table below demonstrating the total FBC cost for the project, together with the movement in cost since OBC.

OBC	FBC	Movement
£32,155,999	£33,199,596	£1,043,596

Table 5 - Summary of capital costs

The key reasons for the movement in cost since OBC, are set out below:

- Additional car park enabling costs due to planning and flood constraints;
- Design development concerning the roof top plant room increased the building size;
- Design development led to an increase in the building height to accommodate services;
- Am increase in general equipment costs through detailed development of the project requirements; and
- The addition of specialist radiology equipment to equip the radiology rooms (NB: radiology accommodation was not included within the original schedule of accommodation).

Net departmental area has been controlled tightly since IA and is actual marginally less at FBC – this has of course been offset an increase in gross area as noted above. Despite the cost increase from OBC to FBC, the development cost equates to £5,267m/2 which is reasonable when compared to other comparable benchmark projects.

1.5.2 Revenue Costs

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

Overall Revenue Costs Summary			Proposed Option		
	Baseline	2022	2025	2030	2035
Service Costs	8,973,224		9,589,544	10,548,264	11,678,184
Property Costs	520,214	161,815	703,979	741,970	786,746
Total	**9,493,438**	**161,815**	**10,293,523**	**11,290,234**	**12,464,930**

Figure 1 - Revenue Cost Summary

1.6 Management Case

The Management Case identifies the actions that will be required to ensure the successful delivery of the scheme. The management case has been updated for this FBC and demonstrates that the Board are well prepared to deliver the project successfully during the construction phase and beyond. Key milestones for the project are identified in the table below:

Description / Activity	Date
FBC	
▪ Complete car park enabling works (to enable site to be cleared for construction)	Dec. 2020
▪ Statutory consents	Dec. 2020
▪ Fife Capital Investment Group (FCIG)	1 Oct. 2020
▪ **Executive Director's Group** (EDG)	8 Oct. 2020
▪ Submit to Capital Investment Group (CIG), Scottish Government (SG)	13 Oct. 2020
▪ Clinical Governance	4 Nov. 2020
▪ Finance Performance and Resources Committee (FP&R), NHS Fife	10 Nov. 2020
▪ Capital Investment Group (CIG), Scottish Government (SG) Meeting	11 Nov. 2020
▪ Area Partnership Forum (APF)	18 Nov. 2020
▪ NHS Fife Board Meeting	25 Nov. 2020
Construction and handover (main works)	

Description / Activity	Date
▪ Ground consolidation works	Jan. 2021
▪ Start (main works)	Feb. 2021
▪ Completion	Jul. 2022
▪ NHSF commissioning / service migration	Aug. 2022
▪ Operation / use	Sept. 2022

Table 6 - Milestone dates

1.7 Conclusion and Recommendations

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

A robust stakeholder focussed detailed design has been developed that encompasses all of NHS **Fife's requirements. The accommodation requirements have broadly been controlled w**ithin the constraints set out at IA and notwithstanding some marginal movement in cost from OBC to FBC, the project remains affordable when compared to other comparable benchmark projects. Approval of this FBC will ensure that construction works can commence allowing this critical project to be delivered in line with the projected programme.

2   Strategic Case

2.1   Introduction

The main purpose of the Strategic Case is to confirm the background and drivers for change for the proposition. It also sets out the key investment objectives and associated benefits.

2.2   Revisiting the Strategic Case

Since OBC, there has been minor changes to the staff projections located at Section 2.5.4. Other than that the Strategic Case remains the same and is still valid.

2.3   Description of Existing Service

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

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

Figure 2 – VHK Tower Block

Figure 3 – VHK Tower Block

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

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

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Queen Margaret Hospital Outpatient Facilities

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

Victoria Hospital Outpatient Facilities

- OPD 5 (ortho)
- OPD 3 and 4
- Preassessment clinic (Level 6) – 3 rooms/venepuncture facilities/communal education area
- VFC Triage room
- Physio department (ad hoc)
- Two treatment rooms

2.4 Existing Service Arrangements

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

2.4.1 Care Pathways

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

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

From the point of receiving elective orthopaedic treatment in Fife the patient can stay on the ward for circa four days for major joint replacements (hips/knees 2015). This is however amongst the shortest lengths of stay in Scotland (refer to figures 3 and 4 below) demonstrating the excellent service efficiencies. This figure has continued to fall and currently length of stay is around 2.5 days (2019). In the last 2 years the department has developed day surgery hip and knee replacement pathways contributing to this further significant reduction in length of hospital stay.
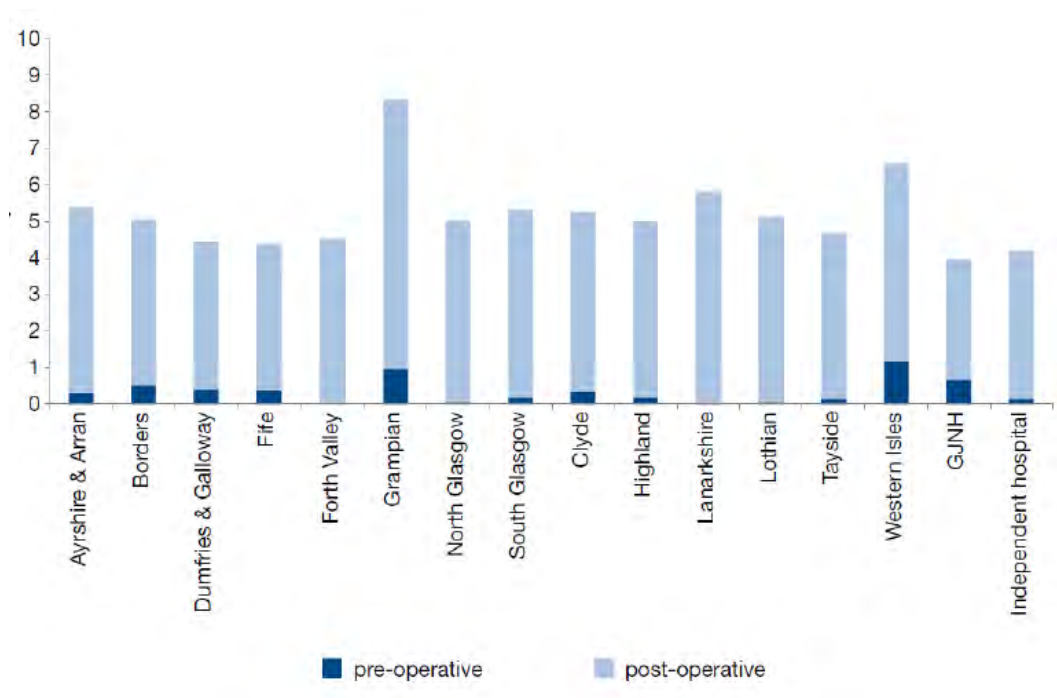
Figure 4 – Average (days) Pre/Post Operative Length Stay – Hip Replacements (2015)
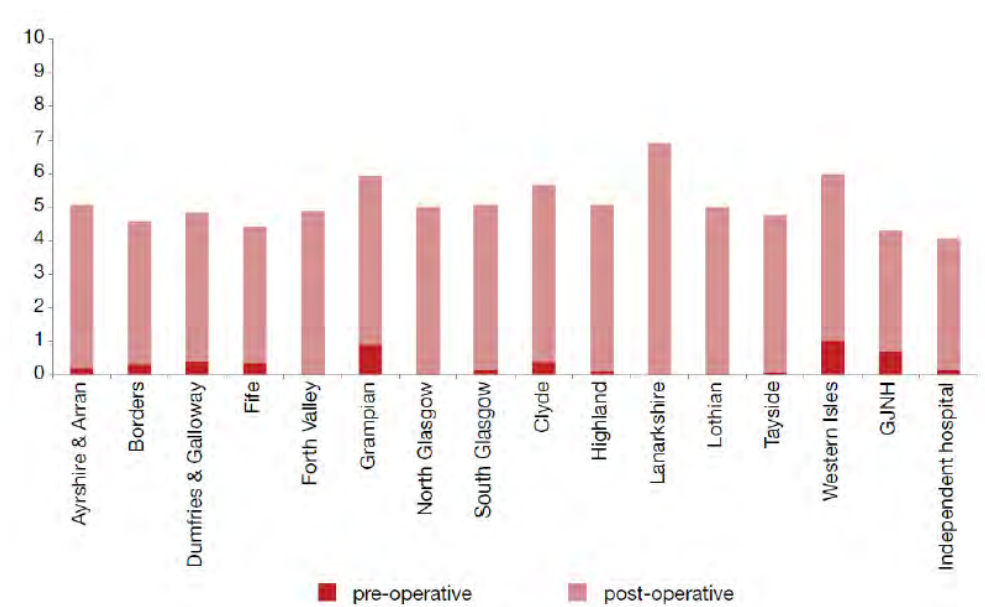
Figure 5 – Average (days) Pre/Post Operative Length Stay – Knee Replacements (2015)

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2.4.2   Patterns of Working

2.4.2.1 Theatres

Currently, surgery time runs from 09:00 to 17:00 Monday to Friday with additional provision **on Saturday's where demand dictates. Two 3.5 hour sessions are** scheduled each day. To provide a general perspective, 4 no. major joint operations can be performed in a day. There are 22 sessions running from Monday to Saturday and the Whole Time Equivalent (WTE) is 16.6 (currently short of 1.0 WTE based on number of sessions covered). There is little flexibility to provide additional theatre sessions to support new consultant appointments required to balance DCAQ and projected increased demand over next 20 years.

2.4.2.2 Outpatient Department

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

Pre assessment clinics currently accounts for 28 sessions of clinic room utilisation. These clinics run 5 days a week and require approximately 3-4 clinic rooms all day Monday to Friday.
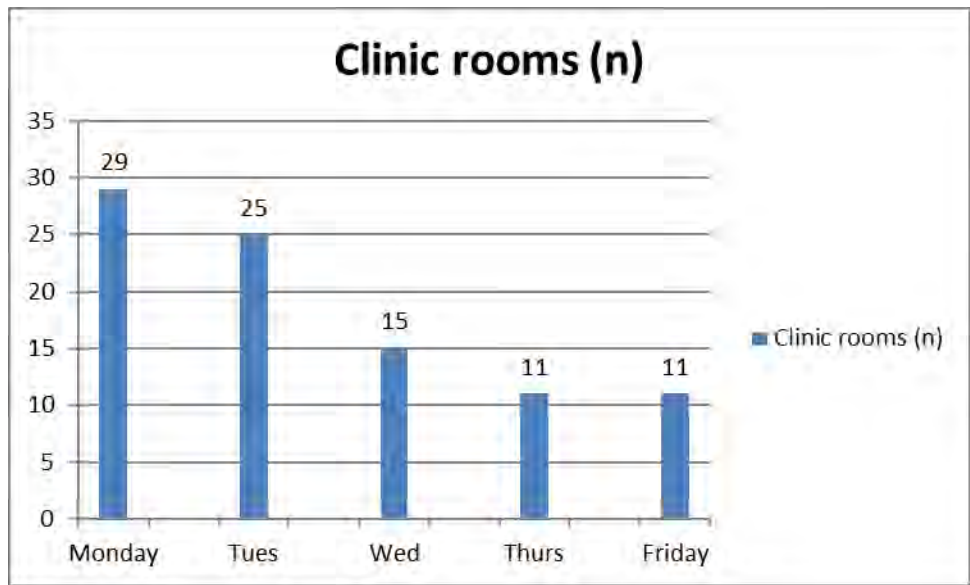
Figure 6 - Clinic room utilisation by day of the week. Each clinic room corresponds to a session (hrs) of clinical activity. Two sessions equates to a clinic room being utilised all day.

2.4.2.3 Wards

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

2.4.3   Staffing

2.4.3.1 Theatre Staff

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

- Band 7 – 1.00
- Band 6 – 1.00

- Band 5 – 11.88

- Band 4 – 0.00

- Band 3 – 2.76

- Band 2 – 0.00

- ODP theatres (band 5) – 2.90

- Anaesthetist – 2.5

2.4.3.2 Ward staff

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

- Band 7 – 1.00

- Band 6 – 1.00

- Band 5 – 17.96

- Band 4 – 0.00

- Band 3 – 1.00

- Band 2 – 6.22

- Physio / OT – 5.28

2.4.3.3 Consultants

There are currently 14.48 whole time equivalent orthopaedic consultants.

2.4.4 Existing Service Capacity

2.4.4.1 Theatres

Based on patterns of working and staffing noted under Section 2.4.2, the theatres are capable of accommodating 22 sessions per week. Two theatres run Monday to Friday (20 sessions) whilst one theatre operates on a Saturday (2 sessions).

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

Table 7 – Existing service capacity

2.4.4.2 Outpatient Department

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

2.4.4.3 Wards

There is currently access to 24 beds within ward 10 made up of six 4-bedded bays. Capacity can be affected by male/female ratios. Furthermore, day cases are restricted and often fail to attain BADS targets (see Benefits Register) due to a lack of dedicated support suitable for day case facilities.

2.4.5 Existing Service Utilisation

2.4.5.1 Service Utilisation

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

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

Table 8 – Existing service utilisation

2.4.6 Future Projections

2.4.6.1 Theatre demand

Projected future sessional demand for elective surgical in-patient (IP) and day case (DC) activity within NHS Fife is set out below. It should be noted that IP care is currently provided from Victoria Hospital Kirkcaldy whilst DC procedures are delivered from Queen Margaret

Hospital in Dunfermline. A more detailed table providing context and assumptions used to project future demand is contained at Appendix C.

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

Table 9 - Projected future sessional demand for elective surgical activity

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

2.4.6.2 Outpatient demand

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

Population demographics described population expansion in all areas. Population expansion was expected to be greatest for the cohort of the population with age of greater than 65. This is important as it is this cohort who form the majority of referrals to MSK services for degenerative musculoskeletal problems. The population changes are described in fig. 6.
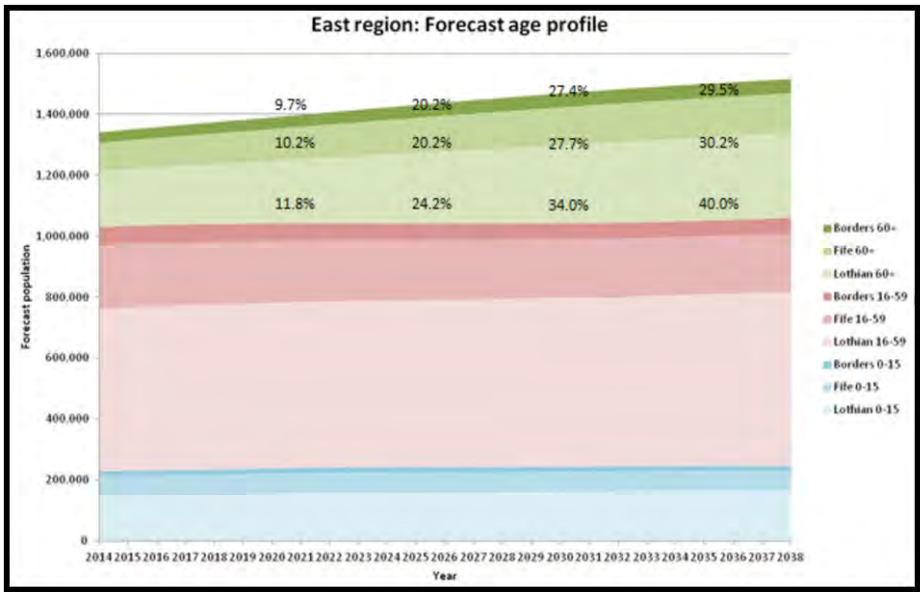
Figure 7 - East Region: Forecast Age profile (presented C Meyers, Acute Workstream Sub Group: Orthopaedic Project Group Workshop 6th Feb 2018)

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

Based on predicted growth of arthroplasty in the population >60 and growth in other demand including younger age groups, we feel this is likely to underestimate the increase in new patient attendances for NHS Fife. The true value is likely to be between the 6.5% increase and the 17% indicated for NHS Lothian. For the purpose of projections an increase of 10% is suggested.
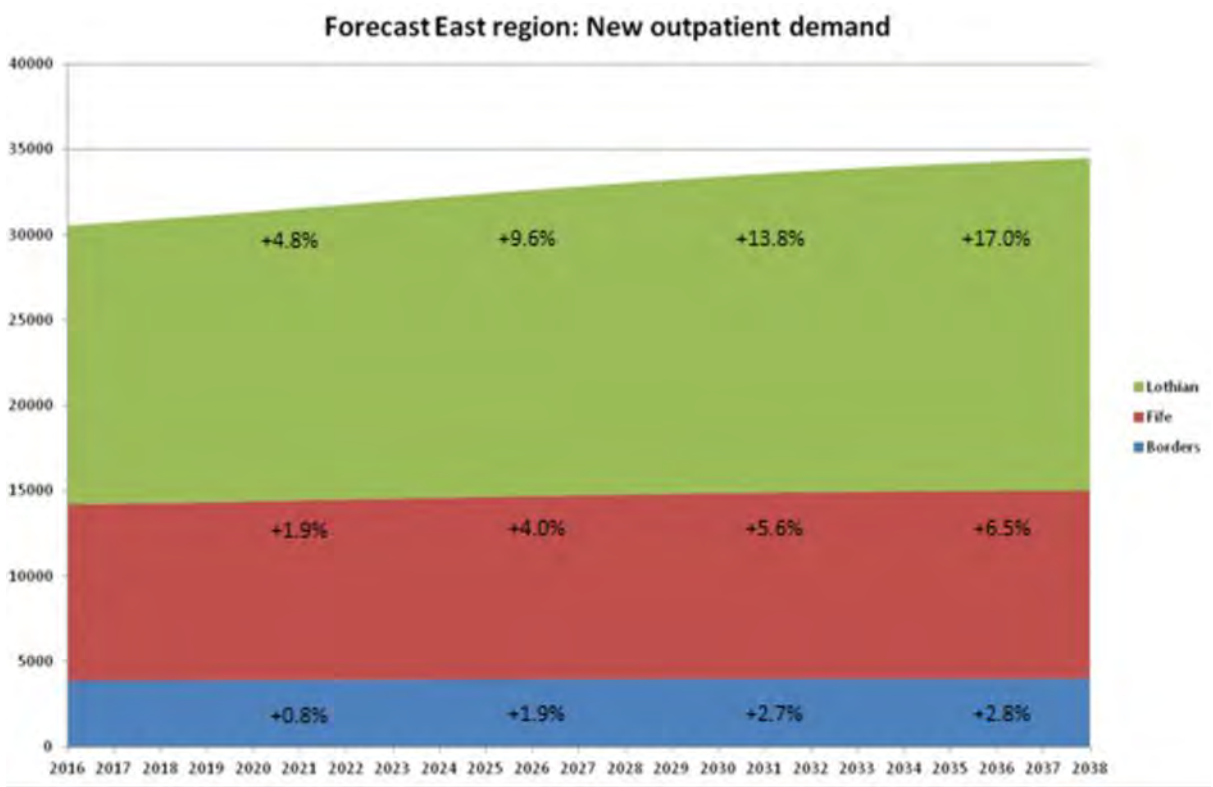
Figure 8 - Forecast East Region: new outpatient demand (presented C Meyers, Acute Workstream Sub-Group: Orthopaedic Project Group Workshop 6th Feb 2018).

2.4.6.3 Wards

Theatres plan to provide increased capacity by the provision of a third elective orthopaedic theatre. This will accommodate future demand for major joint surgery within NHS Fife over the next 20 years. These calculations are based on ISD projections for hip and knee arthroplasty (2017). Short term theatre utilisation will be attained by relocating day case Foot & ankle and arthroscopy lists to the Fife Elective Orthopaedic Centre.

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

1. Current and projected elective activity inpatient beds; and

2. A significant increase in day case activity through a dedicated area (arthroscopic procedures, F&A day case arthroplasty and other day case procedures).

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

changes can be accommodated within the current footprint (24 beds). It is projected that an additional 9 beds will be adequate to accommodate increased day case activity over the next 20 years. A spilt of single beds and 4-bedded bays will enable inpatient capacity whilst offering flexibility for an increase in day case demand. This will provide a split area of 17 single rooms and a 4-bed. A further 3 4-bed bays will support a short stay facility. This will deliver a clinical space that has flexibility to deliver future service needs.

2.4.7 Service Performance

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

2.4.7.1 *Getting it Right First Time (GIRFT)*

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

2.4.7.2 *Bed Optimisation*

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

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

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

2.4.7.3 *Treatment Time Guarantee (TTG)*

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

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

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

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

2.4.7.4 Theatre Capacity Optimisation

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

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

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

2.4.7.5 Workforce

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

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

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

2.5   Future Arrangements

2.5.1   Theatres

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

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

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

2.5.2   Wards

The clinical team are projecting a requirement for a further 9 beds which takes the ward accommodation from 24 beds to 33. This will support inpatient short stay surgical activity using a mixture of single rooms and 4-bed bays. The bays will form a short stay area.

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2.5.3   Outpatient Department

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

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

▪ Active Clinical Referral Triage (ACRT): Patients are triaged by trained clinical staff, and where appropriate before patients are offered a face to face new patient appointment, the patient is provided with information which describes treatment options.

▪ Patient Initiated Follow up (PIFU): This allows patients to be discharged with guidance on how they can access secondary care again if there is a problem, rather than arranging a routine review.

▪ Remote Consultation via NHSNearMe: This is a video conferencing platform that can allow patient to access clinical appointment remotely by their phone or home PC.

2.5.4   Projected Staffing

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

2.5.4.1 Theatres

	Current Staff (WTE)	Projected Staff (WTE)	Difference (WTE)
Band 7	1.00	1.00	0.00
Band 6	1.00	3.00	2.00
Band 5	11.88	16.35	4.47
Band 4	0.00	1.00	1.00
Band 3	2.76	3.56	0.80
Band 2	0.00	3.27	3.27
ODP Theatres – Band 5	2.90	4.37	1.47
Anaesthetist	2.5	3.75	1.25
Total	22.04	33.83	14.26

Table 14 - Theatre Staffing

2.5.4.2 Ward Staffing

	Current Staff (WTE)	Projected Staff (WTE)	Difference (WTE)
Band 7	1.00	1.00	0.00
Band 6	1.00	1.00	0.00
Band 5	17.96	24.13	6.17
Band 4	0.00	0.00	0.00
Band 3	1.00	1.00	0.00
Band 2	6.22	15.81	9.59
Physio / OT	5.28	8.50	3.22
Total	32.46	51.44	18.98

Table 15 - Ward staffing

2.5.4.3 Consultants

Current Staff (WTE)	Projected Staff (WTE)	Difference (WTE)
14.48	16.48	2

Table 16 - Consultant staffing

2.5.4.4 Outpatients

Outpatient staff currently work on a rotational basis across the services. Moving forward there will be an element of staff relocation from Queen Margret Hospital together with an anticipated marginal uplift to meet demand. This uplift has been factored into the revenue costs within the financial case.

2.6 Service Provider

The service is currently provided exclusively by NHS Fife.

2.7 Condition and Performance

2.7.1 Condition

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

- Internal fabric condition rating: B (acceptable) / C (requires capital)

- External fabric condition rating: D (not acceptable)

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

- Engineering condition rating: D (not acceptable)

2.7.2 Safety

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

- The bed accommodation within the wards is provided via open plan bays off the main corridors which is not conducive to best practice infection control;

- The scrub area within the theatres is open plan and can be viewed from the theatre main reception area (Figure 9); and

- The laminar flow within theatres it currently too small to enable all of the trays to be accommodated within the clean air flow.
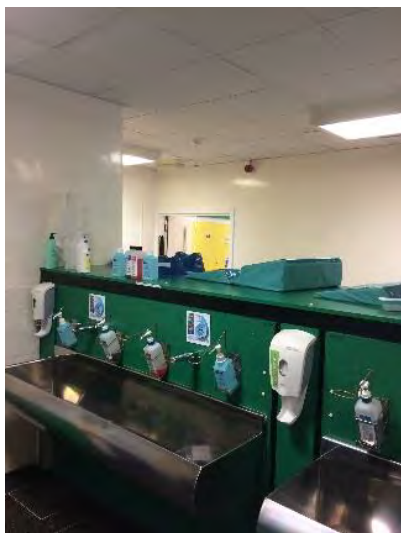
Figure 10 - Scrub area

Figure 9 - Existing bed accommodation

2.7.3   Backlog Maintenance

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

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

Table 17 - Backlog maintenance

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

2.7.4   Functional Suitability

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

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

Figure 11 - Lifts to theatre (congested)

Figure 12 - Theatre reception lobby

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

Figure 14 - Existing theatre

Figure 13 - Circulation storage

2.7.5   Space Utilisation

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

2.7.6   AEDET Review of Existing Facilities

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

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

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

Table 18 - AEDET Benchmark

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A score of 3 is **"little agreement". It can be seen tha**t all of the scores are 2.5 or less which demonstrates that in the Stakeh**older's** collective view, the existing facilities are below expectations across all categories.

2.8   Supporting Statement

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

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

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

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

3 Strategic Context

3.1 The Need for Change

3.1.1 Problems Associated with the Current Arrangements

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

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

Table 19 – Summarising the Need for Change

3.1.2 Opportunities for Improvement

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

1. Increased supply through additional beds and/or theatres protecting supply v demand over the longer term;

2. An increase in beds and/or theatres, may permit additional capacity and flexibility for trauma and/ or day case orthopaedic procedures

3. Through increasing supply to meet local future projected demand it may be possible to reduce strain on services from a Regional perspective.

4. A significant increase in capacity may be able to do all of the above plus offer Regional utilisation (i.e. use by other Boards).

5. **There may be an opportunity to improve the Board's quality of estate generally by removing** clinical care from the VHK tower block. This is turn would assist with the strategy of removing clinical services from the tower block to enable a tower block option appraisal to be conducted.

6. There is an o**pportunity to "spend to save". A** refurbishment or new-build option could omit the requirement for back-log costs in the order of £2m overall.

7. There is an opportunity to create a dedicated Fife Elective Orthopaedic Centre incorporating theatres, wards, outpatients and pre-assessment.

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

3.1.3 Other Drivers for Change

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

3.1.3.1 National Strategies

- The Healthcare Quality Strategy for NHSScotland, May 2010: Quality Ambitions include **"safe" and "effective"** care.

- 2020 Vision for Health and Social Care: the 2020 vision describes a healthcare system where **"care will be prov**ided to the highest standards of quality and **safety" and where "there wil**l be a focus on ensuring that people get back into their home or community **environment as soon as appropriate, with minimal risk to readmission".**

3.1.3.2 Local Strategies

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

3.1.3.3 Service Strategies & Reports

- GIRFT, Trauma and Orthopaedic ACCESS Review, March 2016 (for NHSScotland): the report focuses on sustainably embedding quality patient pathways of care, optimising the use of existing capacity (theatres and beds), determining if there is sufficient capacity and

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addressing gaps to deliver safe and timely care for patients now and in the future – having the services in the right place with the patient at the centre.

- MSK and Orthopaedic Quality Drive: five priority work-strands, each with a clinical evidence/best practice base, have been identified to have the greatest impact. The work-strands relevant to theatre redesign are:

  - *Enhanced Recovery - Optimising patient recovery after joint replacement*

  - *Demand and Capacity Planning and Management - Supporting strategic and operational decisions*

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

3.2 **Organisation's Goals**

3.2.1 Investment Objectives

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

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

Table 20 - Investment Objectives

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

3.2.1.1 *Improve Infection Control and Safety Risk*

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

3.2.1.2 *Improve Patient Pathways / Flows*

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

3.2.1.3 *Improve Patient Perception*

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

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

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

3.2.2 Benefits

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

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

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

The Benefits Register is located at Appendix K and the Benefits Realisation Plan can be found at Appendix L.

3.2.3 Risks

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

3.2.4 Constraints and Dependencies

3.2.4.1 Constraints

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

- Financial **–** given the current climate it is recognised that the project is likely to be constrained financially. Once the project budget it is set, the project will require to be delivered within this.

- Programme **–** given the risks associated with the current arrangements, there is a need to deliver the project as quickly as possible.

- Quality **–** the project will require to comply with all applicable healthcare guidance and achieve the AEDET pre-defined target criteria across all categories.

- Sustainability **–** as the preferred option is a new-build there will be a requirement to achieve **BREEAM "Excellent".**

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

3.2.4.2 Dependencies

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

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

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

4 Economic Case

4.1 Introduction

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

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

4.2 Revisiting the Economic Case

Since OBC, the Economic Case has been updated as follows:

- Section 4.3 – has been updated to reflect the status of Stakeholder Engagement at FBC.
- The option costs, scoring and sensitivity analysis has been updated to reflect the final position at FBC. Option 5 continues to be the preferred option.

4.3 Stakeholder Engagement

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

Stakeholder Group	Engagement	Support
Patients / service users	Patient and service user engagement has been obtained through the initial design briefing process where participants were invited to provide views on the important characteristics of the proposed facility from their perspective. This helped to inform the Design Statement from a patient / service user perspective. More recently patients / service users have been involved in the subsequent AEDET workshops at OBC and FBC. These workshops allowed for the design proposals to be reviewed and assessed against the Design Statement. AEDET then allows the design proposals to be assessed and scored.	The AEDET scores at OBC and FBC, demonstrate that the design has successfully responded to the Design Statement receiving wide stakeholder support from patients / service users and staff. Refer to the Commercial Case for a summary of the AEDET scores.
General public	Public consultation was required as part of the statutory planning process. This involved publicly consultation event in multiple local newspapers. Two public consultation events were held on 28 January 2020 and 11 February 2020.	Despite robust advertising across Fife, the two events were not well attended. For those who did attend, no adverse comments were received on the proposals. The lack of attendance/interest is possibly be due to the service

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Stakeholder Group	Engagement	Support
		remaining at Victoria Hospital. In addition, the proposed development is within the vicinity of the existing hospital site with no / limited impact on adjacent developments.
Staff / resources	Staff are well represented at Project Board and Project Team level. Staff representatives have been heavily involved in the project from inception all the way through to completion of the FBC. To date they have been involved in: ▪ Creation of the design statement ▪ 1:500 (site/departmental adjacency) workshops ▪ 1:200 (room adjacency) workshops ▪ 1:50 room layout workshops ▪ AEDET (design review) workshops ▪ HAI SCRIBE workshops ▪ Monthly Project Team meetings ▪ Technical workshops (multiple)	Due to the engaging and iterative design process, staff have been involved all the way through the design process. Their comments have been reviewed and incorporated into the design proposals where appropriate. Meeting notes and comment trackers have been generated to record this process.
Other key stakeholders and partners	HFS and A+DS have been involved all the way through the process. They were initially involved in assisting with the development of the design statement. They were then involved in reviewing the design information at OBC and FBC in line with the NDAP process map. More recently, the project has been asked to participate in the new "design quality assurance" review process. The initial meeting in respect to this initiative was on 31 August 2020.	Subject to a number of recommendations, NDAP were supportive of the project at OBC and praised how the Project Team went about integrating them into the process to develop BREEAM targets etc. NDAP were also supportive of the project at FBC subject to six key observations being purified (refer to the Commercial Case for further information).

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Stakeholder Group	Engagement	Support

Table 21 – Stakeholder engagement

4.4 Long List of Options

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

- Scope of Services

- Service Solution

- Potential Delivery Options

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

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

- Additional accommodation would provide NHS Fife with additional surgical capacity to manage NHS Fife patients locally now and well into the future;

- The theatres would be used flexibly offering in-patient and day case capacity;

- It is important to maintain a robust core orthopaedic service (i.e. provision of care for low volume complex work such as ankle replacements, shoulder replacements, elbow replacements). This will support the increasing trauma demand for fragility fractures over the next 20 years; and

- A robust orthopaedic service within Fife will reduce strain on any interconnected Regional offer.

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

4.5 Short List of Options

From the long list of options, the Stakeholders subsequently consolidated a blend of feasible options to arrive at a shortlist of five main options. The shortlist of options were considered in detail, together with their advantages and disadvantages and to what extent they met the investment objectives. High level affordability was also considered before determining whether **the shot listed option was "preferred", "possible" or "rejected".** All of the detail in respect to the option appraisal is clearly set out in Appendix D, however a high-level summary is provided below for ease of reference.

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

Table 22 - Shortlist of options

4.5.1   Option 1 – do minimum (as existing)

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

4.5.2   Option 2 – refurbishment of existing

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

4.5.3   Option 3 – refurbish other estate at VHK

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

4.5.4   Option 4 – VHK modular new-build

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

4.5.5   Option 5 – VHK new-build

This option is based on the same services but anticipates additional accommodation to meet local future demand projections. Additional capacity will also help the orthopaedic service to work more flexibly servicing in-patient and day case to meet spikes in demand. This option would assist with enabling clinical services to be removed from the tower block and this is of value to the Board in the context of the long-term site masterplan at VHK. The accommodation would be offered through a conventional new building at VHK. The option would meet all of the

investment objectives and stands the best chance of realising all of the briefing criteria set out within the Design Statement. It is the second most expensive option, but money spent on this option will not be compromised to the same extent that it might be if another option was to be pursued – as such it is the preferred option.

4.6   Indicative Costs

Indicative costs for each of the proposed solutions is demonstrated in the table below. The costs noted within the table have been updated for FBC purposes. The area (GIFA) noted for options 3-5 has also been updated at FBC and equalised for comparative purposes.

Description	Option 1	Option 2	Option 3	Option 4	Option 5
	As existing (GIFA – 1,992m/2	Refurb. of existing asset GIFA – 1,992m/2	Refurb of other asset GIFA – 6,303m/2	New-build modular (GIFA – 6,303/2	New-build traditional (GIFA – 6,303m/2
Capital cost	£63,386	£12,154,400	£27,133,495	£46,995,526	£33,199,596
Life cycle costs (60 years)	£78,036	£15,298,713	£33,001,095	£78,740,876	£14,958,500
Operating costs (FM) (60 years)	£569,737,148	£595,033,670	£774,442,873	£833,466,335	£762,758,403
Estimated net present value of costs (60 years)	£240,969,592	£254,764,650	£323,103,580	£354,534,630	£325,335,195

Table 23 - Indicative costs

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

4.7 Option Appraisal

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

4.7.1 Benefits Criteria and Weightings

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

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

Table 24 - Benefits and weightings

4.7.2 Option Scoring

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

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

Table 25 - Non financial benefits scoring (net scores)

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

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

Table 26 - Non financial benefits scoring (weighted scores)

4.7.3   The Preferred Option

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

	Option 1	Option 2	Option 3	Option 4	Option 5
	As Existing	Refurb. Existing	Refurb other	Modular	New build
Net Present Cost (NPC) - £m	240.9	254.8	323.1	354.5	325.3
Weighted Benefit Points (WBP)	545	660	1,250	1,785	2,000
NPC per WBP - £000	442	386	258	199	163
Rank	5th	4th	3rd	2nd	1st

Table 27 - Cost per benefit point for each option

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

4.8   Sensitivity Analysis

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

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

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

Sensitivity Scenario	Option 1		Option 2		Option 3		Option 4		Option 5	
	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank
No changes	442	5	386	4	258	3	199	2	163	1
Capital costs increased by 20%	442	5	390	4	263	3	206	2	166	1
Capital costs decreased by 20%	442	5	382	4	254	3	192	2	160	1
Service costs increased by 20%	531	5	459	4	305	3	231	2	192	1
Service costs decreased by 20%	442	5	382	4	254	3	192	2	160	1

Table 28 - Sensitivity Analysis (costs)

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

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

▪ Equal weighting applied to all criteria; and

▪ Scores with the highest weighted criterion excluded.

Sensitivity Scenario	Option 1		Option 2		Option 3		Option 4		Option 5	
	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank
No changes	416	5	359	4	240	3	189	2	151	1
Equal weight	421	5	377	4	259	3	204	2	164	1
Exclude top rank score	544	5	527	4	394	3	307	2	268	1

Table 29 - Sensitivity analysis non-financial benefits

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

4.9   Conclusion

The recommended preferred option is:

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

5 Commercial Case

5.1 Introduction

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

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

5.2 Revisiting the Commercial Case

The commercial case has generally been updated and expanded since OBC in accordance with SCIM FBC guidance. The main sections remain the same and text has been updated where appropriate to reflect the current status of the project.

5.3 Procurement Strategy

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

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

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

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

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

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

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

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

Table 30 - Consultant procurement status

Upon approval of the FBC, NHS Fife would look to extend the above appointments to cover the construction stage of the project. This is all in accordance with the FS contract procedures which is geared towards contracting stage by stage.

5.3.1 Sub-contractor procurement

Through FS2, a two-stage tender process is adopted. Following appointment of the PSCP, the design is developed in collaboration with all necessary Stakeholders. Once the design is developed to a detailed stage (RIBA Stage 4), the PSCP develops the price through engaging with the market.

Sub-contractors were identi**fied from the PSCP's existing supply chain, through NHS Fife** recommendations and via the local market to establish a robust tender list. Multiple sub-contractors (10+ generally) were identified to tender per package and in m**ost cases ≥3** returns were received**. The Cost Advisor's tender report** is currently being finalised but can be provided upon request thereafter.

5.4 Scope of Works

5.4.1 Overview

The project involves designing and constructing a new Fife Elective Orthopaedic Centre at Victoria Hospital in Kirkcaldy. The new building is currently scheduled to be 6,303m2 in size and will be physically connected to the existing buildings to enable a direct route to the Intensive Care Unit. The facility will include 3 no. operating theatres, 17 inpatient beds, 16 short stay bays, an outpatient department (12 consulting rooms), two radiology rooms and supporting staff areas. The overall complement of accommodation will serve to provide a dedicated Fife Elective Orthopaedic Centre.

A conceptual image is provided below to aid context and understanding of the proposed development.

Figure 15 - Proposed development (Norr Architects)

The scope of the project entails designing and constructing the Fife Elective Orthopaedic Centre. The operation of the new facilities following completion and handover of the construction phase will be undertaken directly by NHS Fife and fall out with the scope of the project.

In order to facilitate the connection to ICU, the new building will be located on an existing car park. The displaced car parking spaces will be re-provided as part of the project and costs relating to this aspect have been included and set out within the Financial Case. Fife planning have advised that the car parks must be constructed and available for use prior to the main development commencing. The car parks will therefore be delivered via a separate enabling works contract. The car parks will be constructed at Whytemans Brae and Lauder Road. Statutory consents are awaited for the car parks and the works are schedule to take place between October and December 2020.

5.4.2   Current Design Status

The design has been completed to RIBA Stage 4 which aligns with FBC and NDAP requirements. The table referenced below provides an overview of how the project is performing against predefined FBC requirements.

FBC Design Requirements	Project Status
Developing Design incl. Arch, M&E, C&S, Fire, Landscape, plus specialists e.g. acoustics, biodiversity	Complete
3D images of key Design Statement spaces	Complete
Contract drawings (≥1:200, key ≥1: 50) & spec's	Complete
Developed sustainability plan incl.	Models developed and provided as part of

FBC Design Requirements	Project Status
BREEAM RAG ratings, BRUKL, accurate thermal & energy DSMs	NDAP and design quality assurance process. BREEAM initial target of 34.44% met (PASS rating). Currently achieved 40.89% and now seeking to achieve a target of 47.28% (GOOD rating).
Developed equality plan incl. Access, Health Promo	Complete
Developed construction plan incl. HAI, CDM	HAI 1-3 complete. Construction phase plan being developed.
Developed commissioning plan (CMP) incl BIM, Soft Landings, Equipping Responsibility Matrix,	Complete
Evidence OBC /Interim NDAP response incorporated	Complete – project team responded to OBC NDAP recommendations
Completed Design Statement FBC self-assessment	Complete – assessed through AEDET workshop
Completed AEDET FBC self-assessment	Complete
Evidence of Local Authority Planning & Warrant status	Planning application submitted (response/consent projected for November 2020). Slight delay due to initial feedback on drainage strategy. Staged warrant submitted. Approval to first (fire) and second (substructure) stage projected for October 2020.
Extract of draft FBC detailing benefits & risks analysis	Provided within this FBC.
Evidence of HAI & CDM consultation	HAI SCRIBE Stages 1, 2 and 3 have been completed. A Principal Designer is in place. Pre-construction information has been developed and the construction phase plan is currently being developed. The F10 will be obtained in advance of construction commencing.
Evidence Equality & access commitments will be met	Complete.
Evidence of VfM e.g. WLC on key design	Value against the brief has been monitored

FBC Design Requirements	Project Status
options	throughout the OBC and FBC programme. Lifecycle costs have been developed for the project based on the FBC design.
Evidence Sustainability commitments are met. e.g. accurate & NCM models (DSM). BREEAM, .CAB files and BRUKL; show how design is optimised	Models developed and provided as part of NDAP and design quality assurance process. BREEAM initial target of 34.44% met (PASS rating). Currently achieved 40.89% and now seeking to achieve a target of 47.28% (GOOD rating).
Evidence Activity Data Base (ADB) use optimised	Room data sheets and 1:50 layouts have been produced for every room in the building including corridors / circulation areas. HFS standard room layouts have been adopted where practicable.
Evidence NHS guidance & technical standards will be met; list any derogations, with their technical reasons	Complete – refer to Section 5.4.4 below.
FBC design report evidencing all above & **IA brief met ≥1:500, ≥1:200, key ≥1: 50**; diagrams, sections plans, 3Ds, specs, comfort & energy DSMs, to RIBA Stage 3 Developed Design, plus key elements to Stage 4.	Complete – NDAP FBC submission made between 25 May 2020 and 9 June 2020.

Table 31 - OBC design status

5.4.3   Schedule of Accommodation (SoA) Development

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

The table below compares the IA SoA to the OBC and FBC **"as drawn" outturn**s. The gross area has increased from IA through to FBC due to a requirement for a link corridor and quite an extensive rooftop plantroom. The net departmental area has however actually decreased since IA (3,062m2 v 3,017m2) despite adding two radiology rooms there were not originally briefed.

IA SoA (m2)	**OBC "as drawn" (m2)**	**FBC "as drawn" (m2)**
5,920	6,142	6,303

Table 32 - SoA Development

5.4.4   Standards

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

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

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

The derogation schedule provided at Appendix I has been shared with HFS as part of the FBC NDAP process and has been tabled and accepted by the Project Board. It will be included in the construction contract as part of the Works Information.

5.4.5   NHSScotland Design Assessment Process (NDAP)

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

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

The OBC NDAP submission was issued on 26 September 2019. The Project Team met with HFS and A&DS on 9 October 2019 to present the proposals. **HFS and NDAP's** OBC report was received on 11 February 2020. Following receipt of the report the Project Team responded to the recommendations via a tracker on 6 March 2020.

The FBC NDAP submission was issued between 25 May 2020 and 9 June 2020. The Project Team met with HFS and A&DS on 10 June 2020 to present the proposals. **HFS and NDAP's** FBC report was received on 26 June 2020 **and the allocated status was "supported unverified". In** the covering email HFS advised that six particular items required to be purified to receive **"verified" status. A le**tter acknowledging and responding to these six items was issued by NHS Fife to HFS on 10 July 2020. A detailed tracker responding to the balance of recommendations was issued on 18 September 2020.

"Verified**"** status is currently awaited from HFS, however given that the six items above have been purified it is anticipated that this will be formalised in due course.

5.4.6   NSS Design Quality Assurance

Around the time of completing the detailed design and submitting the FBC NDAP information, the Project Team was informed that it would be subject to a separate quality assurance review. Indeed, all future healthcare projects will be subject to this independent review to confirm that the technical proposals and execution is robust helping to mitigate operational risks when using the facilities.

The initial kick-off meeting took place on 31 August 2020 and the process is now underway. Due to timing, there is an obvious risk associated with this late review where any matters arising may lead to changes in scope and design. This in turn may lead to cost and time **impacts for the project. This risk had been identified in the project's risk register me**antime.

5.4.7   Achieving Excellence Design Evaluation Toolkit (AEDET)

In accordance with SCIM guidance and the investment objectives, AEDET has been used throughout the development of the Project to help NHS Fife assess the design from initial proposals through to detailed design.

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

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

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

Table 33 - AEDET status

On 17 August 2020, an AEDET workshop was held to review the FBC stage design against the agreed target scores. This workshop involved a wide range of participants including staff, service users and the PSCP. The FBC AEDET scores are included in the table below together with the OBC, benchmark and target scores to allow a comparison. As it can be seen the FBC design scored well across all categories surpassing the agreed target scores by a comfortable margin. The engineering and construction scores are marginally lower, due to the fact that the group wanted to operate the systems before awarding higher scores at this stage and in respect to the construction stage, the HAI3 has yet to completed and construction phase plans are still being developed and finalised.

Category	Benchmark	Target	OBC	FBC
Use	2.5	4.2	4.5	5.7
Access	2.0	2.0	3.4	5.7
Space	2.0	4.1	4.5	5.8
Performance	1.7	4.1	2.1	5.0

Engineering	2.2	3.4	0.0	4.4
Construction	0.0	4.0	0.0	4.0
Character & Innovation	1.7	3.4	3.3	5.8
Form & Materials	1.8	3.7	2.1	5.3
Staff & Patient Environment	2.1	3.9	4.0	5.7
Urban & Social Integration	1.0	3.0	4.5	5.7

Table 34 - FBC AEDET

5.4.8 BREEAM

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

The project has been assessed using BREEAM UK New Construction 2018. The initial assessment took place at a workshop on 15 August 2019 with representation from the Project Team and HFS. The collaborative workshop allowed all the criteria to be discussed and debated. A bespoke approach was adopted where criteria offering value to NHS Fife was targeted. Following the exercise an initial target score of 34.44% was identified which equates to a PASS rating. A number of additional credits were identified as possibilities.

Currently the project has identified additional possible credits and is now targeting a score of 47.28% which equates to a GOOD rating. Currently the project has achieved 40.89% and is seeking to achieve the balance of credits to realise the GOOD rating.

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

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

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

Stage	Project Progress
Stage 1 – Site Selection	Completed at OBC stage.
Stage 2 – Design	Completed at FBC stage.
Stage 3 – Construction	Completed at FBC stage.
Stage 4 – Occupation	To be completed post completion.

Table 35 - HAI SCRIBE status

5.4.10 Building Information Modelling (BIM)

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

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

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

The Project will use BIM as a key design tool during the design and construction phases of the project helping to facilitate coordination and mitigate risks. Another benefit of BIM is that NHS Fife will have true "as built" records along with the project specific asset tagging that will assist with the operation, maintenance and replacement of components.

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

5.4.11 eHealth

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

- Pre appointment system via internet / mobile phones
- Self check-in facilities
- Virtual clinics
- Waiting management solutions for OPD
- Theatre cameras for education
- Theatre sound system
- General information screens
- Trak care
- Flexible/efficient patient entertainment system
- Pharmacy fridges security controlled like **"hotel fridges"** (to identify user)
- Theatre robot **–** *considered at OBC but discounted due to cost / benefit*
- Paperlite clinical environment
- Potential for integrated theatres (depending on budget availability)

5.5 Risk Allocation

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

	Potential allocation of risk		
Risk Category	Public	Private	Shared
Client / Business risks (title, ground conditions, where not disclosed)	100%	0%	
Design	0%	100%	
Development and Construction (note dark ground and contamination remain with the public)	50%	50%	√

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

Table 36 - Risk allocation

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

5.5.1 Key Risks

The key risks currently facing the project are referenced below.

Risk	Mitigation
COVID-19 impacts progress affecting cost and the completion date.	The works will be external until the middle of 2021. The impact up until that date should be minimal as social distancing should be able to be maintained. If COVID-19 is likely to affect the project thereafter, mitigation plans will require to be developed. The risk has been identified within the project risk register and a provisional risk allowance has been made – this may however prove to be inadequate depending on events may unfold. An application for additional funding may be required to cover any deficit that may arise.
BREXIT impact on material availability and impact on programme.	Given the current market, supply chains and procurement of materials extend beyond the UK borders. It is difficult to mitigate and control this risk which will be affected by political policy and decisions regarding trade between borders. The risk has been identified within the project risk register and a provisional risk allowance has been made – this may however prove to be inadequate depending on the severity of any associated restrictions and constraints flowing from BREXIT.
NSS Design Quality Assurance	Towards the end of FBC, the project was informed that the design needed to be reviewed by the NSS Design Quality Assurance team. This process is underway and all parties are cooperating collaboratively. There is a risk that any matters arising through this process may lead to changes to the design and potentially additional cost.
Ground conditions	A lot of due diligence has been undertaken to understand the ground conditions and obstructions through detailed surveys and investigations. This has helped to create a robust Site Information pack. In construction there is however always a residual risk. This has been identified within the risk register together with an appropriate contingency budget to deal with any unforeseen events arising.

Table 37 - key risks

5.6 Payment Structure

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

For the OBC and FBC stages of the project, consultants have been appointed under Option A whilst the PSCP has been appointed under Option C. Given the maturity of the design it is considered that there would be little benefit implementing and Option C contract, therefore an Option A lump sum price arrangement is proposed. Option A contracts are more efficient to administer and are arguably more favourable to the Client in respect to risk share.

Payments are made monthly in line with the NEC contract provisions for both consultants and the PSCP.

5.6.1 Project Bank Account

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

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

5.6.2 Risk Contingency Management

A project risk register was created at IA and this has since been developed further during OBC and FBC. It is used as an active management tool to identify and mitigate risks progressively as the design is developed. The risks have been fairly allocated to the party best able to manage them. The risk register has been priced to inform residual contingency allowances for each party during the construction stage of the project.

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

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

5.6.3 Contract Variations

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

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

5.6.4 Disputed Payments

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

5.6.5 Payment Indexation

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

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

5.6.6 Utilities and Service Connection Charges

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

5.6.7 Performance Incentives

The proposed contract is NEC3 (ECCC) Option A. This is a lump sum form of contract and performance incentives can be introduced through secondary option clauses. However, given the ongoing collaboration between the PSCP and Board to date, performance incentives are not deemed to be necessary for this project.

5.7 Contractual Arrangements

5.7.1 Contractual Overview

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

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

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

In terms of the main options for the PSCP, Option C has been utilised for the pre-construction phases of the project (OBC and FBC). For the construction stage, given the maturity of the design it is considered that an Option C would yield little benefit. For that reason, an Option A lump sum contract is the preference.

The project will be procured via stages in line with FS2 methodology. At the end of each stage the contract documentation for consultants and the contractor will be updated and executed to allow entry into the subsequent stage. The key stages and outline dates are set out below:

Stage	Dates	In contract?
Stage 2 – OBC	May 19 to Oct. 19	Yes
Stage 3 – FBC	Nov. 19 to Sept. 20	Yes
Enabling work car parks	Oct. 20 to Dec 20	No (imminent)
Ground consolidation works	Jan. 21	No (subject to FBC approval)
Stage 4 – Construction	Feb. 21 to July. 22	No (subject to FBC approval)

Table 38 - Milestone dates

5.7.2   Roles and Responsibilities

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

▪ Employer: NHS Fife

▪ Contractor: Graham Construction

▪ Project Manager: Thomson Gray

▪ Supervisor: AECOM

5.7.3   Dispute Resolution and Termination

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

5.7.4   Asset Ownership

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

5.7.5   Personnel Implications

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

6 Financial Case

6.1 Introduction

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

Capital costs for the option considered (including construction and equipment);

Non-recurring revenue costs associated with the project;

Recurring revenue costs (pay and non-pay) for current model i.e. baseline; and

Recurring revenue costs (pay and non pay) for the preferred option.

6.2 Revisiting the Financial Case

The IA was approved by Scottish Government Health and Social Care Department (SGHSCD) in January 2018 and the OBC in May 2020 and no specific conditions were outlined in the approval letters in relation to the Financial Case.

NHS Fife have assessed the financial impact of this proposal by reviewing the financial implications of investment, both capital and revenue for the FBC. This assessment will require to be considered and funding sources confirmed as part of the preparation of the NHS Fife Medium Term Financial Plan 2012/22 – 2023/24.

6.3 Financial Model: Costs and Associated Funding for the Project

6.3.1 Capital Costs

Capital costs have been estimated by independent Cost Advisors Gardiner & Theobald and have been summarised in the table below. The Capital Cost Report Summary is included in Appendix J and the full detailed Cost Report is available if required.

Summary of conventional capital costs				
Capital Costs:	Funding Required at OBC £000's	Additional Funding required due to Movement from IAD to OBC £000's	Additional Funding required due to Movement from OBC to FBC £000's	SGHSCD Funding Requirement £000's
Building & Engineering Works	21,396,989	- 1,061,651	1,692,790	23,089,779
Location Adjustment		-		-
Pre October 2019 Inflation	718,617	718,617		718,617
Post October 2019 Inflation	1,078,074	1,078,074		1,078,074
Quantified Construction Risk	614,445	364,445		614,445
Total Construction Costs	23,808,125	1,099,485	1,692,790	25,500,915
Site Acquisition				
Reprovision of Car Parking	700,788	- 437,467	- 700,788	-
Decant	108,000	8,000	- 70,000	38,000
Total other construction related costs	808,788	- 429,467	- 770,788	38,000
Furniture				
IT				
Radiology Equipment			200,000	200,000
Medical Equipment	367,200	27,200	232,800	600,000
Additional itemised costs				
Total Furniture and equipment	367,200	27,200	432,800	800,000
Additional Quantified Risk	1,115,473	1,115,473	- 200,000	915,473
fees	26,099,586	1,812,692	1,154,802	27,254,388
VAT	5,219,917	362,538	230,960	5,450,878
Estimated Vat Recovery PSCP	- 318,199	- 318,199	- 8,664	- 326,863
Project Direct Labour Costs	375,727	0		375,727
		-		-
Professional Fees	862,762	382,762	- 332,202	530,559
Estimated Vat Recovery on Fees	- 83,794	- 83,794	- 1,299	- 85,093
Total estimated cost including VAT and fees but before optimism bias	32,155,999	2,155,999	1,043,597	33,199,596
Allowance for optimism bias				
Total estimated cost	32,155,999	2,155,999	1,043,597	33,199,596

Figure 16 - Summary of Conventional Capital Costs

The total cost of the preferred option, which is to develop an Elective Orthopaedic Centre for NHS Fife is £33,199,596.

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

Project Cost Adjustments			
Construction Cost Details	OBC £000's	FBC £000's	Increase/Decrease £000's
Quantifiable risk robust enough to release into project	1,729,918	1,529,918	- 200,000
Movement in cost plan due to Car park flood alleviation works to appease local authority			
The requirement to build two separate car parks due to local authority constraints			
Rooftop plantroom to safeguard critical theatre plant			
Design development - increase in building height to accommodate M&E services			
Market conditions affecting some packages of work	21,396,989	23,089,779	1,692,790
Direct Labour Costs for project	375,727	375,727	-
Medical equipment increase due to: General development of the existing budget; Equipping the Outpatient Department (equipment budget did not originally extend to this)	367,200	600,000	232,800
The radiology rooms were included through development of the SoA therefore the original equipment budget did not take cognisance of these rooms		200,000	200,000
Inflation costs not included in IAD	1,796,691	1,796,691	-
Reduction in decant costs	108,000	38,000	- 70,000
Car parking now included in construction costs	700,788		- 700,788
Car parking surveys and fees now included in construction costs	862,762	445,466	- 417,296
VAT adjustments due to increased costs and VAT recovery estimates applied.	4,817,924	5,124,015	306,090
Total	**32,155,999**	**33,199,596**	**1,043,596**

Figure 17 - Project Cost Adjustments

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

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

Within the FBC there is a forecast inflation allowance built in from the period October 2019 to construction.

The estimates above include the following key assumptions:

Cost	Assumption
Professional Fees	Professional fees are based on tenders awarded.
Equipment	Estimated % cost based on cost advisor allowance. Transferable equipment will be moved to the new unit.
Contingency	A priced risk register is in place.
Inflation	Based on October 2019 Indices to construction.
VAT	VAT has been applied where applicable. Cost advisor VAT recovery estimates have been built in to the cost plan – this will to be confirmed with VAT advisors and HMRC after contract is awarded.

Table 39 – Capital key assumptions

6.3.2   Revenue costs

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

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

Cost	Assumption
Costs	Costs are calculated using 2019/20 prices and using 2019/20 budgetary information.
Workforce	Calculations include allowances for on-costs, enhancements, sick leave, public holidays and annual leave. Workforce increases are based on forecast demand growth.
Non-Pay	Non-pay costs assumed to increase in line with phased forecast demand.
Depreciation	Building – 60 years and equipment 10yrs.

Table 40 - Revenue key assumptions

The clinical and support costs for the existing Elective Orthopaedic service have been calculated as the baseline and then used as a benchmark against which any changes are considered. Estimated costs for the preferred option reflect forecast demand from 2025 (initial

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forecast activity increase), 2030 the second phased activity increase and then 2035 onwards showing the full impact of the increased anticipated activity.

6.3.2.1 Service model costs

The tables below summarise the total increase in costs arising from these estimates. Costs are phased over the planned activity increases with the majority of the initial cost impact being in 2025.

Service Model Revenue Costs	Do Nothing Baseline £	2022 £	2025 £	2030 £	2035 £
Pay	5,486,481		5,862,485	6,447,380	7,136,720
Non-Pays (incl drugs)	3,956,624	161,815	4,376,957	4,782,945	5,261,431
Other Services	50,333		54,080	59,909	66,780
Total	9,493,438	161,815	10,293,523	11,290,234	12,464,930

Figure 18 - Revenue Cost Increases

6.3.2.2 Property costs

An outline of the changes in both running costs and depreciation is summarised below. Costs are phased over the planned activity increases with the majority of the initial cost impact being in 2025. Costs associated with rates and utilities will impact on opening of the facility.

Property Costs		FACILITY OPENING COST	PROPOSED OPTION		
Service	BASELINE	2022	2025	2030	2035
Maintenance	45,464		50,189	57,539	66,201
Catering	53,460		57,480	63,733	71,102
Utilities	35,786	75,436	111,222	111,222	111,222
Rates	39,803	83,905	123,708	123,708	123,708
Portering	38,368		38,368	38,368	38,368
Security	10,045		10,045	10,045	10,045
Domestics	242,633	2,474	254,203	272,199	293,410
General Service	48,958		52,639	58,365	65,114
Bedding & Linen	5,696		6,124	6,790	7,576
	520,214	161,815	703,979	741,970	786,746

Figure 19 - Property Costs

6.3.2.3 Depreciation

The depreciation for the preferred option is £633,327 based on an asset building life of 60yrs and 10yrs for equipment on an overall capital cost of £33,199,596. The overall increase in depreciation is £633,327 – discussions will be held with SG regarding agreement around future funding of the increased depreciation from the current ring-fenced NHS Fife non-core depreciation budget. The buildings depreciation charge is pre any Valuation Office valuation being done after completion – there is an expectation that any non-value works will reduce the value held in the balance sheet once the valuation is carried out and therefore reduce the depreciation charge going forward.

6.3.2.4 Revenue cost summary

Overall Revenue Costs Summary			Proposed Option		
	Baseline	2022	2025	2030	2035
Service Costs	8,973,224		9,589,544	10,548,264	11,678,184
Property Costs	520,214	161,815	703,979	741,970	786,746
Total	**9,493,438**	**161,815**	**10,293,523**	**11,290,234**	**12,464,930**

Figure 20 - Revenue Cost Summary

The FBC identifies a phased overall recurring revenue impact by 2035 onward of £2,971,492 (excluding depreciation) for the preferred option against the baseline costs.

There are considerable staff costs associated with this development - staffing, non-pay and consumable costs these have been reviewed for the FBC.

The additional recurring revenue costs associated with the project have increased by £193,342 compared to the OBC figure. The reasons for the increase are the following:

- Increase in overall square meterage has had an impact on some forecast running costs;
- Forecast pay costs have been re-aligned to reflect 19/20 pay scales;
- Changes in the mix of the additional staffing required since OBC.

6.3.3 Accounting Treatment

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

6.4 Statement of Affordability

NHS Fife confirms that this project remains affordable in relation to capital expenditure. The capital costs of the investment will be met through a capital allocation from the Scottish Government Health and Social Care Division capital budget.

This programme is a strategic priority for NHS Fife, in this context affordability in revenue terms will require to be considered and funding sources confirmed as part of the preparation of the NHS Fife Medium Term Financial Plan 2021/22 – 2023/24.

All options were subject to robust testing at IAD and OBC for both financial costs and other non- financial measures. These measure where used to score the options. All options were tested for robustness using sensitivity analysis.

6.5 Stakeholder Support

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

6.6 Financial situation

Based on the current costs and assumptions identified, NHS Fife recognises the project will exceed what was estimated within the Local Delivery Plan 2017/18, due to various different models that were considered. The original submission has since evolved into a standalone elective orthopaedic centre, providing future sustainability for the people of Fife.

NHS Fife have assessed the financial impact of this proposal by reviewing the financial implications of investment, both capital and revenue for the FBC. This assessment will require to be considered and funding sources confirmed as part of the preparation of the NHS Fife Medium Term Financial Plan 2021/22 – 2023/24.

6.7 Resources

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

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

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

6.8 Capital and revenue constraints

NHS Fife's capital funding commitments mean that the project cannot exceed the available budget.

Other than capital funding from the Scottish Government, there are no additional capital contributions from external partners in respect to this project. The current plan confirms that the theatre activity generated by the centre will be utilised in full by NHS Fife. In the event that residual capacity becomes available over time and can be offered to NHS Boards out with NHS Fife, the expectation is that Boards would cover the costs of this as appropriate.

6.9 Signed Statement from Project Board Members

A signed statement from the Project Board Members is provided at Appendix O confirming that **they have been satisfactorily engaged and/or consulted on the project's development; that** they have a clear understanding of the financial implications of the proposed commercial

arrangements, associated spend, and contractual obligations; and that they are committed to supporting the project with the appropriate resources.

7 Management Case

7.1 Introduction

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

7.2 Revisiting the Management Case

The management case has generally been updated and expanded since OBC in accordance with SCIM FBC guidance. The main sections remain the same and text has been updated where appropriate to reflect the current status of the project.

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7.3 Reporting Structure and Governance Arrangements

7.3.1 Project Organisation

In order to deliver the project successfully, good governance is required to monitor and direct it. An understanding of the structure and mechanisms for escalation and reporting is set out on the organogram overleaf.
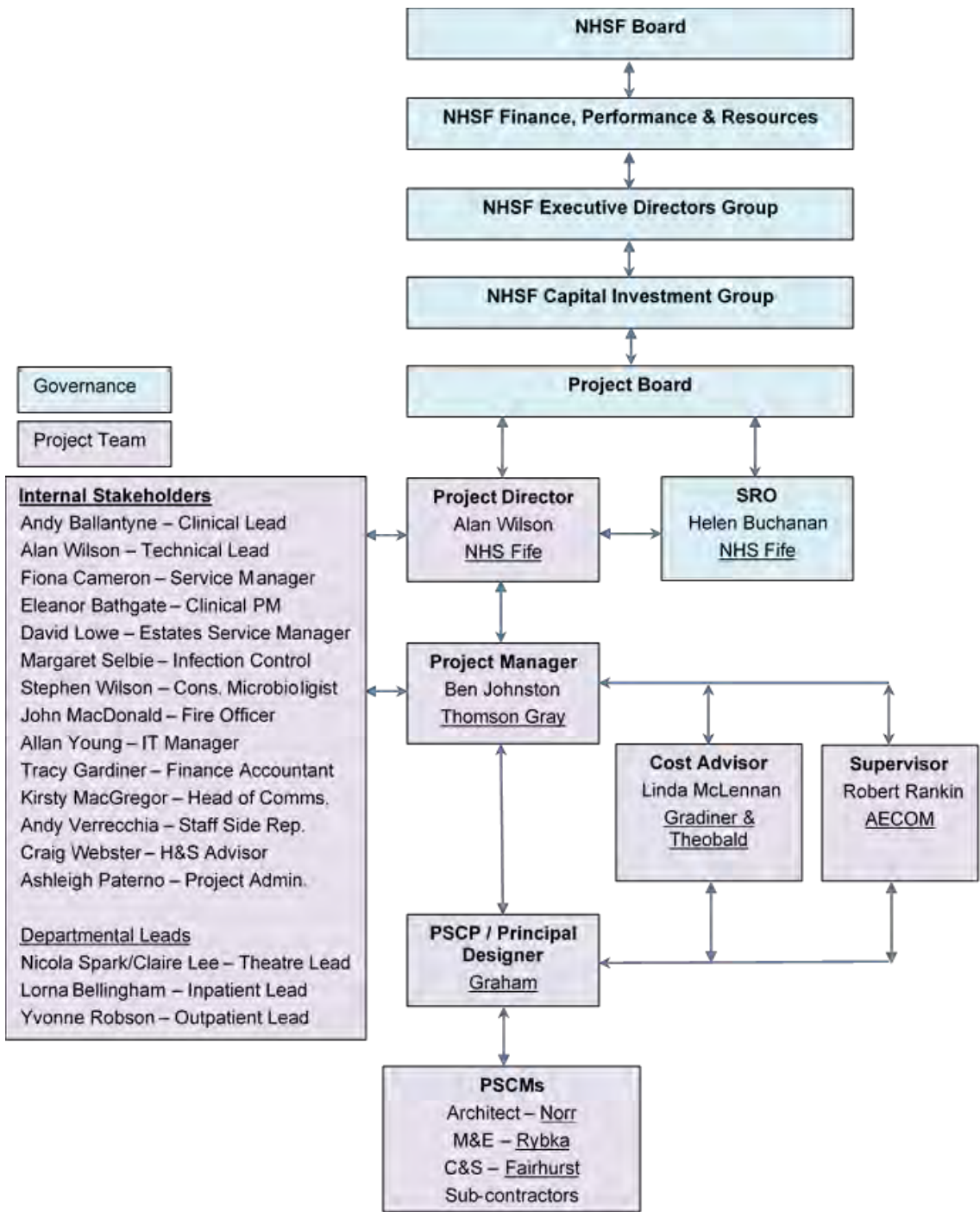
Figure 21 - Project structure

7.3.2   Project Board

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

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

Named Person	Project Role and Responsibilities	Experience
Helen Buchanan (Director of Nursing)	Senior Responsible Officer – SRO with overall responsibility and accountability for the project.	Helen Buchanan took up her role **as NHS Fife's Executive** Director of Nursing in July 2015. Helen was previously the Associate Director of Nursing at NHS Forth Valley where she was the Board lead for the nursing and midwifery quality improvement agenda and was involved in a range of national programmes. Helen has a broad portfolio of experience gathered across a range of strategic and clinical roles in both acute and primary care.
Alan Wilson (Capital Projects Director)	Project Director – Responsible for the delivery of the project from inception to completion.	Alan has worked within NHS Fife for 23 years within Estates Operations. He has over 10 years experience in the delivery of a wide range of Capital Projects within Healthcare environment. Alan is a Chartered Engineer and also an accredited NEC Project Manager.
Andy Ballantyne (Lead Consultant Orthopaedics)	Clinical Lead - Responsible for clinical governance.	Andy Ballantyne is a Consultant Orthopaedic Surgeon with NHS Fife since 2005.Andy has been the Clinical lead for Orthopaedics in NHS Fife since 2015. Andy was also a member of the core team involved in the development and submission of the IA for

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Named Person	Project Role and Responsibilities	Experience
		the Fife Elective Orthopaedic Centre delivered to CIG in Nov 2018. Andy has extensive experience in local DCAQ planning and delivery. Andy is an active member of the national Scottish Committee for Orthopaedic s and Trauma for 10 years, in roles of treasurer and more recently secretary and is also Co-Chair on the East Region Acute service review – orthopaedics work stream with specific involvement in DCAQ evaluation 2016-2018.
Margo McGurk (Director of Finance)	Project Board Member – Responsible for Financial Governance	Margo joined NHS Fife as Director of Finance in February 2020. She is a CCAB qualified accountant, with a broad range of experience across the public sector but particularly within the NHS in Scotland. She has significant experience of decision-making at strategic and operational levels and has a strong personal focus on developing strategy, supporting culture, delivering sound financial control and best value from the allocation of resources. Very experienced in delivering professional leadership to the finance function, she has held a number of senior roles across a number of NHS Boards. She is particularly interested in working in partnership across organisations and leading on the development and delivery of financial strategies to support delivery against agreed priorities.

Named Person	Project Role and Responsibilities	Experience
Andrew Fairgrieve (Director of Estates, Facilities & Capital Services)	Project Board Member – Responsible for contributing towards general governance.	Andrew has vast Property and Asset management experience in the private sector and within the NHS. Andrew has a degree in IT/Electronics and a Masters Degree in building services design (mechanical and electrical). Andrew has also managed large new build and refurbishment projects.
Andy McKay (Deputy Chief Operating Officer)	Project Board Member – Responsible for contributing towards general governance	Andy has been with NHS Fife for just over a year and currently leads our Acute Services Division. Andy brings a range of experience to NHS Fife; he previously held senior operational leadership roles within Professional Services in the UK, and overseas, and has served as a Commissioned Officer with the British Army.
Fiona Cameron (Service Manager Planned Care)	Service Lead – Responsible for service governance.	Fiona is Service manager Orthopaedic, theatres & anaesthetics. Fiona has 15 years experiences of Orthopaedics as an extended scope physiotherapist, Orthopaedic service improvement lead and service manager. Fiona was a member of the core team involved in the development and submission of the IA for the Fife Elective Orthopaedic Centre. Fiona is also a Member of the Scottish Orthopaedic Service managers group and a member of East Region Orthopaedic service review group. Fiona has extensive experience of Orthopaedic and theatre redesign projects.

Named Person	Project Role and Responsibilities	Experience
Dr Chris McKenna (Medical Director)	Project Board Member – Responsible for contributing towards clinical governance	Dr Chris McKenna started as Medical Director within NHS Fife on 1st March 2019. Dr McKenna has previously served as Director of Emergency Care, where he has helped lead the redesign of services.
Kirsty MacGregor (Communications Manager)	Project Board Member – Responsible for communications governance.	Kirsty MacGregor brings more than 25 years of experience in public relations and marketing communications. Kirsty has a proven track record of providing expert and informed advice to senior management teams on all aspects of internal and external communications across a range of sectors including Higher Education, Local Government and the NHS. A CIPR Accredited Practitioner, Kirsty also holds two Postgraduate Diplomas from the Chartered Institute of Public Relations, and the Chartered Institute of Marketing.
Murray Cross (General Manager Planned Care)	Project Board Member - Responsible for contributing towards general governance.	Murray has worked in NHS Fife for over 30 years, having started in Finance before moving into management in 1999. Murray has held a wide range of management positions across the Acute Division and has been in his current post of General Manager for Planned Care for the last 4 years.
Rona Laing (Non Executive Board Member)	Project Board Member – Responsible for contributing towards	Rona has been a Non-Executive Board member for 5 years she chaired the

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

Table 41 - Project Board experience

7.3.3 Project Team

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.3.4 External Advisors

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

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

Table 42 - External Advisors

7.3.5 Project Recruitment Needs

The Project Team has been developed robustly during the OBC and FBC Stages. All key roles are fulfilled and there are no immediate recruitment needs.

7.3.6   Project Plan and Key Milestones

The project plan and key milestones are set out in the table below. A fully detailed draft construction programme has been developed and can be provided upon request.

Description / Activity	Date
FBC	
▪ Complete car park enabling works (to enable site to be cleared for construction)	Dec. 2020
▪ Statutory consents	Dec. 2020
▪ Fife Capital Investment Group (FCIG)	1 Oct. 2020
▪ Executive Director's Group (EDG)	8 Oct. 2020
▪ Submit to Capital Investment Group (CIG), Scottish Government (SG)	13 Oct. 2020
▪ Clinical Governance	4 Nov. 2020
▪ Finance Performance and Resources Committee (FP&R), NHS Fife	10 Nov. 2020
▪ Capital Investment Group (CIG), Scottish Government (SG) Meeting	11 Nov. 2020
▪ Area Partnership Forum (APF)	18 Nov. 2020
▪ NHS Fife Board Meeting	25 Nov. 2020
Construction and handover (main works)	
▪ Ground consolidation works	Jan. 2021
▪ Start (main works)	Feb. 2021
▪ Completion	Jul. 2022
▪ NHSF commissioning / service migration	Aug. 2022
▪ Operation / use	Sept. 2022

Table 43 - Project plan and key milestones

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7.4 Change Management Arrangements

7.4.1 Operational and Service Change Plan

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

1. Increased surgical capacity by the provision of a third elective orthopaedic theatre with capacity to manage elective orthopaedic requirements for inpatient activity for the next 20 years based on ISD projections;

2. Increased ward capacity to provide a mixture of single room and day case facility to reflect the changing requirements for inpatient elective orthopaedic surgery;

3. Centralisation of NHS Fife MSK services to a single site, with resultant improved efficiency in OPD activity through developments consistent with the objectives of the Scottish Access Collaborative (SAC) in demand management within outpatients; and

4. Utilisation (where appropriate) of IT strategies building consistency with local and national strategy in the delivery of the aims of the SAC in demand management.

7.4.1.1 *Theatres*

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

Short term theatre utilisation will be attained by relocating day case foot & ankle and arthroscopy lists to the Fife Elective Orthopaedic Centre. In addition, the expansion of the consultant workforce by 2 consultants will ensure the 3rd theatre is fully utilised and realise increased planned orthopaedic surgical capacity required to balance DCAQ. The movement of services will release day case capacity to be used by other services as part of wider planned care surgical service reorganisation.

Future demand will be accommodated by increasing theatre time utilisation and job plan redesign (weekend working, backfill and 3 session days).

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

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

7.4.1.2 Wards

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

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

7.4.1.3 Centralisation of MSK services

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

- MDT MSK delivery from single site;

- Opportunity to develop MDT support – clinical staff not working in isolation;

- Development of consistently applied pathways for MSK conditions;

- Efficiency opportunities in how aspects of service delivered (fracture clinics);

- Opportunities to develop AHP staff into more advance roles (fracture clinic nurses/ANP roles); and

- Opportunities to incorporate national and local IT strategies consistent with the Scottish Access Collaborative aims in demand management within outpatient services:

    a Opt-In care

    b Patient initiated review appointments

    c Development of virtual clinics (NP and review)

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

7.4.2 Facilities Change Plan

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

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7.4.3   Stakeholder Engagement and Communications Plan

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

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

- **Development of the project'**s Design Statement;

- 1:500 / 1:200 site and departmental adjacency workshops;

- 1:50 room adjacency workshops; and

- Achieving Excellence Design Evaluation Toolkit (AEDET) workshops.

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

- Dedicated **website page on NHS Fife's website;**

- Statutory consultation meetings (2 no.); and

- Project displays / notice boards within the main hospital reception at VHK.

7.5   Benefits Realisation

7.5.1   Benefits Register

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

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

Benefits are either assessed in a quantitative or qualitative manner.

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

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

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

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

Table 44 - Benefits and relative importance

The baseline and target values for each benefit have been refined and updated during the FBC phase ensuring that relevant data is available for comparative purposes during the PPE.

Community Benefits

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

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

7.5.2 Benefits Realisation Plan

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

The benefits realisation process is a planned and systematic process consisting of four defined stages outlined below. The implementation of this plan will be reviewed regularly by the Project Board.
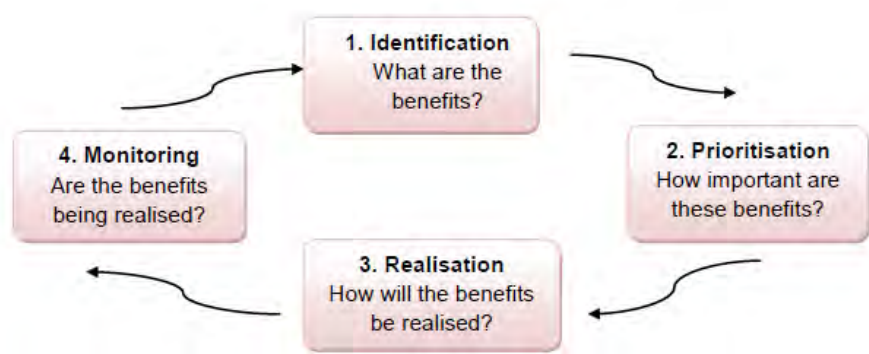
Figure 22 - Benefits realisation process

The Benefits Realisation Plan outlines:

- Which Investment Objective the benefit addresses;

- Who will receive the benefit;

- Who is responsible for delivering the benefit;

- Any dependencies that could affect delivery of the benefit; and

- Any support needed from other agencies etc. to realise the benefit.

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

7.6 Risk Management

Risk management is a structured approach to identifying, assessing and controlling risks that emerge during the project lifecycle. It is a critical and continuous process throughout the planning, procurement and implementation journey of a project.
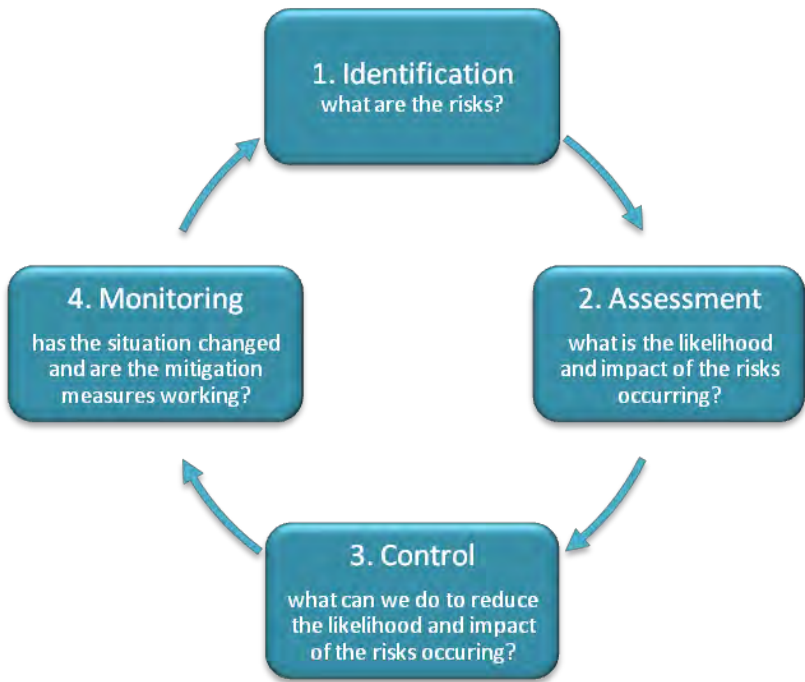
Figure 23 - Risk management process

7.6.1   Updated Risk Register

The Project Team have continued to develop the Risk Register provided at OBC. The current FBC risk register can be located at Appendix M. The Risk Register is up to date and representative of the residual risks that may be encountered during the construction phase of the project. The headline items noted below, demonstrate how the risk register has been developed since IA.

- New risks have been identified and added to the register, whilst other risk have been closed;

- Probability, impact and risk ratings have been updated progressively at risk workshops;

- Mitigation measures have been agreed and updated;

- Each risk has been identified as quantifiable or unquantifiable – where the risk is identified as quantifiable it has been carried forward to allow contingency pricing;

- Risk owners and managers have been allocated. *A risk owner has overall responsibility for the risk, whilst a manager is responsible for helping to mitigate the risk.*

The commercial arrangements associated with the Risk Register are set out within the Commercial Case.

7.6.2   Governance

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

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

7.7   Commissioning

The importance of the commissioning process cannot be underestimated, as failure to adequately consider this process is likely to cause increases to project costs and failure to deliver agreed service benefits and project outcomes. The Project Board and Director are fully committed to implementing a robust commissioning process, ensuring that the facilities are safe to use and operate from the outset.

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

Technical Commissioning concentrates on the readiness of the facility to support operational activity. As such the mechanical and electrical systems all need to be operating satisfactorily at handover of the facility and beyond. Operational Commissioning on the other hand is involved with getting the clinical services transferred into the facility with minimal disruption to business continuity. Given these separate requirements an Operational Commissioning Manager has been appointed directly by NHS Fife. The Technical Commissioning Manager role will be undertaken by the PSCP; however, the Project Director, Project Manager, NEC / Clerk of Works

and Estates Service Manager will maintain active roles helping to facilitate a robust technical commissioning process.

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

A Commissioning Strategy and detailed commissioning programme has been developed to assist with the understanding and management of the commissioning process for the project – this is located at Appendix P.

7.8   Post Project Evaluation

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

Stage 1 – Procurement Process Evaluation

An evaluation of the procurement process will be undertaken following the signing of the contract to assess the effectiveness of the procurement process in meeting the project objectives. This will identify any issues and lessons to be learned that will benefit future projects. This evaluation can take place shortly after commencement of the construction phase.

Stage 2 – Monitoring Construction

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

Following completion, the Project Manage**r's and Supervisor's monthly reports will be reviewed** and summarised to represent a holistic view of how the project performed during the construction period.

Stage 3 – Initial Project Evaluation of the Service Outcomes

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

Stage 4 – Follow-up Project Evaluation

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

The following questions will be asked at each stage:

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

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

Appendix A – Strategic Assessment

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Appendix B – Existing Plans

Appendix C – Projected Future Demand

Appendix D – Long and Short List of Options

Appendix E – Proposed Floor Layouts

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Appendix F – AEDET

Appendix G – HAI SCRIBE

95

Appendix H – Design Statement

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Appendix I – Derogation Schedule

Appendix J – Target Price and Project Budget Summary

Appendix K – Benefits Register

Appendix L – Benefits Realisation Plan

Appendix M – Risk Register

Appendix N – Communication Plan

Appendix O **–** Project Board **Member's Statement of Support**

Appendix P – Commissioning Strategy

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

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

What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?		What solution is being proposed?

Identify Links / Identify Links / Prioritisation Score

Need for change:

1. Current ward provision does not support infection control, safety and the overarching strategy to move towards single room accommodation.

2. Current accommodation does not support effective patient pathways / flow with bottle-necks arising. Situation affects efficiency of service provision.

3. Current provision compromises patient dignity and quality of experience overall.

4. Condition of existing facilities are below the required standard to support the service over the longer term.

Benefits:

- Positive patient experience and dignity respected.
- Maintains support to allow people to live independently together with life quality. **Overarching benefit.**
- Improves the healthcare state (condition, quality, perception, statutory, back-log and lifecycle).
- Minimises readmissions and improves timely discharge.
- Optimises resource usage.
- Improves HAI and patient safety.

Strategic Investment Priorities / Prioritisation Score:

- Person centred — 5
- Safe — 5
- Effective quality of care — 5
- Health of population — 3
- Value and sustainability — 5
- **TOTAL SCORE** — 92

What solution is being proposed?

Service scope/size
Orthopaedic service centre for NHS Fife

Service arrangement
Co-location of 2 no. theatres and supporting ward accommodation

Service providers
NHS Fife

Impact on assets
Improve existing assets

Value and procurement
Frameworks Scotland 2/3 (capital) - £8m

E — BED LIFT 03.BA.16
DRY RISER
D — BED LIFT 03.BA.15
C — THEATRE LIFT 03.BA.14
LIFT HALL 03.BA.02
MAIN STAIRS 03.BA.01
B — GOODS LIFT 03.BA.13
A — GOODS LIFT 03.BA.12
PASSENGER LIFT 1 03.BA.03
PASSENGER LIFT 2 03.BA.04
1
2

ROOF
13
12
11
10
9
8
7
6
5
4
3
2
1
0
LEVEL B

PHASE 2 THEATRES
GROUND LEVEL

LOCATION DIAGRAM

EQUIPMENT STORE 03.BA.43
D.S.R. 03.BA.12
FIRE ESCAPE 03.BA.11
ESTATES STORE (WEST)
SLUICE ROOM 03.BA.30
STERILISING ROOM & STERILE STORE 03.BA.44
PLASTER ROOM 03.BA.45
STORE 03.BA.41
TROLLEY BAY 03.BA.10
SLUICE ROOM 03.BA.39
STORE 03.BA.40
THEATRE 2 03.BA.38

CORRIDOR 03.BA.10
THEATRE 1 03.BA.31
ANAESTHETIC ROOM 1 03.BA.32
SCRUB-UP THEATRES 1&2 03.BA.33
ANAESTHETIC ROOM 2 03.BA.37

CORRIDOR 03.BA.05
PATIENT TRANSFER AREA 03.BA.26
DARK ROOM 03.BA.34
RECOVERY ROOM 03.BA.46
X-RAY STORE 03.BA.35
SLUICE ROOM 03.BA.47
STERILE STORE 03.BA.36
CLEAN CORRIDOR 03.BA.09

CORRIDOR 03.BA.06
ANAESTHETIC ROOM 3 03.BA.27
THEATRE 3 03.BA.28
SCRUB-UP THEATRE 3 03.BA.23
STERILISING ROOM & STERILE STORE 03.BA.22
STORE 03.BA.29
STORE 03.BA.24
STAFF LOUNGE 03.BA.25
FIRE ESCAPE 03.BA.07
ESTATES STORE (EAST)
D.S.R. 03.BA.21
STORE 03.BA.17
FEMALE CHANGING & LOCKERS 03.BA.20
MALE CHANGING & LOCKERS 03.BA.18
WC
WC
WC 03.BA.19
SH
SH
SH
SH
WC
CLEAN CORRIDOR 03.BA.08

Directorate of Estates, Facilities and Capital Services

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Fife KY2 5AH
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Fax: (01592) 648062

NHS Fife

Project Title
VICTORIA HOSPITAL, KIRKCALDY
PHASE 2 - LEVEL 3, (BLOCK BA-3) THEATRES

Drawing Title
FLOOR PLAN

Date	SEPT 11	Rev
Drawn	I.D.	
Scale	N.T.S.	

Drawing No
VHK \ BA-3 \ FIRE \ A3

LOCATION DIAGRAM

ROOF
13
12
11
10
9
8
7
6
5
4
3
2
1
0
LEVEL B

WARD 10

GROUND LEVEL

Lift Hall Area

E — BED LIFT
D — BED LIFT
C — THEATRE BED LIFT
B — GOODS LIFT
A — GOODS LIFT

LIFT HALL

PASSENGER LIFT 1 — 1
PASSENGER LIFT 2 — 2

WARD 10

STORE
CONSULTANT
1 BED
WC
1 BED
STAFF WC (M)
SECRETARIES
CONSULTANT
PLANT ROOM
EQUIPMENT STORE
SWITCH CUPBOARD
NURSES LOCKERS
CHARGE NURSE
MEDICAL OFFICER
STAFF WC (F)
1 BED
WC
1 BED
1 BED
WC

FIRE ESCAPE
SHOWER (M)
SHOWER (M)
WASHROOM (M)
NURSE'S STATION
REGISTRAR
SLUICE/ DIRTY UTILITY
TREATMENT ROOM
CLEAN UTILITY
KITCHEN
D.S.R.
SLUICE
NURSE'S STATION
WASHROOM (F)
SHOWER (F)
SHOWER (F)
FIRE ESCAPE

WC (M)
4 BED
4 BED
4 BED
WC (M)
DAY SPACE
MEDICAL SECRETARIES
WC (F)
4 BED
4 BED
4 BED
WC (F)
STORE
STORE
STORE
STORE

Project Title
VICTORIA HOSPITAL, KIRKCALDY
PHASE 2 - LEVEL 4, (BLOCK BA-4)
WARD 10

Drawing Title
FLOOR PLAN

Date	JUN 96	Rev
Drawn	ROB	
Scale	N.T.S.	

Drawing No
VHK \ BA-4 \ FLOOR \ A3

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

Notes:

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

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

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

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

Fife Elective Orthopaedic Centre

Options

5 January 2018 – Rev. 2

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

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

Summary of Options

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

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

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

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- 04 - ENTRANCE and FM
- 05 - STAFF/COMMUNAL
- 06 - PLANT
- 07 - CIRCULATION

North Arrow — True North

Detail Symbol — Detail No. / Sheet No.

NORR

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Drawn	Date
HR	10/01/2020
Checked	Date
NP	10/01/2020

Scale
1 : 100 @ A1

Client
NHS FIFE

Project
FIFE ELECTIVE ORTHOPAEDIC CENTRE

Drawing Title
GA GROUND FLOOR PLAN

Sheet Status
S3 - FOR REVIEW

Project No.
IAGG19-0018

Drawing No.
EOC-NOR-XX- 01-DR-A-00001

Rev.
P08

SCALE - 1:100
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ISO A1 - 594mm841mm

ISO A1 - 594mm x 841mm

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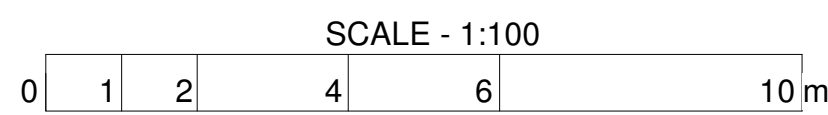
DATE	REVISION	REV	DRW	CHK
15/01/20	General update to BIM. Drawing number previously EOC-NOR-XX-01-DR-A-00002 P08	P01	NP	NP
31/01/20	Stage 3 Issue	P02	SC	NP
10/02/20	GA plan revisions	P03	NP	NP
12/02/20	DWG (QS) issue	P04	SC	NP
19/02/20	GA plan revisions	P05	SG	NP
10/03/20	GA plan revisions	P06	RF	NP
13/03/20	Minor GA revisions/ RWPs added	P07	RF	NP
17/04/20	GA Plan Revisions	P08	NP	NP
13/05/20	Window Location Revision	P09	NP	NP

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- 06 - PLANT
- 07 - CIRCULATION
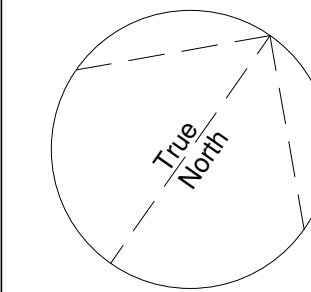
North Arrow

True North

Detail Symbol

Detail No.
Sheet No.

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HR	10/01/2020
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NP	10/01/2020

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1 : 100 @ A1

Client
NHS FIFE

Project
FIFE ELECTIVE ORTHOPAEDIC CENTRE

Drawing Title
GA FIRST FLOOR PLAN

Sheet Status
S3 - FOR REVIEW

Project No.
IAGG19-0018

Drawing No.
EOC-NOR-XX- 02-DR-A-00002

Rev.
P09

SCALE - 1:100

0 1 2 4 6 10 m

Room labels (floor plan)

03/IP Breakout 03/IP/079
03/IP Bedroom 03/IP/033
03/IP En-suite: Ass. 03/IP/032
03/IP En-suite: Ass. 03/IP/034
03/IP Bedroom 03/IP/031
07/CL Circulation 07/CL/030
03/IP Bedroom 03/IP/029
03/IP Bedroom 03/IP/027
03/IP En-suite: Ass. 03/IP/028
03/IP En-suite: Ass. 03/IP/030
07/CL Lobby 07/CL/031
07/CL Stair 2 07/CL/036
03/IP Touch Down 03/IP/072
03/IP Resus 03/IP/072
03/IP DSR 03/IP/069
03/IP Store 03/IP/068
03/IP Touch Down
03/IP Breakout Space: Patient 03/IP/078
07/CL Circulation 07/CL/027
03/IP Multi-bed Room: 4 Beds 03/IP/035
03/IP En-suite: Ass. 03/IP/036
03/IP ES: WC-Am. 03/IP/037
03/IP Dirty Utility 03/IP/073
03/IP Clinical Equipment Store 03/IP/067
03/IP Multi-bed Room: 4 Beds 03/IP/038
03/IP En-suite: Ass. 03/IP/039
03/IP ES: WC-Am.
03/IP Clean Utility 03/IP/074
07/CL Lobby 07/CL/028
07/CL Circulation 07/CL/029
03/IP Disposal Hold 03/IP/068
03/IP Multi-bed Room: 4 Beds 03/IP/041
03/IP En-suite: Ass. 03/IP/042
03/IP ES: WC-Am.
03/IP Linen Store 03/IP/075
03/IP Clean Supply 03/IP/065
07/CL Circulation 07/CL/026
03/IP Multi-bed Room: 4 Beds 03/IP/044
03/IP En-suite: Ass. 03/IP/045
03/IP ES: WC-Am.
03/IP Hoist 03/IP/060
03/IP Hoist & Resus 03/IP/063
03/IP ES: WC-Am.
07/CL Circulation 07/CL/023
07/CL Circulation 07/CL/025
03/IP Ward Clerk / Reception 03/IP/058
03/IP DSR 03/IP/059
07/CL Lobby 07/CL/024
03/IP ANP Office 03/IP/057
03/IP SCN Office 03/IP/054
03/IP Dirty Utility 03/IP/053
03/IP Linen Store 03/IP/050
03/IP WC: Staff 03/IP/056
03/IP WC: Staff 03/IP/055
03/IP WC: Staff 03/IP/052
03/IP Touch Down 03/IP/051
07/CL Stair 1 07/CL/037
03/IP Regen Kitchen 03/IP/062
03/IP Store 03/IP/092
Riser 06/PL/013
07/CL Circulation 07/CL/020
07/CL Circulation 07/CL/022
07/CL Circulation 07/CL/021
07/CL Lobby 07/CL/021
03/IP Waiting 03/IP/082
03/IP Waiting 03/IP/081
03/IP WC: Acc. 03/IP/080
03/IP WC: Acc. 03/IP/091
03/IP Waiting 03/IP/090
Lift 1 07/CL/032
Lift 2 07/CL/033
Lift 3 07/CL/034
Lift 4 07/CL/035
Riser 06/PL/010
Riser 06/PL/011
03/IP Consult 03/IP/083
03/IP Consult 03/IP/084
03/IP Consult 03/IP/085
03/IP Consult 03/IP/086
03/IP Consult 03/IP/087
03/IP Consult 03/IP/088
03/IP Touch Down 03/IP/089
03/IP Staff Room/ Lockers 03/IP/047
03/IP Rehabilitation Room & Store 03/IP/048
03/IP Bedroom 03/IP/001
03/IP En-suite: Ass. 03/IP/004
03/IP En-suite: Ass. 03/IP/002
03/IP Bedroom 03/IP/003
03/IP Bedroom 03/IP/005
03/IP Bedroom 03/IP/007
03/IP En-suite: Ass. 03/IP/008
03/IP En-suite: Ass. 03/IP/006
03/IP Bedroom 03/IP/009
03/IP En-suite: Ass. 03/IP/010
03/IP Bedroom 03/IP/011
03/IP Bedroom 03/IP/013
03/IP En-suite: Ass. 03/IP/014
03/IP Bedroom 03/IP/015
03/IP En-suite: Ass. 03/IP/016
03/IP Bedroom 03/IP/017
03/IP En-suite: Ass. 03/IP/018
03/IP Bedroom 03/IP/019
03/IP En-suite: Ass. 03/IP/020
03/IP Bedroom 03/IP/021
03/IP En-suite: Ass. 03/IP/022
03/IP Bedroom 03/IP/023
03/IP Bedroom 03/IP/025
03/IP En-suite: Ass. 03/IP/024
03/IP En-suite: Ass. 03/IP/026
03/IP Bedroom 03/IP/012
03/IP Breakout Space: Patient 03/IP/077

Grid references (top): 14, 16, 16A, 19, 20, 21, 22
Grid references (right): M, L, K, J1, J, I, H1, H, G1, G, F1, E, D1, D, C, A
Grid references (left): L, J1, J, I, H1, H, G1, G, F, E, D2, D, B, A
Grid references (bottom): 1, 2, 2A, 3, 4, 5, 6, 7, 7A, 8, 8A, 9, 10, 10A, 11, 12, 13, 13A, 13B, 15, 16, 16A, 17, 20, 21, 22
Grid references (upper middle): 1, 4, 6, 9, 12

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DEPARTMENT

- 01 - THEATRES
- 05 - STAFF/COMMUNAL
- 06 - PLANT
- 07 - CIRCULATION

North Arrow

True North

Detail Symbol

Detail No.
Sheet No.

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Checked	Date
NP	10/01/2020
Scale	
1 : 100 @ A1	

Client
NHS FIFE

Project
FIFE ELECTIVE ORTHOPAEDIC CENTRE

Drawing Title
GA SECOND FLOOR PLAN

Sheet Status
S3 - FOR REVIEW

Project No.
IAGG19-0018

Drawing No.
EOC-NOR-XX- 03-DR-A-00003

Rev.
P09

SCALE - 1:100

0 1 2 4 6 10 m

ISO A1 - 594mm×841mm

AEDET Refresh v1.1 Feb 2016   **Fife Elective Orthopaedic Centre**   **Summary**

Category	Benchmark	Target	OBC	FBC	POE
Use	2.5	4.2	4.5	5.7	0.0
Access	2.0	2.0	3.4	5.7	0.0
Space	2.0	4.1	4.5	5.8	0.0
Performance	1.7	4.1	2.1	5.0	0.0
Engineering	2.2	3.4	0.0	4.4	0.0
Construction	0.0	4.0	0.0	4.0	0.0
Character and Innovation	1.7	3.4	3.3	5.8	0.0
Form and Materials	1.8	3.7	2.1	5.3	0.0
Staff and Patient Environment	2.1	3.9	4.0	5.7	0.0
Urban and Social Integration	1.0	3.0	4.5	5.7	0.0

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Summary Progress

Initial brief and proposed site for development HAI – SCRIBE Sign off		
HAI-SCRIBE Name of Project	NHS Fife Elective Orthopaedic Centre	
Name of Establishment	Victoria Hospital, Kirkcaldy	National allocated number
HAI-SCRIBE Review Team	Margaret Selbie and Julia Cook	
Completed By (Print Name) Ben Johnston of Thomson Gray		Date 25.07.19
Signature(s)		Date 25.07.19

Stage 1:

Additional Notes:

Attendees reviewed the project against information that is currently available. In some instances information was not available to confirm if there is a risk that needs to be managed and mitigated at this stage - for example, Ground Investigation for item 1.1. Therefore it was agreed to leave this SCRIBE open in draft meantime and review it again once the information becomes available. Items 1.1 and 1.11 remain open at 25 July 2019.

Update 02/06/20 (rev 1) – updates identified in red text.

Update 09/06/20 (rev 2) – updates identified in blue text

Note: Advice may be required from specialists on issues such land engineering, etc.

Development stage 1: Initial brief and proposed site for development

Some Hazards in the surrounding areas may present a risk of pollution rather than direct infection with the control measures for the healthcare facility to keep windows and ventilation intakes closed however. However, this may increase the risk of HAI in the healthcare facility. It may be necessary to seek further information as part of the assessment of the hazard. Potential hazards from adjacent sites may include:

- the extent of the dust, noise, smell and other pollution;

- the risk of bacterial or fungal infection from existing industries in the area which may be present e.g. cooling towers and/or demolition or construction works;

- the hours of operation;

- the volume of traffic;

- the kind of materials being handled and processed;

- the volumes of materials being handled and processed;

- the time/frequency of deliveries and site traffic movement volume;

- the deliveries being in closed or open containers;

- the transfer arrangements from delivery vehicles to storage/processing facilities;

- the exhaust flues from the processing plant;

- the prevailing wind direction;

- the areas of the healthcare development most likely to be affected;

- the measures which could be designed into the proposed healthcare development to eliminate or minimise the impact of the pollution and if these measures might increase the risk of HAI;

- risk of flooding;

- asbestos in any existing buildings;

- proximity of rivers or streams;

- previous use of site, greenfield/brownfield site;

- land contamination;

- potentially polluting activities during periods of high rainfall.

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colspan="3"	**Initial Brief and proposed Site for development identification of hazards, associated risks and control measures**
1.a	Brief description of the proposed development project and the planned development site.	Theatres (3 no.), inpatient accommodation (34 beds) and outpatient accommodation (12 consulting rooms). New build adjacent to ward 6.
1.b	Identify any potential hazards associated with the design and/or proposed site.	1. Adjacent to live operational buildings - dust, traffic, fumes. 2. Maintenance of fire escape routes adjacent to site. 3. Maintenance of general access routes for staff/patients. 4. Access for pharmacy deliveries may be compromised.
1.c	Identify any risk associated with the hazards above.	Dust, fumes, noise and general H&S.
1.d	Outline the control measures that require to be implemented to eliminate or mitigate the identified risks. Ensure these are entered on the project risk register.	Access routes for staff/patients/visitors during construction to be developed. Temporary and permanent pharmacy delivery arrangements to be discussed and agreed. Adjacent buildings (A&E, wards 5-8 and pharmacy) to be considered in respect to openings, ventilation intake and privacy in advance of construction. Much of the above noted measures will be tackled as part of HAI3 but are referenced here for future consideration.
	Control Measures.	
1.e		It has been recognised that control measures identified to address the project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken.
		Potential Problems.
		Control Measures.
1.f		Actions to be addressed. 1. Building to incorporate deterrents for nesting birds as part of the design. Action: PSCP Deadline: FBC 2. Asbestos survey for areas where the project is breaking into the existing structure and where services are being routed through existing corridors. Action: PSCP Deadline: FBC/Construction

By	Deadline

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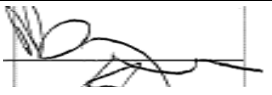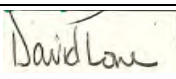| **Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed**		
1.1	Is contaminated land an issue? e.g. asbestos, oils and heavy metals. (Refer to the Contaminated Land Register)	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments		
There is no indication of asbestos, oils or heavy meatal and therefore "No" has been selected above and there are no associated actions to be addressed. Notwithstanding, it may be of intertest to note that some low gas concentrations have been encountered. These will be mitigated through the technical design of the building which will include barrier pipe and a gas membrane.		
1.2	Is there a locally recognised increased risk of contamination or infection e.g. cryptosporidium? If yes give details.	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments		
1.3	Are there industries or other sources in the neighbourhood which may present a risk of infection or pollution e.g. animal by-products processing plant? If yes give details.	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments		
1.4	If there are any industries or other sources identified in question 1.3 above, will they affect the designed operation of the healthcare system? Consider the planned function of the design as well as issues such as: Ventilation Opening of doors and windows Water systems etc.	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒

Comments
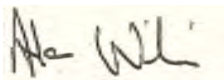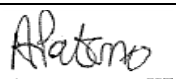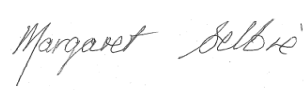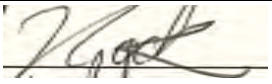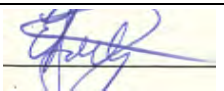
Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed continued		
1.5	Are there construction/demolition works programmed in the neighbourhood which may present a risk of pollution or infection (including fungal infection)?	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments		
1.6	Are there cooling towers in the neighbourhood which may present a risk of *Legionella* infection? Consider also air handling units, water pipes etc.	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments		
1.7	Does the topography of the site in relation to the surrounding area and the prevailing wind direction present any HAI risk e.g. from entrainment of plumes containing *Legionella*?	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments		
1.9	Will the proposed development impact on the surrounding area in any way which may present potential for infection risk? Consider possible restrictions being applied to the operation of the proposed facility e.g. Facilities Management routes.	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☒ No ☐ N/A ☐
Comments The building could attract nesting birds. The design is to be considerate of this as far as possible.		

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Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed continued		
1.10	Will lack of space limit the proposed development and any future expansion or change of use of the facility?	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments		
There will be room to expand in the future but this would be on car parking area. The briefing has built in additional space to cope with future projected demand.		
1.11	Has a demolition/refurbishment asbestos survey been carried out?	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☒ No ☐ N/A ☐
Comments		
There will be a requirement to carry out an asbestos survey in connection to breaking into the existing building in order to form the link corridor. The R&D surveys will be undertaken in FBC and/or Stage 4 (construction) and will be linked into the project programme.		
1.12	Has consideration been given to the projected lifespan of the facility and its impact on planning and development?	Yes ☒ No ☐ N/A ☐
Comments		
Considered as part of the business case where refurbishment, modular and traditional buildings were appraised. Decision taken to pursue a traditional building which has the longest lifespan.		
Additional notes - Stage 1 Options for the location of the building were significantly constrained due to the briefing requirement to form a physical connection to ICU. The site adjacent to ward 6 was the only viable option.		

Development Stage 1: HAI-SCRIBE applied to the initial brief and proposed site for development				
Certification that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on.				
Venue	Victoria Hospital Kirkcaldy, Staff Club		**Date**	27.05.19
'Healthcare Associated Infection System for Controlling Risk in the Built Environment' *'HAI-SCRIBE'* *Implementation Strategy: Scottish Health Facilities Note (SHFN) 30: Part B*				
Declaration: We hereby certify that we have co-operated in the application of and where applicable to the aforesaid documentation.				
Present				
Print name	Signature	Company	Telephone Numbers	Email address
Ben Johnston		Thomson Gray		Ben.johnston@thomsongray.com
Alan Wilson		NHS Fife	29363	Alan.wilson1@nhs.net
Ashleigh Paterno		NHS Fife	29175	Ashleigh.paterno@nhs.net
Margaret Selbie		NHS Fife	22508	Margaret.selbie@nhs.net
Julia Cook		NHS Fife	21441	Juliacook1@nhs.net
Eleanor Bathgate		NHS Fife	21349	Eleanor.bathgate@nhs.net
Craig Webster		NHS Fife	20412	Cwebster3@nhs.net
Paul Moreland		Graham Construction		Paul.moreland@graham.co.uk
Andy Ballantyne		NHS Fife	29634	andyballantyne@nhs.net
David Lowe		NHS Fife	28118	Davidlowe1@nhs.net

Susan Grubb		NHS Fife	28010	Sgrubb1@nhs.net

Document to be signed once items 1.1 and 1.11 are updated.

Development stage 2: Design and planning		
HAI-SCRIBE Name of Project	**Fife Elective Orthopaedic Centre**	
Name of Establishment	**NHS Fife**	National allocated number
HAI-SCRIBE Review Team	**Margaret Selbie and Stephen Wilson**	

HAI – SCRIBE **Sign Off**	
Completed by (Print name) **Ben Johnston – Thomson Gray**	Date **18/06/20**
Signature(s)	Date **18/06/20**

Stage 2

Additional notes:

Actions arising from HAI SCRIBE Stage 1:-

1. Building to incorporate deterrents for nesting birds as part of the design. Action: PSCP Deadline: FBC
Update at 18/06/20: mitigation measures incorporated into the design including window, cill, roof and landscaping considerations. All satisfied with the design response. Action closed.

2. Asbestos survey for areas where the project is breaking into the existing structure and where services are being routed through existing corridors.
Action: PSCP
Deadline: FBC/Construction
Update at 18/06/20: Plans being mark-up to identify the areas to be surveyed. Desktop check can then take place based on R&D surveys undertaken to date. This will allow a gap analysis for any new survey requirements. Action ongoing.

Development Stage 2: HAI-SCRIBE applied to the design and planning stage of the development

Issues to be considered at the design and planning stage of the development will include an overall assessment of the project and any infection spread risk from the design and layout of the facility. An assessment of infection risk from detailed engineering and building features should also be undertaken.

Issues to be considered include (but are not limited to) the following:

- the design and layout of the healthcare facility should inhibit the spread of infection;

- the design and layout of the healthcare facility should take account of the healthcare procedures and services to be provided and the appropriate management of risk required for the range of population groups (refer to Table 2) verification of work carried out);

- finishes and floors, walls, ceilings, doors, windows, fixtures and fittings;

- space around beds;

- isolation rooms;

- provision of hand-wash basins, liquid soap dispensers, paper towel and alcohol hand rub dispensers;

- provision of sinks for decontamination purposes;

- engineering services;

- storage facilities;

- laundry and linen services.

Note: It should be noted that this document can be used for clinical and non clinical areas and some of the questions in the checklist may not apply e.g. building external plant rooms, car parking facilities. In these cases other issues may require to be addressed and the project team should consider these. All additional information should be added to the appropriate section of this document.

Design and Planning: checklist to ensure all aspects have been addressed		
2.a	Brief description of the work being undertaken.	**Theatres (3 no.), inpatient accommodation (17-beds), short stay bays (16 no.) and outpatient accommodation (12 consulting rooms). New build adjacent to ward 6 at Victoria Hospital Kirkcaldy.**
2.b	Identify any potential hazards associated with this work.	**1. Adjacent to live operational buildings – infection, dust, traffic, fumes. Risks associated with this.** **2. Dust / noise affecting neighbours and or public infrastructure (roads/paths).** **2. Risk of design issues compromising patient safety and operation of the asset (water and ventilation in particular).** **3. Risk of commissioning issues compromising safe use and operation of the building.** **4. Aseptic unit ventilation intake.**
2.c	Identify any risk associated with the hazards identified above.	**As noted above.**
2.d	Outline the control measures that require to be implemented to eliminate or mitigate the identified risks. Ensure these are entered on the project risk register.	**1. Robust construction phase plan.** **2. Robust HAI Stage 3 feeding into construction phase plan.** **3. Operative training / toolbox talks.** **4. Competent PSCP and design team.** **5. Development of robust derogations schedule against healthcare guidance providing a clear understanding of any areas where the design may not align with guidance.** **6. Robust commissioning strategy and clear commissioning roles and responsibilities.** **7. Aseptic unit ventilation intake faces in the opposite direction so should be ok – check filters etc as required.**
	Control Measures.	
2.e	It has been recognised that control measures identified to address the project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken.	**1. Closing/sealing of some windows may indeed lead to increased temperatures in the adjacent ward block. To be reviewed as part of HAI3.**
	Potential Problems.	
	Control Measures.	

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2.f	Actions to be addressed.		
	1. 2.10 Group 3 soft furnishings to be impervious and wipeable. Group to be set up to review soft furnishings selection from FM and IC perspective.		
	2. 2.4 - Check required to ensure that "big linen trolley" can be accommodated within linen rooms together with the smaller trolley.		
	3. 2.41 - Theatre lighting to be reviewed in due course for ease of cleaning.		
	4. 2.42 - No water filtration on incoming potable supply. A risk assessment will be completed and tabled at the NHSF Water Safety Group for acceptance.		
	5. 2.47 - Issues noted with louvre quality on other projects. Spec to be provided to NHSF for acceptance.		
By		Deadline	

	General overview					
2.1	In order to minimise the risk of HAI contamination is there separation of dirty areas from clean areas?	Yes	X	No		N/A	
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes		No		N/A	X

Comments
Clean utilities and dirty utilities separated
Theatre service areas kept away from clinical areas
Separate FM access route and lobby generally provided

2.2	Are the food preparation areas (including ward kitchens) and distribution systems fit for purpose and complying with current food safety and hygiene standards?	Yes	X	No		N/A	
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes		No		N/A	X

Comments
Ward kitchens reviewed by Stakeholders including Infection Control and FM as part of room layout development process.
Segregated access route to kitchen provided.
Vending areas at ground floor and within staff room.

2.3	Are waste management facilities and systems robust and fit for purpose and in compliance with the Waste (Scotland) Regulations?	Yes	X	No		N/A	
	Consider: Local and central storage	Yes	X	No		N/A	
	Systems for handling and compaction of waste	Yes	X	No		N/A	

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| Systems for segregation and security of waste (especially waste generated from healthcare requiring specialist treatment/disposal) to avoid mixing with other waste and recyclates. | Yes [X] No [ ] N/A [ ] |
| Have these issues and actions to be taken been noted in actions to be addressed section? | Yes [ ] No [ ] N/A [X] |

Comments

Disposal holds provided in agreed areas per department. Layout and design worked through via 1:50 Stakeholder workshops
Waste disposal via link bridge to main hospital facility

General overview continued		
2.4	Are there satisfactory arrangements for effective management of laundry facilities? Consider:	Yes [X] No [ ] N/A [ ]
	Local and central storage	Yes [X] No [ ] N/A [ ]
	Systems for movement of laundry to central storage	Yes [X] No [ ] N/A [ ]
	Systems for handling laundry	Yes [X] No [ ] N/A [ ]
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ] No [ ] N/A [X]

Comments

Laundry facilities via link bridge to main hospital Local storage / disposal areas provided
Linen stores provided within departments as discussed and agreed at 1:200 stage
Layout of linen stores discussed and agreed as part of 1:50 Stakeholder meetings
==**Check required to ensure that "big linen trolley" can be accommodated within linen rooms together with the smaller trolley.**==

| 2.5 | Are there sufficient facilities and space for the cleaning and storage of equipment used by hotel services staff? | Yes [X] No [ ] N/A [ ] |
| | Have these issues and actions to be taken been noted in actions to be addressed section? | Yes [ ] No [ ] N/A [X] |

Comments

DSR size, locations and content reviewed through each stage of the development process
One larger DSR hub provided at ground floor with smaller (but compliant) satellites provided on the first and second floors

| 2.6 | Are staff changing and showering facilities suitably sited and readily accessible for use, particularly in the event of contamination incidents? | Yes [X] No [ ] N/A [ ] |
| | Have these issues and actions to be taken been noted | Yes [ ] No [ ] N/A [X] |

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	in actions to be addressed section?	

Comments

Staff change and shower facilities located adjacent to theatres to allow direct access.

Facilities serve rest of building. Location and facilities discussed and agreed as part of the development process.

Gender neutral facility provided.

2.7	Is the space around beds for inpatients, day case and recovery spaces in accordance with current relevant NHSScotland guidance?	Yes [X] No [ ] N/A [ ]

Comments

Bedrooms and short stay areas are sized to standard layouts / arrangements and are in accordance with healthcare guidance.

Recovery spaces sized in relation to existing facilities and agreed through the room layout development process.

General overview continued		
2.8	Are there sufficient single rooms to accommodate patients known to be an infection or potential infection risk?	Yes [X] No [ ] N/A [ ]

Comments

Room types discussed and agreed through development process.

17 no. single rooms and 16 no. short stay bays provided within the inpatient dept.

Significant dialogue on single to mutli room split at OBC stage. Discussed within NHSF, HFS and Scottish Government. OBC approved on the basis of 17 single rooms and 16 shot stay bays.

2.9	Are all surfaces, fittings, fixtures and furnishings designed for easy cleaning?	Yes [X] No [ ] N/A [ ]

Comments

All wall and floor surfaces are impervious and resilient to cleaning.

Refer to specs. In general vinyl floor, painted walls (cleanable uPVC at theatres local IPS panels at sanitaryware, laminate doors, cabinetry and fixed furniture. Ceilings are mix of cleanable lay in grid systems and cleanable uPVC at theatres.

Stakeholder consultation meetings held during FBC stage to discuss and agree material selection with infection control, cleaning and maintenance at the forefront of the selection process.

NP confirmed that there will be a 20mm gap between IPS panels allowing for ease of cleaning.

2.10	Are soft furnishings covered in an impervious material in all clinical and associated areas, and are curtains able to withstand washing at disinfection temperatures?	Yes [ ] No [ ] N/A [ ]

Comments

Soft furnishings will generally be group 3. ==The soft furnishings when selected will be covered in impervious material. Carry forward as an action.==

No curtains envisaged except for clinical curtains.

2.11 P	Is the bathroom/shower/toilet accommodation sufficient and conveniently accessible, with toilet facilities no	Yes [X] No [ ] N/A [ ]

	more than 12m from the bed area?	
Comments		
Yes, in all areas including short stay bays.		

2.12 D	Are the bathroom/shower/toilet facilities easy to clean?	Yes [X] No [ ] N/A [ ]
Comments		
Wipeable surfaces to all walls and floor (uPVC with IPS locally) **Floor coved up wall to 100mm** **Floor mounted toilets selected by FM for cleaning preference**		

2.13	Where required are there sufficient en-suite single rooms with negative/positive pressure ventilation to minimise risk of infection spread from patients who are a known or potential infection risk?	Yes [ ] No [ ] N/A [X]
Comments		
Single en-suite rooms are mechanically ventilated. They are not designed for isolation purposes. The en-suites are negative to the bedroom. The bedroom is slightly positive to the corridor. The ventilation rate to the bedrooms is 6air changes and balanced.		

NB: In the above and following Table "D" refers to "Design" and "P" refers to "Planning".

Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers		
2.14	Does each single room have clinical hand-wash basin, liquid soap dispenser, paper towels, and alcohol rub dispenser in addition to the hand-wash basin in the en-suite facility?	Yes [X] No [ ] N/A [ ]
Comments		
MS noted that alcohol dispensers should not be provided in the patient bedrooms. KR confirmed that this is in line with the drawings currently. Dispensers will be provided outside the patient bedrooms generally.		
2.15	Do intensive care and high dependency units have sufficient clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers conveniently accessible to ensure the practice of good hand hygiene? An assessment should be made, however, to ensure that there is not an over-provision of hand-wash basins resulting in under-use.	Yes [ ] No [ ] N/A [X]
Comments		
No intensive care of high dependency, but one per bay in theatre recovery. **1 no. whb provided in each recovery bay – agreed that this is the best solution in respect to infection control, clinical requirements, patient dignity, estates/maintenance and standardisation/familiarisation across the wider campus. Basins will be used regularly and bay use will be rotated avoiding any potential legionella risk. Basins on the back walls will be less likely to incur damage or impinge on circulation space. All parties**		

taking part in this HAI SCRIBE agreed that basins per recovery bay was the best solution for this environment.		
2.16	Is there provision of clinical l hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers in lower dependency settings like mental health units, <mark>acute,</mark> elderly and long term care settings appropriate to the situation with a ratio of 1 basin/dispenser to 4–6 beds?	Yes [X] No [ ] N/A [ ]
Comments **One per single bedroom, two per short stay bay.**		
2.17	Do out-patient areas and primary care settings have a clinical hand-wash basin close to where clinical procedures are carried out?	Yes [X] No [ ] N/A [ ]
Comments **Clinical hand wash basin provided to all clinical areas**		
2.18	Do all toilets have a hand-wash basin, liquid soap dispenser and paper towels?	Yes [X] No [ ] N/A [ ]
Comments **No hand dryers – paper towels provided.**		
2.19	Are all clinical hand-wash basins exclusively for hand hygiene purposes?	Yes [X] No [ ] N/A [ ]
Comments		

Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers continued		
2.20	Does each clinical hand-wash basin have wall mounted liquid soap dispenser, paper towel dispenser?	Yes [X] No [ ] N/A [ ]
Comments **Refer to standard assemblies for details**		
2.21 D	Does each clinical hand-wash basin satisfy the requirement not to be fitted with a plug?	Yes [X] No [ ] N/A [ ]
Comments **In addtion, no overflows provided.**		
2.22 D	Are elbow-operated or other non-touch mixer taps provided in clinical areas?	Yes [X] No [ ] N/A [ ]
Comments		

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2.23 D	Does each hand-wash basin have a waterproof splash back surface?	Yes X No ☐ N/A ☐
Comments		

2.24 D	Is each hand-wash basin provided with an appropriate waste bin for used hand towels?	Yes X No ☐ N/A ☐
Comments		

Provision of facilities for Decontamination LDU		
2.25 D	Are separate, appropriately sized sinks provided locally, where required, for decontamination? (The sinks should be large enough to immerse the largest piece of equipment and there should be twin sinks, one for washing and one for rinsing. A clinical hand-wash basin should be provided close to the twin sinks).	Yes ☐ No ☐ N/A X
Comments		
2.26 P	Are appropriate decontamination facilities provided centrally for sterilisation of specialist equipment?	Yes ☐ No ☐ N/A X
Comments		
2.27 P	Is there adequate provision in terms of transport, storage, etc. to ensure separation of clean and used equipment and to prevent any risk of contamination of cleaned equipment?	Yes ☐ No ☐ N/A X
Comments		
2.28 P	Does the system in operation comply with the current guidance on decontamination facilities and procedures?	Yes ☐ No ☐ N/A X
Comments		
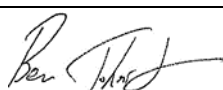
Storage

2.29 P	Is there suitable and sufficient storage provided in each area of the healthcare facility for the following if required patients' clothes and possessions, domestic cleaning equipment and laundry, large pieces of equipment e.g. beds, mattresses, hoists, wheelchairs, trolleys, and other equipment including medical devices, wound care, and intravenous infusion equipment, consumables etc?	Yes [X] No [ ] N/A [ ]

Comments

Patient storage provided in each bedroom

All areas have specific local stores for equipment, cleaning, disposables etc

Refer to plans for details – all discussed and agreed with Stakeholders through 1:200 and 1:50 process

2.30 P	Is there separate, suitable storage for contaminated material and clean material to prevent risk of contamination?	Yes [X] No [ ] N/A [ ]

Comments

Clean, dirty utility and disposal holds provided

Refer to plans for details – all discussed and agreed with Stakeholders through 1:200 and 1:50 process

	Engineering services (Ventilation)	
2.31 P	Are heat emitters, including low surface temperature radiators, designed, installed and maintained in a manner that prevents build up of dust and contaminants and are they easy to clean?	Yes [X] No [ ] N/A [ ]

Comments

Radiant panels and flush to the ceiling with anti-bacterial paint finish. Easy access is allowed to DX room cooling units for cleaning filters.

2.32 D	Is the ventilation system designed in accordance with the requirements of SHTM 03-01 'Ventilation in Healthcare Premises'?	Yes [X] No [ ] N/A [ ]

Comments

No derogations or deviations from SHTM 03-01

2.33 D	Is the ventilation system designed so that it does not contribute to the spread of infection within the healthcare facility? *(Ventilation should dilute airborne contamination by removing contaminated air from the room or immediate patient vicinity and replacing it with clean air from the outside or from low-risk areas within the healthcare facility.)*	Yes [X] No [ ] N/A [ ]

Comments

Room air flow rate and pressure regime as appendix 1 within SHTM 03-01. No isolation rooms are briefed or provided. Also refer to – 2.13.

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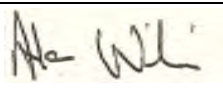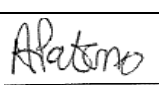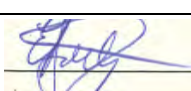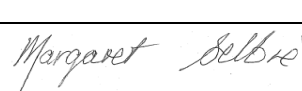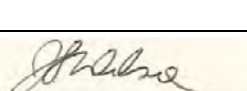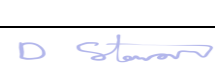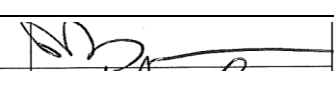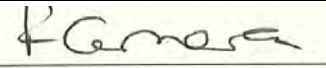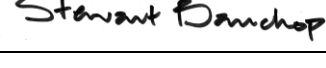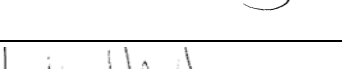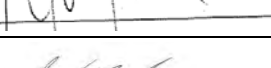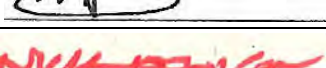
Engineering services (Ventilation) continued		
2.34 D	Are the ventilation system components e.g. air handling, ventilation ductwork, grilles and diffusers designed to allow them to be easily cleaned?	Yes [X] No [ ] N/A [ ]
Comments **Access and maintenance space allowed as per SHTM 2025. Duct cleaning access as TR 19**		
2.35 P & D	Are ventilation discharges located a suitable distance from intakes to prevent risk of contamination?	Yes [X] No [ ] N/A [ ]
Comments **Yes - minimum 4m separation as SHTM 03-01. MB confirmed that everything has been that can practicaly be done to maximise the seperation distances.**		
2.36 P	Does the design and operation of re-circulation of air systems take account of dilution of contaminates and the space to be served? *(NB: Recirculation would only arise in UCV theatres)*	Yes [X] No [ ] N/A [ ]
Comments **Air change rates as appendix 1 within SHTM 03-01 or other associated HFS documents e.g. SHPNs etc.** **MB confirmed that there is no re-circulation of air on any system.**		
2.37	Is the ventilation of theatres and isolation rooms in accordance with current guidance?	Yes [X] No [ ] N/A [ ]
Comments **UCV theatre suites as designed to appendix 2 & appendix 3 new standard room No.4 layout.**		
2.38	Do means of control of pathogens consider whether dilution or entrainment is the more appropriate for particular situations?	Yes [ ] No [ ] N/A [X]
Comments		
2.39	Where ventilation systems are used for removal of pathogens, does their design and operation take account of infection risk associated with maintenance of the system?	Yes [ ] No [ ] N/A [X]
Comments		
2.40	Are specialised ventilation systems such as fume cupboards installed and maintained in accordance with manufacturers' instructions?	Yes [ ] No [ ] N/A [X]
Comments		

	Engineering services (Lighting)			
2.41 D	Is the lighting designed so that lamps can be easily cleaned with minimal opportunity for dust to collect?	Yes [X]	No [ ]	N/A [ ]

Comments

LED luminaires specified throughout sealed and flush with ceiling.

Confirmed that over bed lighting will be sealed type also.

Lighting all as per CIBSE lighting guide LG2 for healthcare and as referenced within the environmental matrix.

==Theatre lighting to be reviewed in due course.==

	Engineering services (Water services)			
2.42 D	Are water systems designed, installed and maintained in accordance with current guidance?	Yes [X]	No [ ]	N/A [ ]

Comments

Compliant with SHTM 04-01 with the derogation exception of no water filtration on incoming potable supply. AW noted that he has discussed the proposed derogation with the internal and external AE. ==A risk assessment will be completed and tabled at the NHSF Water Safety Group for acceptance.==

2.43	Are facilities available to enable special interventions for *Legionella*?	Yes [X]	No [ ]	N/A [ ]

Comments

Dosing points provided in heating system. Disinfection facility on the hot side.

And access provided to the cold water at the storage tank. Local valves provided for isolating so that pipes in a zone can be chemcially treated if required.

2.44	Is the drainage system design, especially within the healthcare facility building, fit for purpose with access points for maintenance carefully sited to minimise HAI risk?	Yes [X]	No [ ]	N/A [ ]

Comments

Access to access doors/rodding eyes on stacks via access panels on IPS. Access also via ceiling void. Access above and below whb via IPS arrangements. Stacks in accordance with British Standards with access doors at all changes of direction.

2.45	Are surface mounted services avoided and services concealed with sufficient access points appropriately sited to ease maintenance and cleaning? (These services would include water, drainage, heating, medical gas, wiring, alarm system, telecoms, equipment such as light fittings, bedhead services, heat emitters.)	Yes [X]	No [ ]	N/A [ ]

Comments

	Estates services (Pest control)			
2.46	Is the concealed service ducting designed, installed	[X]	[ ]	[ ]

and maintained to minimise risk of pest infestation?	Yes	No	N/A

Comments

All incoming ducts will be sealed once services installed. All spare ducts also sealed with draw wire

Estates services (Maintenance access)

2.47	Does the design and build of the facility allow programmed maintenance of the fabric to ensure the integrity of the structure and particularly the prevention of water ingress and leaks and prevention of pigeon and other bird access?	Yes [X] No [ ] N/A [ ]

Comments

Roof areas are accessible to allow inspection / checks. Maintenance to be via local scaffold as required. Main section of building is airtight so prevents vermin ingress. Rooftop plant area is single continuous enclosure of metal cladding and louvres Enclosure will be checked for gaps on completion. Enclosure materials are generic and simple to patch / replace if required. No external ventilation plant on the roof, all within the roof plantroom. No requirement for bird netting. Anti-bird spikes should be fitted to outdoor cooling condensers. All intake and discharge louvres with bird mesh. Louvre plenum boxes with angled base and drain point to remove any rain water carry over under extreme weather conditions.

==**Issues noted with louvre quality on other projects. Spec to be provided to NHSF for acceptance.**==

Additional notes - Stage 2

Development stage 2: HAI-SCRIBE applied to the planning and design stage of the development.

Certification that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on.

Venue	**Held via Microsoft Teams**	Date **18/06/20**

'Healthcare Associated Infection System for Controlling Risk in the Built Environment' *('HAI-SCRIBE) Implementation Strategy Scottish Health Facilities Note (SHFN) 30: Part B).*

Declaration: We hereby certify that we have co-operated in the application of and where applicable to the aforesaid documentation.

Present

Print name	Signature		Company
Ben Johnston Project Manager	*Ben Johnst*		Thomson Gray

Alan Wilson Project Director			NHS Fife
Ashleigh Paterno Project Administrator			NHS Fife
Eleanor Bathgate Clinical Project Manager			NHS Fife
Margaret Selbie Infection Control			NHS Fife
Stephen Wilson Consultant Microbiologist			NHS Fife
Dale Stewart Estates			NHS Fife
Andy Ballantyne Clinical Lead			NHS Fife
Fiona Cameron Service Lead			NHS Fife
Nicola White Facilities Management			NHS Fife
Billy Nixon Health and Safety			NHS Fife
Stewart Bauchop Estates			NHS Fife
Lorna Bellingham Inpatient Lead			NHS Fife
Yvonne Robson Outpatient Lead			NHS Fife
Paul Moreland Framework Manager			Graham Construction
Kevin Reilly Design Manager			Graham Construction
Mike Baird M&E Services			Rybka
Nick Peaker Architect			Norr

Fife Elective Orthopaedic Centre

Design Statement

19 July 2019 – Rev. 5

Investment Objectives:

The investment objectives of the project are:

1. Improve infection control and safety risk

2. Improve patient pathways and flows

3. Improve patient perception

4. Improve accommodation in respect to space standards and physical condition

Therefore, in order to realise the above objectives through investment in facilities, the resultant facility must possess the following attributes:

1 Non-negotiables for patients

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.1	The appointment/pre-assessment system, staffing/support systems, and the physical environment must make access to the facility easy, calming, welcoming and enable patients to maintain their independence & dignity. The facilities must be accessible from a variety of modes of transport including cars, buses and patient drop-off points.	▪ Pre-arrival systems to prevent the need for sensitive personal information to be sought at check-in and ensure any support in movement (chairs for those with difficulty walking or people to support those with sensory or cognitive impairments) can be booked in advance **so that it's there to meet** patients at the car/ drop-off/bus stop or reception as agreed. ▪ Information and directions pre-appointment to be provided in accessible format tailored **to patient's needs providing direction to** correct site entrance and building entrance considering planned transport mode, this will communicate landmarks of identity to look out (*this requires the physical environment to have such landmarks at key points on the journey)* for as well as written signposting. ▪ Good communication in advance of arriving including pictorial images and maps. ▪ Robust wayfinding. Variety of forms to be incorporated including signage and use of colours. As per NHS Guidance on signage formats. ▪ Drop off points and car parking close to entrance. Drop off point will be within 20m of entrance. ▪ Adequate parking including ample blue badge spaces. ▪ There will be a system in place to protect	 ▪ Example of good proximity of drop-off to entrance.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
		patient parking (barrier).	
1.2	The entrance to the facilities will be welcoming and clearly visible.	▪ Entrance will be visible and clearly marked/signed. ▪ Entrance and route to the entrance will be accessible and smoothly paved to avoid tripping hazard. ▪ Floor surface on entrance to prevent tracking of water, dirt. ▪ Doors will be user friendly for all mobilities and suitable for all ages. ▪ Covered sheltered entrance. ▪ Green space/features.	 ▪ The above example draws you towards the entrance without the need for sigange. Green features also offerred. Length of path to entrance excessive however. ▪ Entrance clearly visible and covered/sheltered entrance provided. Surfaces look flat/smooth.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.3	The facilities will include a distinct reception area to help with patient transition into the ward. The area will be comfortable, welcoming and convenient. On entering the building there must be immediate access to assistance, toilet facilities, refreshments and a clear onward direction. The arrival space must be open, bright, soothing, and have positive distractions for those who may wish to linger there a while before moving into the ward/treatment environment.	▪ The entrance/reception area will contain a clearly visible desk in which to greet the patient and provide a sense of security and familiarity. ▪ The reception area will contain flexible seating and will appear bright, homely and welcoming. ▪ The reception will contain natural light but will be considerate of the use of light in respect to the visually impaired. ▪ The reception will contain accessible toilets and all of the toilets provided shall be accessible. All toilets will be fitted to Doc M pack standards. Toilets will be signed for all disabilities (not just wheelchair). Doors will also be marked for left and right transfer. Toilets will be visible from the reception area and therefore the rooms shall be directly adjacent. Distance from furthest waiting seat and toilet will be no longer than 30m. ▪ This reception space will be for arrival only and a separate segregated space will be provided for discharge to reduce patient discomfort/anxiety. ▪ Floor finish to be appropriate for use and will not be too reflective. ▪ Proximity of external door to seating area / reception to be considered to avoid cold air and discomfort.	 ▪ Feeling of space, light and a prominent reception desk feature appeals. ▪ Seating will not be fixed. ▪ Area bright and spacious. Conection to first floor appeals providing volume, space and light to reception. Connection may also assist with wayfinding.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
			▪ Good use of glazing to offer light and excellent connections to other floors. ▪ Possible examples of colourful, comfortable seating.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.4	Admissions area: the experience of waiting prior to surgery must be calming and allow for personal choice in the level of social interaction you have (sit quietly alone, with friends/family) or interact with other patients for mutual support. There must be things to keep your mind occupied. You must feel confident that staff know that you are there, aware of any delays and able to get assistance easily.	▪ Waiting areas to have seating arranged in groups of different sizes and nature. ▪ Space to have view to attractive external space, with direct access out. ▪ Staff area within 10m and visible from waiting. ▪ Sitting area and interview rooms/pods required to deal with pre-assessment of the patient. ▪ Toilets require to be accessible to this area (i.e. directly adjacent).	 ▪ The examples above show comfortable seating that can be private or more social.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.5	Bedrooms to be a homely environment where you feel you and your belongings are safe, you can have private time and peace, but you are not disconnected from support in the ward and from your friends/family. This is the first environment for enablement and therapy so it must provide space and encouragement to get out of the bed and engage in everyday activities.	▪ A mix of bed space if desirable consisting of multi-beds and single beds. This will help to cater for different patient needs – some patients prefer to be accommodated in more social areas where as others prefer their own space. Multi-bed areas also help from an assistance perspective where patients sometimes feel more secure in this environment. Bed ratios will also facilitate the services requirements in respect to inpatient and day case. ▪ Activities and views must be equally available from a comfortable seat as from the bed to encourage people to get up and dressed and moving. ▪ Personal control of environment including temperature, ventilation, lighting (including task lighting and mood lighting) and blinds. ▪ Flexible spaces to be adopted to allow male/female patient segregation. ▪ En-suite facilities to be provided. Standard same as outlined in item 3. ▪ No central TV facilities desirable but infrastructure for personal entertainment is. ▪ Placement of clinical facilities at the bedhead space to be carefully considered to facilitate accessibility.	 Indicative view of inpatient unit bedroom

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.6	The ward, in its layout and amenities, must reduce isolation and facilitate enablement of patients, encouraging them to be up and about and engaging in normal day to day experiences as quickly as possible. A range of flexible carefully located spaces are to be provided for dining, socialising and reflecting.	▪ Flexible spaces for dining, socialising and reflecting are to be provided. ▪ Appropriate new furniture is to be provided. ▪ Outside space to facilitate rehabilitation and to act as another social/reflective space. Social areas of different types/natures to be incorporated into the wards to allow patients to sit in small groups to talk/eat/be entertained, allowing people a choice of environment and activity. Spaces must be flexible to be used for a range of purposes through the day including special events like a movie night. ▪ There will be a place to make your own refreshments to maximise independence. ▪ At least one of these spaces to be visible from every bedroom, and within 10m of that bedroom door, to encourage people out of their room. ▪ Spaces to be visible/observable from staff locations/routes, and all spaces designed to be occupied for over 30mins to have natural light and a view to greenspace.	 ▪ Covered outide space appeals. ▪ Bright social space with good use of natural light.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
			  • Quieter spaces with views to the outside.
1.7	The experience of going to, and returning from, theatre must enable patients to retain independence for as long as possible, reduce stress and defend dignity.	• Discrete route from ward to theatre away from public routes. Route to be max 20m to allow people to walk and reduce trolley/wheelchair transfer. • Waiting close to theatre (generally 15 mins) to be in nice, calming environment with positive distractions. • Routes into and out of theatres to separate patient flows so people under the influence of sedation are not viewed by other patients. • The Anaesthetic room and theatres must have a calming environment (though clearly clean, professional, clinical) with positive distractions and the means for patients to see, or not see, the procedure. There must be facilities to play music and ceilings shall include interesting artwork or other features to look at when prostrate and conscious.	 • Calming mood lighting in theatre • Art work.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
			▪ Interesting ceiling features. ▪ Discreet transfer route ▪ Wide / colourful corridors.
1.8	Other considerations	▪ Rehab facilities/spaces will be incorporated into the design.	

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
		• A discharge area similar in environment as the reception area shall be provided. NOTE – this should be separate/segregated from the **reception area forming and "in/out" flow.**	

Patient consultation workshop took place at the Victoria Hospital in Kirkcaldy on 29 June 2017. The following individuals attended the workshop.

Name	Designation	Contact details
Betty McNeil	Member of Public (Secretary Fife IA)	betty.mcneil@talktalk.net
Dave Davies	Member of Public (Former service user)	dave@stegotc.co.uk
Tina Chapman	Member of Public	tinachapman1@msn.com
Moira Nelson	Senior Charge Nurse	moiranelson@nhs.net
Ben Johnston	Senior Project Manager – Turner & Townsend	ben.johnston@turntown.co.uk
Alan Wilson	Head of Estates / Project Director	alan.wilson1@nhs.net
Pauline Hope	Clinical Nurse Manager	pauline.hope@nhs.net
Deirdre Harris	Consultant Nurse – Infection Control	deirdreharris@nhs.net

Eleanor Bathgate	Theatre Manager	eleanor.bathgate@nhs.net
Lorna Bellingham	Senior Charge Nurse	lorna.bellingham@nhs.net
Fiona Cameron	Service Manager	fiona.cameron1@nhs.net

2 Non-negotiables for staff

Ref. no	Non-negotiables	Benchmark standards	What success might look like
2.1	Sufficient designated rest areas to be provided to allow staff to replenish and unwind in an appropriate environment and carefully considered convenient location.	▪ Rest areas will include appropriate catering facilities. ▪ Rest areas will include areas for meals, snacks, informal meetings and breakout space for informal working ▪ Rest areas can be used by all Orthopaedic staff. ▪ Rest area(s) can be shared with other services so long as they have capacity and do not compromise on travel distances. Rest room(s) with facilities to store/prep food within 50m of ward and 50m of theatre suite. These must have daylight and views and provide space for staff to sit together for social interaction, or alone for a moments peace. They will be designed so that they can be used for other informal purposes (such as sitting with a laptop or coming together for special occasions).	 ▪ Interesting room with good use of light. ▪ Functional space with blend of welfare and desk/table space. ▪ Clever use of worktops which might be appropriate for informal hotdesking.

Ref. no	Non-negotiables	Benchmark standards	What success might look like
			  ▪ Nice light space with a variety of seating options. ▪ Possible outdoor seating area.

Ref. no	Non-negotiables	Benchmark standards	What success might look like
2.2	The facilities will include flexible spaces for meetings and multi-use purposes.	▪ The spaces will be carefully designed to accommodate a variety of uses. ▪ Office areas to be designed to bring like activities together, and provide break out spaces for 1to1 conversations, phone calls and impromptu meetings/discussions. ▪ Infrastructure shall be included to facilitate mixed forms of communication and IT. ▪ Lighting shall be appropriate for the tasks/use. ▪ Hotdesking facilities to be provided via functional efficient spaces but with a degree of privacy (screening as an example).	 ▪ Good use of screening to create some privacy in a hot desk environment.
2.3	Appropriate changing areas will be provided close to the working environments.	▪ The changing areas will allow staff to change into their uniforms prior to entering the patient areas. ▪ Changing areas can be used by all Orthopaedic staff so long as acceptable travel distances can be maintained.	
2.4	Adequate storage shall be provided to enable other spaces to function as designed and intended.		

Staff consultation workshop took place at the Victoria Hospital in Kirkcaldy on 23 June 2017. The following individuals attended the workshop.

Name	Designation	Contact details
Moira Nelson	Senior Charge Nurse	moiranelson@nhs.net
Ben Johnston	Senior Project Manager – Turner & Townsend	ben.johnston@turntown.co.uk
Alan Wilson	Head of Estates / Project Director	alan.wilson1@nhs.net
Deirdre Harris	Consultant Nurse – Infection Control	deirdreharris@nhs.net
Eleanor Bathgate	Theatre Manager	eleanor.bathgate@nhs.net
Lorna Bellingham	Senior Charge Nurse	lorna.bellingham@nhs.net
Pauline Hope	Clinical Nurse Manager	pauline.hope@nhs.net
Fiona Cameron	Service Manager	fiona.cameron1@nhs.net
Andrew Ballantyne	Consultant Orthopaedic Surgeon	andyballantyne@nhs.net
Dianne Williamson	Equality and Diversity Lead	dianne.williamson@nhs.net

3 Non-negotiables for visitors

The needs of these people will be largely met by the objectives above, only additional criteria are noted below.

Ref. no	Non-negotiables	Benchmark standards	What success might look like
3.1	Designated visitor toilet facilities will be provided.	▪ The facilities will be accessible to the standard noted earlier (refer to item 1.3).	
3.2	The facility must enable staff to support patients and family members in their understanding of the issues with treatment and provide space for them to deal with any impact on themselves away from the patient.	▪ There must be space on the ward for staff members to have quiet conversations with family members, to provide information and support to them in their role as carers and for them to sit in peace and privacy when needed. This must be in an environment that is calming and homely, with daylight and privacy.	▪ This space could be a room as referenced above, or provided by a flexible quiet seating area as referenced below.

4 Alignment of investment with policy

This section is about the additional benefits (not directly related to the service to be provided) that can be delivered, so things like contributing to regeneration, health promotion, good corporate citizenship etc

Ref. no	Non-negotiables	Benchmark standards	What success might look like
4.1	Contribution towards Victoria **Hospital's estate strategy.**	• The project will contribute towards Victoria **Hospital's estate strategy. This involves** creating opportunities for the clinical care to be withdrawn from the tower block. • Any new development will seek to rebalance any displaced car-parking. • Existing bus, taxi, drop off and hospital servicing will not be negatively impacted by the project. • The project will look to maintain and if possible, enhance accessibility, understanding and the visual impact of the wider site. This may include improvement around site access, wayfinding, carparking, nature and connections to relevant adjacent services. Any new facility will be planned in the context of the existing site helping to improve the visual impact of the hospital.	
4.2	Energy	The design will positively contribute to the energy and emissions criteria as described within current Scottish Government policies; i.e. evidenced measured reportable 59% emissions reduction compared with 2015 levels by 2032: per: Duties of Public Bodies: Reporting Requirements, and Energy Efficient Scotland Road Map (May 2018). The facilities shall be designed so that estimated	

Ref. no	Non-negotiables	Benchmark standards	What success might look like
		operational energy consumption does not exceed 300kWhr/m2. With respect to thermal comfort the design will evidence through the use of appropriate current and future weather data that none of the rooms within the facilities will exceed guideline temperatures as set out in CIBSE TM52 and TM59.	
4.3	Sustainability	Conduct a BREEAM assessment per Scottish Capital Investment Manual to obtain a BREEAM Healthcare or equivalent 'Excellent ' rating.	
4.3	Expansion	The design shall consider the means for departments to be used flexibly, adapted or expanded. National policy, clinical advancements and technological changes will impact on the way services are provided in the future, and the Facilities need to be sufficiently flexible to handle these advances. The design process shall demonstrate that potential change for expansion has been considered for rooms, departments and infrastructure. The structural grid, construction technique, structure, service penetrations and engineering services strategy shall demonstrate that the design proposals for expansion, adaptation and flexibility are co-ordinated. Benchmarks will include; • Maximising the use of repeatable rooms • Modular grid • Adequate infrastructure capacity to deal	

Ref. no	Non-negotiables	Benchmark standards	What success might look like
		with future change *Note: the above text does not seek to unnecessarily build a larger facility. It does however call for consideration and engagement within the Project Team to demonstrate that expansion and flexibility has been adequately considered and built into the proposals where there is clear justification for doing so.*	

Self Assessment Process

Design Milestone	Authority of Decision	Additional Skills	How the Criteria will be evaluated and valued	Information needed to allow evaluation
Site Selection	NHS Fife	Architect		Design feasibility study
Selection of design team and PSCP	NHS Fife	Project Manager	As per High Level Information Pack criteria and scoring	PSCP responses
Project Brief	NHS Fife	Project Manager and PSCP	NHS Fife to develop draft brief. Project Manager and PSCP to assist NHS Fife with development.	Brief to be frozen by the end of RIBA Stage 2.
Acceptance of Concept Design	NHS Fife Project Manager	NDAP	AEDET, NDAP, Design Statement RIBA Stage 2 and Project Brief.	Information to be aligned with RIBA Stage 2 and NDAP OBC requirements.
Acceptance of technical design	NHS Fife Project Manager	NDAP	AEDET, NDAP, Design Statement RIBA Stage 4 and Project Brief.	Information to be aligned with RIBA Stage 4 and NDAP FBC requirements.
Post Project and Post Occupancy Evaluations	NHS Fife	Project Participants	Benefits outlined within the business case will be measured to ascertain if they have been realised. Post Project Evaluation to be undertaken in line with SCIM Guidance.	Data will be required circa 12 months following occupation in order to measure if the benefits have been realised. This data will be **compared against the "as existing"** data to measure the extent of improvement and whether the benefits have been realised.

EOC-NOR-XX-XX-RP-A-00014

NHSF Orthopaedic Elective Care Centre - Schedule of Derogations - RIBA Stage 4 / FBC

NORR

REV   P07

Source - HFS complete list of publications Jan 2020.

Schedule is a live document that will be updated through FBC	Column1	Column2	Column3	Column4	Relevance	Derogation	Notes / Clarifications
Decontamination - Compliant dental local decontamination units in Scotland (GUID 5005)	Decontamination	GUIDance on Decontamination (GUID)	GUID 5005	Dec-19	N		
Decontamination - Management (SHTM 01-01 Part A)	Decontamination	Scottish Health Technic SHTM 01-01 Part A	Sep-18	N		
Decontamination - Test equipment / methods (SHTM 01-01 Part B)	Decontamination	Scottish Health Technic SHTM 01-01 Part B	Sep-18	N		
Decontamination - Sterilization by steam (SHTM 01-01 Part C)	Decontamination	Scottish Health Technic SHTM 01-01 Part C	Sep-18	N		
Decontamination - Automated cleaning and disinfection equipment (SHTM 01-01 Part D)	Decontamination	Scottish Health Technic SHTM 01-01 Part D	Sep-18	N		
Decontamination - Sterilization by hydrogen peroxide or ethylene oxide (SHTM 01-01 Part E)	Decontamination	Scottish Health Technic SHTM 01-01 Part E	Sep-18	N		
Decontamination - Inspect, assemble and package (SHTM 01-01 Part F)	Decontamination	Scottish Health Technic SHTM 01-01 Part F	Sep-18	N		
Decontamination - Guidance for service users (SHTM 01-01 GUID 5017)	Decontamination	Scottish Health Technic SHTM 01-01 GUID 5017	Sep-18	N		
Decontamination - Requirements for compliant CDUs (GUID 5014)	Decontamination	GUIDance on Decontam GUID 5014	Nov-16	N		
Decontamination - Guidance on loan devices (GUID 5002)	Decontamination	GUIDance on Decontam GUID 5002	Jul-15	N		
Decontamination - Reusable surgical instruments transport storage and after clinical use - Design guidance (GUID 5010 Part A) [PDF 1017Kb]	Decontamination	GUIDance on Decontam GUID 5010 Part A	Dec-14	N		
Decontamination - Reusable surgical instruments transport storage and after clinical use - Operational guidance (GUID 5010 Part B)	Decontamination	GUIDance on Decontam GUID 5010 Part B	Dec-14	N		
Decontamination - Provision of compliant podiatry instruments (GUID 5007)	Decontamination	GUIDance on Decontam GUID 5007	Nov-14	N		
Decontamination - Requirements for compliant endoscope decontamination units (GUID 5013)	Decontamination	GUIDance on Decontam GUID 5013	Nov-14	N		
Decontamination - Guidance for disposal and recycling of medical devices (GUID 5008)	Decontamination	GUIDance on Decontam GUID 5008	Oct-14	N		
Decontamination - Carriage of dangerous goods regulations with respect to used medical devices (GUID 5006)	Decontamination	GUIDance on Decontam GUID 5006	Dec-13	N		
Decontamination - Central Decontamination Unit (SHPN 13 Part 1)	Decontamination	Scottish Health SHPN 13 Part 1	May-11	N		
Decontamination - Endoscope decontamination units (SHPN 13 Part 3)	Decontamination	Scottish Health SHPN 13 Part 3	Sep-10	N		
Decontamination facilities (SHPN 13 Part 2)	Decontamination	Scottish Health SHPN 13 Part 2	Jun-08	N		
Decontamination - Design considerations Washer-disinfectors (SHTM 2030 Part 1)	Decontamination	Scottish Health Technic SHTM 2030 Part 1	Oct-01	N		
Decontamination - Operational management Washer-disinfectors (SHTM 2030 Part 2)	Decontamination	Scottish Health Technic SHTM 2030 Part 2	Oct-01	N		
Decontamination - Validation and verification Washer-disinfectors (SHTM 2030 Part 3)	Decontamination	Scottish Health Technic SHTM 2030 Part 3	Oct-01	N		
Decontamination - Overview and management responsibilities Sterilization (SHTM 2010 Part 1)	Decontamination	Scottish Health Technic SHTM 2010 Part 1	Jun-01	N		
Decontamination - Design considerations Sterilization (SHTM 2010 Part 2)	Decontamination	Scottish Health Technic SHTM 2010 Part 2	Jun-01	N		
Decontamination - Validation and verification Sterilization (SHTM 2010 Part 3)	Decontamination	Scottish Health Technic SHTM 2010 Part 3	Jun-01	N		
Decontamination - Operational management Sterilization (SHTM 2010 Part 4)	Decontamination	Scottish Health Technic SHTM 2010 Part 4	Jun-01	N		
Decontamination - Good practice guide Sterilization (SHTM 2010 Part 5)	Decontamination	Scottish Health Technic SHTM 2010 Part 5	Jun-01	N		
Decontamination - Testing and validation protocols Sterilization (SHTM 2010 Part 6)	Decontamination	Scottish Health Technic SHTM 2010 Part 6	Jun-01	N		
Decontamination - Clean steam for sterilization (SHTM 2031 Part 1)	Decontamination	Scottish Health Technic SHTM 2031 Part 1	Jun-01	N		
Decontamination - Requirements for compliant CDUs (GUID 5014)	Decontamination	GUIDance on Decontam GUID 5014	May-19	N		
Water safety for healthcare premises - Alternative materials and filtration (SHTM 04-01 Part E)	Engineering	Scottish Health Technic SHTM 04-01 Part E	Aug-15	Y		
Water safety for healthcare premises - Operational procedures and exemplar written schemes (SHTM 04-01 Part G)	Engineering	Scottish Health Technic SHTM 04-01 Part G	Jul-15	Y		
Pneumatic tube transport systems - Design considerations and good practice guide (SHTM 08-04 Part B)	Engineering	Scottish Health Technic SHTM 08-04 Part B	Jul-15	N		
Water safety for emerging technologies - Grey water recovery (SHTM 04-02 Part C)	Engineering	Scottish Health Technic SHTM 04-02 Part C	Jul-15	N		
Electrical services supply and distribution - Design considerations (SHTM 06-01 Part A)	Engineering	Scottish Health Technic SHTM 06-01 Part A	Jul-15	Y		
Electrical services supply and distribution - Operational management (SHTM 06-01 Part B)	Engineering	Scottish Health Technic SHTM 06-01 Part B	Jul-15	Y		
Water safety for emerging technologies - Solar domestic hot water heating (SHTM 04-02 Part A)	Engineering	Scottish Health Technic SHTM 04-02 Part A	Jul-15	N		
Electrical safety guidance for low voltage systems (SHTM 06-02)	Engineering	Scottish Health Technic SHTM 06-02	Jul-15	Y		
Medical gas pipeline systems - Operational management (SHTM 02-01 Part B)	Engineering	Scottish Health Technic SHTM 02-01 Part B	Jul-15	Y		
Specialist services - Lifts (SHTM 08-02) [	Engineering	Scottish Health Technic SHTM 08-02	Jul-15	Y		
Electrical safety guidance for high voltage systems (SHTM 06-03)	Engineering	Scottish Health Technic SHTM 06-03	Jul-15	Y		
Water safety for emerging technologies - Rainwater harvesting (SHTM 04-02 Part B)	Engineering	Scottish Health Technic SHTM 04-02 Part B	Jul-15	N		
Specialist services - Acoustics (SHTM 08-01)	Engineering	Scottish Health Technic SHTM 08-01	Jul-15	Y	Refer to Acoustic Report for details. Doors - To meet Acoustic ratings required under guidance doors require mechanical drop seals. As this is an infection control and maintenance issue the doors acoustic rating is maximised without this detail. This provides circa 10dB reduction lower than required. Refer to report for specific rating requirements. Doors are generally into semi private corridors so this is less critical. Rooms below corridors - To meet impact noise guidance corridors above critical rooms - bedrooms/ clinical rooms to have a sound resilient floor finish. This type of flooring presents usage issues and is of limited requirement. Standard vinyl flooring is therefore proposed throughout. Refer to acoustic report - corridors are generally above ancillary rooms. Theatre floor corridors are above 2 bedrooms at end of corridors. Low use and hours of occupancy differ so disturbance is unlikely. In-Patient corridors run above x-ray rooms and meeting rooms at ground floor. Occupancy and use unlikely to cause disturbance.	Refer to Acoustic Report for details. Design generally developed in line with SHTM 08-01 guidance. Briefing information from Room Data Sheets updated in line with guidance. Windows -windows on east and south facades do not comply with acoustic requirements when open. Note the window opening is not required for ventilation as the building is mechanically ventilated. This provides the occupier with choice in window use. Sound Absorption - Theatre and Recovery room ceilings. The specified solid finishes do not meet the sound absorption criteria. Paragraph 2.104 aknowledges that sound absoption criteria need to be used with care for criteria such as infection control and cleaning. In this case these criteria are assumed to take precedence over acoustic criteria.
Confined spaces policies procedures and guidance (SHTM 08-07)	Engineering	Scottish Health Technic SHTM 08-07	Feb-15	Y		
HAI-SCRIBE questionsets and checklists (SHFN 30 Part C)	Engineering	Scottish Health Facilitie SHFN 30 Part C	Jan-15	Y		Process ongoing for each stage
HAI-SCRIBE Manual information for project teams (SHFN 30 Part A)	Engineering	Scottish Health Facilitie SHFN 30 Part A	Oct-14	Y		Process ongoing for each stage
Pressure systems - Policies and guidance (SHTM 08-08)	Engineering	Scottish Health Technic SHTM 08-08	Jul-14	Y		

Schedule is a live document that will be updated through FBC	Column1	Column2	Column3	Column4	Relevance	Derogation	Notes / Clarifactions
Water safety for healthcare premises - Design installation and testing (SHTM 04-01 Part A)	Engineering	Scottish Health Technic	SHTM 04-01 Part A	Jul-14	Y	Section 4 Water Softening - No requirement for water softening plant. Section 5 Filtration - requirement omitted for filtration on incoming mains water from Scottish Water main. Clause 7.3 24 24 hour storage - Water Storage to be based on 180 litres per bed with a diversity of 50% as stated in CIBSE Guide G equates to storage of 12 hours per day.	
Water safety for healthcare premises - Operational management (SHTM 04-01 Part B)	Engineering	Scottish Health Technic	SHTM 04-01 Part B	Jul-14	Y		
Ventilation for healthcare - Design and validation (SHTM 03-01 Part A)	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 03-01 Part A	Feb-14	Y		Clause 4.13 - No colour coding will be provided on air handling units. It is assumed that air handling units will be delivered in a standard colour from the factory. Clarification on the requirement for this derogation is required. 1. 2 fans in the AHU provide resilience with automatic change over which maintains the unit operation.
Water safety for healthcare premises - TVC testing protocol (SHTM 04-01 Part C)	Engineering	Scottish Health	SHTM 04-01 Part C	Feb-14	Y		
Ventilation for Healthcare - Notes on principal differences between SHTM and HTM 03-01	Engineering	Scottish Health	SHTM 03-01	Dec-13	Y		
Healthcare engineering - Policies and principles best practice guidance (SHTM 00)	Engineering	Scottish Health	SHTM 00	Feb-13	Y		
Medical gas pipeline systems - Design, installation, validation and verification (SHTM 02-01 Part A)	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 02-01 Part A	Jun-12	Y	Refer to medical gas derogations schedule (Doc ref EOC-RYB-XX-XX-SC-M-54001) where outlines where standard rooms may have piped gas not required e.g., bedrooms, recovery, treatment rooms, x-ray and plaster room. Enhanced outlets in theatres and anaesthetic rooms to that listed in the SHTM.	Medical gas requirements in SHTM are generalised. Medical gas requirements were refined with NHSF to reflect project/service specific requirements for elective orthopaedic care
Building management systems - Overview and management responsbilities (SHTM 08-05 Part A)	Engineering	Scottish Health	SHTM 08-05 Part A	Apr-12	Y		
Building management systems - Design considerations (SHTM 08-05 Part B)	Engineering	Scottish Health	SHTM 08-05 Part B	Apr-12	Y		
Building management systems - Validation and verification (SHTM 08-05 Part C)	Engineering	Scottish Health	SHTM 08-05 Part C	Apr-12	Y		
Building management systems - Operational management (SHTM 08-05 Part D)	Engineering	Scottish Health	SHTM 08-05 Part D	Apr-12	Y		
Water safety for healthcare premises - Chloramination of water supplies (SHTM 04-01 Part F)	Engineering	Scottish Health	SHTM 04-01 Part F	Dec-11	Y		
Pneumatic tube transport systems - Overview and management responsbilities (SHTM 08-04 Part A)	Engineering	Scottish Health	SHTM 08-04 Part A	Nov-11	N		
Ventilation for healthcare - Operational management and performance verification (SHTM 03-01 Part B)	Engineering	Scottish Health	SHTM 03-01 Part B	Oct-11	Y		
Water safety for healthcare premises - Disinfection of domestic water service (SHTM 04-01 Part D)	Engineering	Scottish Health	SHTM 04-01 Part D	Aug-11	Y		
Specialist services - Bedhead services (SHTM 08-03)	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-03	Jul-11	Y	From the 1:50 review meeting with NHSF the outlets required for bedhead services derogate from the SHTM-08-03 bedhead services table, refer to document EOC-RYB-XX-XX-SC-E-62001	From the 1:50 review meeting with NHSF the outlets required for bedhead services derogate from the SHTM-08-03 bedhead services table, refer to document EOC-RYB-XX-XX-SC-E-62001
Specialist services - Pathology laboratory gas systems (SHTM 08-06)	Engineering	Scottish Health	SHTM 08-06	Jul-11	N		
In-patient accommodation - supplement 1 - Isolation facilities in acute settings (SHPN 4 sup 1)	Engineering	Scottish Health	SHPN 4 sup 1	Sep-08	N		
Dental compressed air and vacuum systems (SHTM 2022 Supp 1)	Engineering	Scottish Health Technic	SHTM 2022 Supp 1	Mar-04	N		
Mains signalling – Overview and management responsibilities (SHTM 2035 Part 1)	Engineering	Scottish Health Technic	SHTM 2035 Part 1	Jun-01	N		
Mains signalling - Design considerations (SHTM 2035 Part 2)	Engineering	Scottish Health Technic	SHTM 2035 Part 2	Jun-01	N		
Mains signalling – Validation and verification / operational management (SHTM 2035 Part 3)	Engineering	Scottish Health Technic	SHTM 2035 Part 3	Jun-01	N		
Waste management - Summary of requirements - best practice overview (SHTN 3 Part A)	Environment	Scottish Health Technic	SHTN 3 Part A	Feb-15	N		
Waste management - Policy template (SHTN 3 Part B)	Environment	Scottish Health Technic	SHTN 3 Part B	Feb-15	N		
Waste management - Compendium of regulatory requirements (SHTN 3 Part C)	Environment	Scottish Health Technic	SHTN 3 PART C	Feb-15	N		
Waste management - Guidance and example text for waste procedures (SHTN 3 Part D)	Environment	Scottish Health Technic	SHTN 3 Part D	Feb-15	N		
Waste management - Segregation chart (SHTN 3)	Environment	Scottish Health	SHTN 3	Nov-13	N		
Sustainable development strategy - SHTN 02-00	Environment	Scottish Health	SHTN 02-00	Feb-12	N		
Security services standards for NHSScotland security leads (SHFN 03-02)	Facilities	Scottish Health Facilitie	SHFN 03-02	May-17	N		
Implementation and communication plan NCSS (SHFN 01-03)	Facilities	Scottish Health Facilitie	SHFN 01-03	Dec-16	N		
NHSScotland national cleaning services specification (SHFN 01-02)	Facilities	Scottish Health Facilitie	SHFN 01-02	Jun-16	N		
National facilities monitoring framework manual (SHFN 01-01)	Facilities	Scottish Health Facilitie	SHFN 01-01	Jun-16	N		
Food in hospitals (SHFN 04-01)	Facilities	Scottish Health Facilitie	SHFN 04-01	Mar-16	N		
NHSScotland national food safety assurance manual (SHFN 04-03)	Facilities	Scottish Health Facilitie	SHFN 04-03	Mar-14	N		
NHSScotland policy for food allergen management (SHFN 04-04)	Facilities	Scottish Health Facilitie	SHFN 04-04	Mar-14	N		
Security management framework for NHS boards in Scotland (SHFN 03-01)	Facilities	Scottish Health	SHFN 03-01	Dec-08	N		
Guidance on the use of mobile communication devices in healthcare premises (SHFN 03-03)	Facilities	Scottish Health	SHFN 03-03	Feb-08	N		
Transport management and car parking (SHTM 07-03)	Facilities	Scottish Health Technic	SHTM 07-03	Jan-08	Y		Refer to transport statement for details
NHSScotland travel plan guidance (SHTM 07-04)	Facilities	Scottish Health Technic	SHTM 07-04	Sep-07	Y		Refer to transport statement for details
Guidance on Management of Medical Devices and Equipment SHTN 00-04	General	Scottish Health Technic	SHTN 00-04	Jan-20	N		
Mental health - Facilities for children and adolescents (HBN 03-02)	Property & Capital Planning	DoH guidance (HBN; HT	HBN 03-02	Sep-18	N		
Mortuary and post mortem facilities (SHPN 16-01)	Property & Capital Planning	Scottish Health Planning	SHPN 16-01	Nov-17	N		
Fire safety- Fire safety training (SHTM 83 Part 2)	Property & Capital Planning	SHTM Building Compon	SHTM 83 Part 2	Jul-17	N		
Core elements -Sanitary spaces (HBN 00-02)	Property & Capital Planning	DoH guidance (HBN; HT	HBN 00-02	Mar-17	Y		Activity Spaces - All sanitary spaces developed through an extensive user group review and approval process. Rooms generally follow standard layouts from SHTM 00-02. Ensuite 03/IP/026 is non -standard and has been developed in co-ordination with the user groups. Non-clinical / Staff accessible WC's are designed to technical standards compliant activity spaces. 4.25 Washhand basins to Ensuites - 'preferably project 500mm in order to provide adequate legroom underneath the basin'' results in a 600 wide (500deep) basin. A 600 wide basin with IPS access panel above prevents the vertical handrails provided to be located 700mm without being located on the panels themselves. To allow a good fixing point for the handrails a 500wide basin is proposed.
Wayfinding - effective wayfinding and signing for healthcare facilities (HTM 65)	Property & Capital Planning	DoH guidance (HBN; HT	HTM 65	Aug-16	Y		Wayfinding and signage strategy developed along the principles of HTM 65 - refer to interior designers report for further information
Property appraisal manual (SHTN 00-01)	Property & Capital Planning	Scottish Health Technic	SHTN 00-01	Aug-16	N		

Schedule is a live document that will be updated through FBC	Column1	Column2	Column3	Column4	Relevance	Derogation	Notes / Clarifications
Dementia-friendly Health and Social Care Environments (HBN 08-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 08-02	Mar-15	Y			The design has been developed to incorporate the 12 dementia friendly design principles. Key elements of this are included in the interior designers report and include: Suitable use of colour - contrast for legibility/ colour for orientation; Wayfinding - legibility through form, colour, contrast and orientation points; Materials - safe and legible surfaces - for example non patterned matt flooring; Non Institutional scale and environment - Bedroom / ensuite design, use of timber finishes; Signage- size, colour and pictograms to aid legibility; acoustic - separation of spaces and limiting reverberation; daylight - provision and control; green space - visual and physical access to green space; lighting - levels to meet guidance.
Core guidance - General design for healthcare buildings (HBN 00-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 00-01	Oct-14	Y			Detailed elements tbc at next design stage
Core guidance - Sanitary spaces (HBN 00-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 00-02	Oct-14	Y			Older version of guidance noted in HBN 00-02 March 17 above
Core guidance - Clinical and clinical support spaces (HBN 00-03)	Property & Capital Planning	DoH guidance (HBN; HT HBN 00-03	Oct-14	Y			General - Room FF&E and activity spaces have been developed through an extensive review and approval procedure.

Standard layouts and equipment have been adopted generally and amended to meet the user group requirements. Where standard room proportions are not used (ancillary rooms) the principles of the standard room set out have been adopted with activity spaces reviewed through the room layout and approval procedure.

3.20 Consulting room - Consulting rooms are arranged to HBN 00-03 Figure 8 arrangement. Note that this arrangement places the patient seating in a location between the consultant and the door which may constitute a risk to the consultant.

12.71 Touchdown base should be 'recessed sufficiently from any circulation routes'. Touchdown bases are recessed 150 on corridors (600 noted in HBN) Layout was discussed and agreed with user group. |
| Core guidance - Circulation and communication spaces (HBN 00-04) | Property & Capital Planning | DoH guidance (HBN; HT HBN 00-04 | Oct-14 | Y | | | 3.9 The recommended minimum clear corridor width for circulation of beds/trolleys is 2150 mm if passing spaces are provided - note passing /turning places are limited to areas where corridors adjoin.

3.10 Where two beds need to pass regularly, the recommended minimum clear corridor width should be 2960 mm. A clear width of 2150 is provided (between handrails) generally. At the theatres a clear width of 2960 is provided locally. At the public/staff lift and stair lobby where there is no bed transit corridors reduce to 1500min clear locally.

3.17 Outward open doors to main circulation routes are not recommended. Outward open doors are either emergency access only - accessible WC's or plant areas.

4.3 Lobby size - entrance lobby and door type position / location are sized for general traffic - people/ wheelchairs not trolleys as per discussions with user groups.

Stairs - 4.9 Stairs - maximum recommended number of rises is 12-14. Stair 1 contains 16 rises in compliance with Non Domestic Technical Standards (NDTS). 5.13 Stairs - minimum recommended going (top of step depth) is 280mm. 250 going (compliant with NDTS) provided for escape / access stairs.As stairs are unlikley to be used by patients stairs are designed to be compliant with NDTS only.

6.20 'A protected lobby should be provided where a lift does not open of a hospital street' Lifts provided with lobby with the exception of the public lifts at ground floor.

6.18' where bed lifts are to be used for general traffic the lift car will require handrails' and Handrails are to be provided to 3 sides of the car. All lifts have combined function for general traffic and bed lift, option available on guidance for bed lift where handrail provision is only required to one side, lift proposals based on single handrail on opposite side to lift controls within standard cabin of 1800 x 2700.

7.5 Handrails handrail of 40-45mm recommended. Corridor combined handrails / bumprails do not meet this criteria. This was discussed and agreed with the user groups.

7.11 Stair handrails - secondary lower level handrails should be provided on stairs with a signifcant numer of semi-ambulant users. As note on 4.9 stairs are unlikely to be used by patients so this is not provided.

8.7 Approach to doors - spaces adjacent to doors swings meet guidance whereever possible / not limited by wall space. |
Core guidance - Planning for a resilient healthcare estate (HBN 00-07)	Property & Capital Planning	DoH guidance (HBN; HT HBN 00-07	Oct-14	N			
Cardiac facilities (HBN 01-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 01-01	Oct-14	N			
Cancer treatment facilities (HBN 02-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 02-01	Oct-14	N			
Mental health - Adult acute units (HBN 03-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 03-01	Oct-14	N			
Critical care units (HBN 04-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 04-02	Oct-14	N			
Diagnostic imaging - PACS and specialist imaging (HBN 06 vol 2)	Property & Capital Planning	DoH guidance (HBN; HT HBN 06 vol 2	Oct-14	Y			
Renal care - Satellite dialysis unit (HBN 07-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 07-01	Oct-14	N			
Renal care - Main renal unit (HBN 07-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 07-02	Oct-14	N			
Out-patient care - Sexual and reproductive health clinics (HBN 12-01 sup A)	Property & Capital Planning	DoH guidance (HBN; HT HBN 12-01 sup A	Oct-14	N			
Medicines management - Pharmacy and radiopharmacy facilities (HBN 14-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 14-01	Oct-14	N			Detailed elements tbc at next design stage
Facilities for pathology services (HBN 15)	Property & Capital Planning	DoH guidance (HBN; HT HBN 15	Oct-14	N			
Hospital accommodation for children and young people (HBN 23)	Property & Capital Planning	DoH guidance (HBN; HT HBN 23	Oct-14	N			

Schedule is a live document that will be updated through FBC	Column1	Column2	Column3	Column4	Relevance	Derogation	Notes / Clarifications
Facilities for surgical procedures (HBN 26 vol 1)	Property & Capital Planning	DoH guidance (HBN; HT HBN 26 vol 1		Oct-14	Y	4.161 Recovery unit clean utility room. No specific recovery room clean utility is provided. Storage is provided as part of the staff base	General - Room FF&E and activity spaces have been developed through an extensive review and approval procedure. Standard layouts and equipment have been adopted generally and amended to meet the user group requirements.

2.28,2.31, 4.148 Provide natural light, in surgical facilities, staff rest, theatres; and recovery unit - this is being achieved .

4.73 Standardised services. Provision of pendant services has been developed with the user group.

4.79 Theatre doors 'should be able to 'stand in the open position' doors are manual with closer.

4.80, 6.29 Lead lined doors/ Radiation protection - Following review with the local RPI one theatre has walls prepared for x-ray protection the doors remain standard. This is to allow potential future provision by swapping doorsets only.

4.8 'corridors sufficient for passage of 2 beds' this would require a width of 2960 clear) - corridors in current design this width at the theatres and theatre lifts only. Elsewhere corridors are suitable for the passage of a single bed (2150 clear)

 4.106 cardiac arrest trolley should be located in a recess in the main theatre corridor. Trolley is located in recovery area.

4.149 / 4.152 Staff need 360deg access to a patient, hand wash basin provided at the front of each bed space. The size of each recovery bay and location of WHB has been assessed by NHSF as part of the 1:50 review process to ensure functionality.

4.154 Recovery bedhead services provision differs from guidance and is developed to meet user requirements (8 sockets instead of 12, 1 Vacuum point instead of 2)

4.158 Recovery Base 'should be enclosed in a glazed partition' this has not been required.

5.10 Theatre WC's should have' non touch taps and flush' this has been reviewed through the room layout review process. Standard taps and flush are provided.

6.34 Acoustically absorbant ceilings to theatres/ recovery - see HBN 08-01 acoustics above. |
In-patient facilities for older people (HBN 37)	Property & Capital Planning	DoH guidance (HBN; HT HBN 37		Oct-14	Y		
Police custody medical facilities (SHPN 11-10)	Property & Capital Planning	Scottish Health Planning SHPN 11-10		Jan-14	N		
Fire safety - Risk assessment (SHTM 86)	Property & Capital Planning	Scottish Health	SHTM 86	Jun-13	Y		Output from fire risk assessments (by others) tbc
Fire safety - Atria in healthcare premises (SHTM 81 Part 3)	Property & Capital Planning	Scottish Health	SHTM 81 Part 3	Apr-13	N		
Fire safety - Alarm and detection systems (SHTM 82)	Property & Capital Planning	Scottish Health	SHTM 82	Apr-13	Y		
Strategic property and asset management guidance for NHSScotland - PAMS (SHTN 00-02)	Property & Capital Planning	Scottish Health	SHTN 00-02	Nov-10	N		
Property appraisal guidance for NHSScotland - Risk based methodology (SHTN 00-03)	Property & Capital Planning	Scottish Health	SHTN 00-03	Nov-10	N		
Fire safety - Escape bed lifts (SFPN 3)	Property & Capital Planning	Scottish Fire Practice Note (SFPN)	SFPN 3	Oct-10	Y		3.27-3.29 Temporary waiting areas - the lift lobby sizes are limited it is expected that the adjacent compartment / subcompartment becomes temporary waiting space. To be integrated as part of the fire escape management plan.

Lift speeds - requirements to be confirmed as part of the escape managment plan. This will be concluded at the next stage |
| Adult in-patient facilities (SHPN 04-01) | Property & Capital Planning | Scottish Health Planning Note (SHPN) | SHPN 04-01 | Oct-10 | Y | 2.46 / 3.30 In wards with multi-bed bays, a treatment room will be required where clinical procedures can be carried out in private ' Treatment room provision was reviewed and not required. | General - Room FF&E and activity spaces have been developed through an extensive review and approval procedure. Standard layouts and equipment have been adopted generally and amended to meet the user group requirements.

Multi-bed areas are to generally used for day cases. Where used as bedrooms cases likely to involve clinical procedures will be allocated to single bedrooms. 'in new developments where there are clinical reasons for not making 100% single room provision they should be clearly identified and articulated in the appropriate Business Case' Single bed provision is over 50% 17single /16 multi-bed spaces, clear clinical rationale is provided in the business case and recent updated SBAR.

3.20 wet shower areas should be 'separated by a curtain' these are not included |
Building component series – Sanitary assemblies (SHTM 64)	Property & Capital Planning	Scottish Health	SHTM 64	Dec-09	Y		
Building component series - Ceilings (SHTM 60)	Property & Capital Planning	Scottish Health	SHTM 60	Oct-09	Y		
Core guidance - Resilience planning for the healthcare estate (SHPN 00-07)	Property & Capital Planning	Scottish Health	SHPN 00-07	Sep-09	N		
Fire safety - Textiles and furniture (SHTM 87)	Property & Capital Planning	Scottish Health	SHTM 87	Aug-09	N		
Fire safety - Fire engineering of healthcare premises (SHTM 81 Part 2)	Property & Capital Planning	Scottish Health Technical Memorandum (SHTM)	SHTM 81 Part 2	Jul-09	Y	5.8 Upper floor above 7.5m ' should comprise at least 4 compartments, each of which should have an area of at least 500m2' 3 of the compartments are below this area. Refer to separate Fire strategy report appendix A for fire engineering solution.	In general the building is designed to meet the requirements of SHTM 81 Part 1 and the 'Non-domestic Technical Handbook'.
Building component series - Flooring - matrix example (SHTM 61 app 1a)	Property & Capital Planning	SHTM Building	SHTM 61 app 1a	Jul-09	Y		Note as SHTM 61
Building component series - Flooring (SHTM 61)	Property & Capital Planning	SHTM Building Component (SHTM)	SHTM 61	Jul-09	Y		Flooring types for each area have been discussed with the user groups for slip resistance, cleanability and colour. The output is contained in the floor finish risk matrix which outlines the floor types, compliance with slip risk criteria and mitigating factors. As slip risks do not meet HSE criteria fully based on risk of contamination the risk assessment and mitigating managment requirements will need to be reviewed and amended or fully accepted.
Fire safety - Precautions in new healthcare premises (SHTM 81 Part 1)	Property & Capital Planning	Scottish Health Technical Memorandum (SHTM)	SHTM 81 Part 1	Jul-09	Y	No Gas suppression within IPS/UPS room -SHTM 81 Part 1: Fire precautions in new healthcare premises 3.11 states gas suppression shall be provided if high hazard areas such as IPS/UPS rooms are adjacent or adjoin operating theatres. NHSF have confirmed no gas suppression is required.	5.11 'Where an escape route from a room is into an unprotected open plan zone and/or passes a waiting or sub-waiting area, or any escape route passes through or involves crossing a large open plan area, the escape route must be clearly defined by a fixed screen, partition or similar means' glass screens/ dwarf walls / fixed seating to be considered at the next stage. The new healthcare premises shall be covered by a L1 fire detection system, covered throughout all areas.
Fire safety - Precautions in existing healthcare premises (SHTM 85)	Property & Capital Planning	Scottish Health Technic	SHTM 85	Dec-07	N		
Access - checklist for people with dementia in healthcare premises (SHFN 03)	Property & Capital Planning	Scottish Health Facilitie	SHFN 03	Oct-07	N		
Fire safety - Prevention and control of deliberate fire-raising in healthcare premises (SFPN 6)	Property & Capital Planning	Scottish Fire Practice No	SFPN 6	Sep-07	N		
Community pharmacy premises in Scotland providing NHS pharmaceuticals (SHPN 36 Part 3)	Property & Capital Planning	Scottish Health Planning	SHPN 36 Part 3	Aug-07	N		
Accident and emergency facilities for adults and children (SHPN 22)	Property & Capital Planning	Scottish Health Planning	SHPN 22	Jan-07	N		
Building component series - User manual (SHTM 54)	Property & Capital Planning	SHTM Building Compon	SHTM 54	Dec-06	Y		
Building component series - Windows (SHTM 55)	Property & Capital Planning	SHTM Building Compon	SHTM 55	Dec-06	Y		Inward opening windows when fully open are guarded so that no gap in the opening exceeds 100mm. Note projection of window into room. Outward opening lights restricted to 100mm.
Building component series - Partitions (SHTM 56)	Property & Capital Planning	SHTM Building Compon	SHTM 56	Dec-06	Y		
Building component series - Internal glazing (SHTM 57)	Property & Capital Planning	SHTM Building Compon	SHTM 57	Dec-06	Y		
Building component series - Internal doorsets (SHTM 58)	Property & Capital Planning	SHTM Building Compon	SHTM 58	Dec-06	Y		
Building component series - Ironmongery (SHTM 59)	Property & Capital Planning	SHTM Building Compon	SHTM 59	Dec-06	Y		
Building component series - Demountable storage systems (SHTM 62)	Property & Capital Planning	SHTM Building Compon	SHTM 62	Dec-06	Y		
Building component series - Fitted storage systems (SHTM 63)	Property & Capital Planning	SHTM Building Compon	SHTM 63	Dec-06	Y		

Schedule is a live document that will be updated through FBC	Column1	Column2	Column3	Column4	Relevance	Derogation	Notes / Clarifications
Building component series - Cubicle curtain track (SHTM 66)	Property & Capital Planning	SHTM Building Compon	SHTM 66	Dec-06	Y		
Building component series - Laboratory storage systems (SHTM 67)	Property & Capital Planning	SHTM Building Compon	SHTM 67	Dec-06	N		
Building component series - Protection (SHTM 69)	Property & Capital Planning	SHTM Building Compon	SHTM 69	Dec-06	Y		3.11 Emulsion paint finish used generally which is suitable for areas of light duty. In areas of Medium, Heavy and Severe duty walls are protected by bumprails and corner guards or uPVC cladding locally. Startegy reviewed and agreed with user groups
General medical practice premises in Scotland (SHPN 36 Part 1)	Property & Capital Planning	Scottish Health Planning	SHPN 36 Part 1	Jul-06	N		
NHS dental premises in Scotland (SHPN 36 Part 2)	Property & Capital Planning	Scottish Health Planning	SHPN 36 Part 2	Jun-06	N		
Fire safety - A model management structure (SFPN 00-01)	Property & Capital Planning	Scottish Fire Practice	SFPN 00-01	Apr-04	N		
Fire safety - General fire precautions in healthcare premises (SHTM 83)	Property & Capital Planning	Scottish Health Technic	SHTM 83	Apr-04	N		
Facilities for diagnostic imaging and interventional radiology (SHPN 06 Part 1)	Property & Capital Planning	Scottish Health Planning	SHPN 06 Part 1	Mar-04	Y		General - Room FF&E and activity spaces have been developed through an extensive review and approval procedure. Standard layouts and equipment have been adopted generally and amended to meet the user group requirements.
Fire safety - Risk assessment in residential care premises (SHTM 84)	Property & Capital Planning	Scottish Health Technic	SHTM 84	Apr-03	N		
Access – Audit survey toolkit for disabled people in healthcare premises (SHFN 02)	Property & Capital Planning	Scottish Health Facilitie	SHFN 02	Oct-02	N		
General design guidance (SHPN 03)	Property & Capital Planning	Scottish Health Planning	SHPN 03	Jan-02	Y		Internal rooms 2.59 Such rooms do not provide good working conditions and should be used only for activities of infrequent or intermittent occurrence or which demand a controlled environment. Rooms that are likely to be occupied for any length of time by staff or patients should have windows. Some internal rooms are provided - these are either specialist in nature - X-ray/ Plaster room; or are central to the ward function - office / desk spaces located centrally to the Theatres department / In-Patient department. Centrally located offices to have glazed screens to borrow light from adjacent spaces where agreed with user groups.
Facilities for rehabilitation services (SHPN 08)	Property & Capital Planning	Scottish Health Planning	SHPN 08	Jan-02	N		
Day care part 1 - Day surgery unit (SHPN 52 Part 1)	Property & Capital Planning	Scottish Health Planning	SHPN 52 Part 1	Jan-02	Y		General - Room FF&E and activity spaces have been developed through an extensive review and approval procedure. Standard layouts and equipment have been adopted generally and amended to meet the user group requirements. 2.38 DSU should be 'sited at ground level and on a single floor' - Entrance is at ground floor. Site area limited to provide all functions at ground floor - refer to OBC report. 3.12, 3.13 Office / file trolley store is required 'imediately adjacent' to the reception to provide administration and communication centre of unit - The reception may not be manned at all time, the administration / communications are centred in other offices within the building. File trolley storage is provided elsewhere. 3.20 Pre admission assessment - should accomodate 'an assessment couch' - admission suite contains combined consulting / change rooms an assessment couch was not reqired but could be accomodated in future if needed. 3.21 Patient changing rooms are required - as per 3.20 combined consulting / change rooms are provided. 3.59 theatre doors are capable of being 'held in open position' - manual doors selected by user group.
Day care part 2 - Endoscopy unit (SHPN 52 Part 2)	Property & Capital Planning	Scottish Health Planning	SHPN 52 Part 2	Jan-02	N		
Day care part 3 - Medical investigation and treatment unit (SHPN 52 Part 3)	Property & Capital Planning	Scottish Health Planning	SHPN 52 Part 3	Jan-02	N		
Access – Disability (SHFN 14)	Property & Capital Planning	Scottish Health Facilitie	SHFN 14	Sep-00	Y		It is noted that a section of existing pedestrian walkway adjacent to project site boundary is at 1.17 gradient, this will be maintained. The retained existing car park (H) directly North of FEOC will include a further 14 disabled car parking spaces, which will be allocated to the facility and provide compliant access to EOC. Additional disabled parking spaces are being introduced around A&E entrance to also improve DDA access to the existing facility.
Access - Audits of primary healthcare facilities (SHFN 20)	Property & Capital Planning	Scottish Health Facilitie	SHFN 20	Sep-00	Y		
Fire safety - Laboratories on hospital premises (SFPN 10)	Property & Capital Planning	Scottish Fire Practice No	SFPN 10	Dec-99	N		
Fire safety - Hospital main kitchens (SFPN 4)	Property & Capital Planning	Scottish Fire Practice No	SFPN 4	Dec-99	N		

VICTORIA HOSPITAL, KIRKCALDY
ELECTIVE ORTHOPAEDIC CENTRE
COST REPORT 6

Job No 36545

Client : NHS FIFE

Issue Date : 28 September 2020

SECTION 2.0 - TOTAL PROJECT COST SUMMARY

	ORIGINAL COST £	PREVIOUS £	CURRENT £	MOVEMENT £
STAGE 2 PRICES				
1.0 Stage 2 Fees and Charges	423,906	423,906	423,906	-
2.0 Compensation Events	-	54,016	54,016	-
3.0 Contractors Early Warnings	-	-	-	-
4.0 Employers Early Warnings	-	-	-	-
TOTAL STAGE 2 PRICE	**423,906**	**477,922**	**477,922**	-
STAGE 3 PRICES				
1.0 Stage 3 Fees and Charges	747,044	747,044	747,044	-
2.0 Compensation Events	-	318,699	324,916	6,217
3.0 Contractors Early Warnings	-	-	-	-
4.0 Employers Early Warnings	-	-	-	-
TOTAL STAGE 3 PRICE	**747,044**	**1,065,743**	**1,071,961**	**6,217**
STAGE 4 CONSTRUCTION PRICES				
1.0 PSCP Target Price	23,171,295	23,171,295	23,951,032	779,737
2.0 Compensation Events		-	-	-
3.0 Contractor's Early Warnings		-	-	-
4.0 Employer's Early Warnings		-	-	-
TOTAL STAGE 4 PRICE	**23,171,295**	**23,171,295**	**23,951,032**	**779,737**

VICTORIA HOSPITAL, KIRKCALDY
ELECTIVE ORTHOPAEDIC CENTRE
COST REPORT 6

Job No 36545   **Issue Date :**   28 September 2020
Client : NHS FIFE

SECTION 2.0 - TOTAL PROJECT COST SUMMARY

	ORIGINAL COST £	PREVIOUS £	CURRENT £	MOVEMENT £
CLIENT DIRECT COSTS				
5.0 NHS FIFE DIRECT COSTS				
Project Team Costs	375,727	375,727	375,727	-
Project Manager Fees	169,006	169,006	169,006	-
Cost Advisor Fees	136,460	136,460	136,460	-
CDM Fees	-	-	-	-
Supervisor / Clerk of Works Fees	120,000	120,000	120,000	-
Surveys / Statutory Consents etc	353,502	121,306	20,000	(101,306)
Fees - Car Park	166,667	26,148	0	(26,148)
	1,321,362	948,646	**821,193**	(127,454)
6.0 NHS FIFE RISK ALLOWANCE	1,115,473	1,115,473	915,473	(200,000)
		1,115,473	**915,473**	(200,000)
7.0 EQUIPMENT				
Group 2, 3 and 4 equipment	367,200	367,200	600,000	**232,800**
Provision for X-Ray Equipment	-	-	200,000	**200,000**
IT and Telecommunications	-	-	**-**	-
	367,200	367,200	**800,000**	432,800
8.0 TRANSITIONAL COSTS				
Decommissioning of existing facilities	-	-	-	
Decant and transition costs	108,000	108,000	38,000	(70,000)
	108,000	108,000	**38,000**	**(70,000)**
TOTAL ESTIMATED NHS FIFE COSTS	**2,912,035**			
TOTAL PROJECT COST	**27,254,280**	**27,254,281**	**28,075,581**	**821,301**

Fife Elective Orthopaedic Centre

Benefits Realisation Plan

3 October 2019 – Rev. 0

Ref. no	Benefit	Who benefits	Who is responsible	Investment objective	Dependencies	Support needed	Date of realisation
1	Positive patient experience and dignity respected	Patient and Service	Service manager Clinical lead Clinical managers	Improve patient perception. Improve accommodation in respect to space standards and physical condition.	Staffing levels / skill mix Quality of facility	Senior management to ensure staffing and skills are in place to support a quality service.	2022
2	Maintain support to allow people to live independently together with life quality. Overarching benefit	Patient and Service	Service manager Clinical lead Clinical managers	Improve patient pathways / flows.	Staffing levels / skill mix Rehabilitation unit	Senior management Social support Home / community support Health and social care	2022
3	Improves the healthcare state (condition, quality, perception, statutory, back-log and lifecycle)	Patient, Service and staff	Project Board Project Director Project Team	Improve accommodation in respect to space standards and physical condition. Improve infection control and safety risk.	Funding Project approval Quality design and construction	Scottish Government NDAP NHSF governance Project stakeholders	2022
4	Minimises readmissions (post operation complications) and optimises timely discharge	Patient and Service	Service manager Clinical lead Clinical managers	Improve infection control and safety risk. Improve patient pathways / flows.	Building / environment Support clinical services to achieve optimal outcomes (equipment, staffing, innovations)	Senior management	2022
5	Optimises resource usage (theatre, bed utilisation and consulting rooms)	Patient, Service and staff	Service manager Clinical lead Clinical managers	Improve patient pathways / flows.	Building / environment Workforce including job planning Flexibility in job roles IT support	Senior management to sign-off job plans	2022
6	Improves HAI and patient safety	Patient and Service	Clinical managers	Improve accommodation in respect to space standards and physical condition.	Building functionality Support from infection control	Infection control and health & safety	2022

				Improve infection control and safety risk.			
7	Community benefits – local employment	Local community, NHSF, PSCP, project	Project Director Project Manager PSCP	NA	None	None	2020-2022
8	Community benefits – skills and training (work placements and school/college interface)	Local community, NHSF, PSCP, project	Project Director Project Manager PSCP	NA	Safe environment	None	2020-2022
9	Community benefits – opportunities for SME	Local community, NHSF, PSCP, project	Project Director Project Manager PSCP	NA	Good quality local supply chain Market conditions	Communications team	2020-2022

Fife Elective Orthopaedic Centre

Benefits Register

25 September 2020 – Rev. 4

Ref. no	Benefit	Assessment	Measured?	Baseline value	Target value	Relative importance
1	Positive patient experience and dignity respected	Quantitative	Patient experience (T&O dashboard) Patients Responding 7-10 (top end of the scale) for 'Overall how would you rate your experience? Dignity respected 1. Proportion of inpatients admitted to single room 2. Proportion inpatients who can access en suite facilities 3. Theatre complex infrastructure impacts of optimal patient pathways	92% <5% <5% 100%	95% >80% >80% <10%	5
2	Maintain support to allow people to live independently together with life quality. Overarching benefit	Quantitative	Optimise patient surgical journey Pre assessment - digital platform Day of surgery admission (Inpatients) BADS targets achieved VHK Length of stay hip replacement Length of stay knee replacement Day-case joint replacements pathways Enable shared decision making 1. Active clinical referral pathways offered for NP 2. Patient initiated review pathways offered for reviews 3. Embed telephone/attend anywhere consultations as part of OPD pathways	0% 70% 70% 4.1 days 4.5 days 0% 0% 0% 0%	30% 95% 90% 2.5 days 2.5 days 10% 30% 30% 30%	5
3	Improves the healthcare state (condition, quality, perception, statutory, back-log and lifecycle)	Quantitative	EAMS Back-log	Fabric: B/C M&E: D Theatre £1.185m Ward 10: £0.954m	A (new build) A (new build) £0 for new build initially.	4
4	Minimises readmissions (post operation complications) and optimises timely discharge	Quantitative	Day of surgery admission (Inpatients) BADS targets achieved VHK Length of stay hip replacement Length of stay knee replacement Day-case joint replacements pathways	70% 70% 4.1 days 4.5 days 0%	95% 90% 2.5 days 2.5 days 10%	3
5	Optimises resource usage (theatre and bed utilisation)	Quantitative	Theatres 4 joint lists Theatre Utilisation	19% 95%	25% 95%	4

			Wards Day of surgery admission (Inpatients) BADS targets achieved VHK Length of stay Hip replacement Length of stay knee replacement Daycase Joint replacements Pathways Attains NHS Fife IT Paperlite targets OPD 1. Active clinical referral pathways offered for NP 2. Patient initiated review pathways offered for reviews 3. Embed telephone/attend anywhere consultations as part of OPD pathways	70% 70% 4.1days 4.5 days 0% 70% (2018) 0% 0% 0%	90% 90% 2.5 days 2.5 days 10% 85% 30% 30% 30%	
6	Improves HAI and patient safety	Quantitative	Infections within 1 year THR readmission rates within 28 days THR infections within 1 year TKR readmission rates within 28 days TKR Infection rates ward 1. Clostridium Diff infection rates on ward 10 2. Staph Aureus Bacteraemia infections on ward 10 Maintenance theatres Reactive Maintenance episodes (8/19-8/20) theatres	 186	<0.9% (national mean) <3.4% (national mean) < 0.9% (national mean) <5.5% (national mean) 0% 0% <100	4
7	Community benefits – local employment	Quantitative	Data from PSCP	NA	Evidence of local employment through the contract.	3
8	Community benefits – skills and training (work placements and school/college interface)	Quantitative	Data from PSCP	NA	Evidence of skills and training through the contract.	3
9	Community benefits – opportunities for SME	Quantitative	Data from PSCP	NA	Evidence of SME opportunities through the contract.	3

Benefits Prioritisation

Each identified benefit needs to be prioritised so that resources can be focussed on delivery of those of greatest importance and/or highest impact. The RAG table below demonstrates how relative importance has been considered in respect to the Fife Elective Orthopaedic Centre.

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

Project Title:	Fife Elective Orthopaedic Centre		Risk Champion:	Ben Johnston				
Date Register First Created:		Date Updated:	18/09/2020	Revision Number:	10a	Updated by:	BJ/IT	Current Stage: Stage 3

High Risks | Medium Risks | Low Risks | Active Risks | Closed Risks | Overdue Risk | Action Date Approaching | Reset

Ref No:	Risk Description	Risk Rating			Mitigation	Post Mitigation			Agreed PSCP Provision	Agreed NHS Provision	Quantifiable	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Closed Out	Comments
		Probability (1-5)	Impact (1-5)	Risk Rating (1-25)		Probability (1-5)	Impact (1-5)	Risk Rating (1-25)								
	Pre-construction (carried forward to construction stage)															
1	Client doesn't have the capacity or capability to deliver the project	2	3	6	Develop appropriate governance arrangements and develop a competent project team using internal and external resources. Monitor through project.	2	3	6	£ -	£ -	Yes	NHS F				
2	The clinical need for change and expected outcomes isn't clearly defined	1	4	4	Set out in the business case and carried through to design progress where there has been robust engagement.	1	4	4	£ -	£ -	Yes	NHS F				
3	Poor stakeholder involvement results in a lack of support for the project	2	4	8	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project. Maintain through project.	1	4	4	£ -	£ -	Yes	NHS F				
4	Adverse publicity occurs due to an issue with the project	2	4	8	Recent planning consultation events suggest that the project is not going to be controversial. Monitor during construction.	2	4	8	£ -	£ -	Yes	NHS F				
5	Poor communication ignores stakeholder interests	2	4	8	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project. Maintain through project.	2	4	8	£ -	£ -	Yes	NHS F				
6	Demand for the service does not match the levels planned, projected or presumed	3	4	12	Current risk relates to radiology, outpatients and pre-assessment. Work required by the service in respect to re-design. Action ongoing.	2	4	8	£ -	£ -	No	NHS F				
7	Local community objects to the project	1	4	4	Recent planning consultation events suggest that the project is not going to be controversial.	1	4	4	£ -	£ -	Yes	NHS F				
8	Brief Inadequate/Unreliable	2	4	8	SoA and Design Statement in place which the project is working to.	1	4	4	£ -	£ -	Yes	NHS F				
9	The design does not meet the Design Assessment expectations	2	4	8	Team have had regular dialogue with HFS and NDAP. Received supported unverified status at FBC.	1	4	4	£ -	£ -	Yes	NHS F	PSCP			
10	Failure to design in accordance with statutory requirements and appropriate healthcare guidance	2	4	8	Appoint a professional and experienced design team. Derogation schedule to be completed robustly with client acceptance. Derogations to date have all been scheduled and accepted where necessary by NHSF. Residual risk for PSCP that a derogation has not been identified and raised.	2	4	8	£ -	£ -	Yes	PSCP				
11	New Framework may impact on time required to appoint contractor and/or professional team.	5	3	15	Early engagement with HFS	5	3	15	£ -	£ -		NHS F			¥	Risk can be closed as it is now behind us and we are working to an agreed programme for OBC currently.
12	The project cost estimate includes inaccuracies.	2	4	8	Close on the basis that this will be NA once target price is received.	2	4	8	£ -	£	Yes	NHS F			¥	
13	The project becomes unaffordable	2	4	8	Residual risk even after target price and contingencies have been set.	2	4	8	£ -	£ -	Yes	NHS F				
14	Inflation costs rise above those projected	3	4	12	NA once target price has been agreed.	3	4	12	£ -	£	Yes	NHS F			¥	
15	Changes to non-legislation policy affects project cost or progress	3	3	9	An external risk that cannot easily be controlled.	3	3	9	£ -	£ -	Yes	NHS F				
16	Changes in legislation or tax rules increase project costs	3	4	12	An external risk that cannot easily be controlled. The project team's brief will be to design in line with current statutory and healthcare guidance. Changes in tax cannot be controlled.	3	4	12	£ -	£ -	Yes	NHS F				
17	There are uncertainties over future policy changes	3	3	9	An external risk that cannot easily be controlled.	3	3	9	£ -	£ -	Yes	NHS F				
18	Management of Expectations. Planned facilities do not meet expectations of public, staff, clinicians, NHS and council strategies etc. Reputation & service delivery impact	2	4	8	Stakeholder engagement to be planned out via key milestones within the programme. Final AEDET should measure design success. Residual risk thereafter for post handover.	2	4	8	£ -	£ -	Yes	NHS F				
19	Statutory Consents. May fail to acquire or delay in obtaining	2	4	8	Recent planning engagement. Does not appear to be controversial. NHS risk pre-contract.	2	4	8	£ -	£ -	Yes	NHS F	PSCP			
20	Change of scope; the requirement statement may be subject to uncontrolled scope creep.	2	3	6	Project Board to agree any changes if required. Maintain continuity over stakeholder groups.	2	3	6	£ -	£ -	Yes	NHS F				
21	Budget Costs(Site Conditions) The options may fail to identify and address site constraints, environmental concerns, ground conditions etc.	2	4	8	Robust surveys and investigations completed at pre-con stage. Residual risk. Covered under construction.	2	4	8	£		Yes	NHS F	PSCP	Yes		

22	Planning Costs. Costs of discharging conditions of planning consent.	2	3	6	Residual risk. Will not know conditions until consent received.	2	3	6	£ -	£ -	Yes	NHS F	PSCP			
23	New SER implications with requirements for early contractor (sub contractor) design.	4	2	8	Could mean additional upfront expenditure as part of the FBC stage. No additional cost just an earlier commitment. Affected packages to be identified early. Value for money v early sub contractor commitment to be reviewed	4	2	8	£ -	£ -	No	N/A			Y	
24	1:1250/1:500/1:200 design proposals not accepted by key project stakeholders	1	4	4	Final NHSF acceptance required pre-construction. Discuss/agree process. They are no accepted.	1	4	4	£ -		Yes	NHS F			Yes	
25	Building Warrant Approval times do not align with proposed construction period. (during Construction this risk then becomes a PSCP Risk)	3	4	12	Risk to programme - construction start date. Unlikely to be any cost risk is mobilisation is held until first stage warrant is in place.	3	4	12	£ -		Yes	NHS F			Yes	
26	Resource levels from all team members do not prove sufficient to deliver FBC Programme (particularly 1:50 design)	2	3	6	Pre-con risk. Close.	2	3	6	£ -	£ -	Yes	NHS F			Y	
27	Utility Costs	1	4	4	Most of the connections will be from the retained estate so risk of occurrence is low. Drainage connection discussed and agreed also.	1	4	4	£ -	£ -	Yes	NHS F	PSCP			
28	Future Change. The requirement statement may fail to keep abreast of future clinical practice.	2	3	6	This could include COVID impacts on the design. Design considered to be flexible meantime to deal with social distancing quite well.	2	3	6	£ -	£ -	No	NHS F				
29	Workforce Planning. NHS Fife may fail to effectively plan future staff requirements	2	4	8	Being reviewed again as part of FBC. Revenue risk.	2	4	8	£ -	£ -	No	NHS F				
30	Recruitment and Retention. NHS Fife may fail to attract sufficient appropriately skilled staff to meet the anticipated increase in demand	2	4	8	Recruitment and retention plan including succession planning. Anticipated that dedicated centre will attract/retain staff. Operational risk.	2	4	8	£ -	£ -	No	NHS F				
31	Equipment. May not conduct equipment planning effectively	3	3	9	Equipment list has been developed for budget purposes at FBC. To be further developed during construction.	3	3	9	£ -	£ -	Yes	NHS F				
32	Project Plan. The Project Plan does not adequately reflect required tasks and timescales	3	4	12	Pre-con risk. Close.	3	4	12	£ -		Yes	NHS F			Y	
33	Building Size/Configuration (Clinical Pathways) New clinical pathways still not tested which may impact on schedule of accommodation	3	4	12	Unlikely to affect SoA at this stage. New pathways are currently being developed. Operational risk.	2	4	8	£ -	£ -	No	NHS F				
34	Lack of up to date existing site information	1	4	4	Surveys/investigations almost complete. Remove as surveys and investigations have been completed.	1	4	4	£ -		Yes	NHS F	PSCP		Y	
35	Client changes to Brief or design after the project has started	2	4	8	Acceptance of WI prior to construction start date. This will help to control change. Pre-construction development now inherent within the design. Construction risk/allowance elsewhere.	2	4	8	£ -		Yes	NHS F			Y	
36	Car parking - the new car park needs to be opened before the current one closes.	3	4	12	Programme risk only. Unlikely to be cost risk.	3	4	12	£ -	£ -	Yes	NHS F	PSCP			
37	Robustness of design for market testing (gaps).	2	3	6	Design manager and PSCP to manage design team and set quality and output expectations. Residual contingency for design development.	2	3	6	£ -	£ -	Yes	PSCP				Covered in Construction stage in WP
38	The new heat station on the excising estate needs to be functional before the new build can start.	2	4	8	This risk is covered by the contract - client does not provide something by the agreed date. Retain in register meantime to allow tracking.	2	4	8	£ -	£ -	Yes	NHS F				
39	Legalities with link bridge connection.	2	4	8	As above.	2	4	8	£ -	£ -	Yes	NHS F				
40	Design development - confirmation of services routes.	3	3	9	Opportunity afforded to PSCP during pre-con. Residual risk for something that wasn't known but could have been. Risk covered elsewhere.	3	3	9	£ -		Yes	NHS F			Yes	
41	Gaps in billing information	3	3	9	JCA did flag some gaps and inconsistencies. Effort made to try and close these. Residual risk for PSCP to manage - design development.	3	3	9	£ -	£ -	Yes	PSCP				Included in Target Price Work Packages
42	Cradle project: crane lift delays affecting construction start date.	3	3	9	Unlikely to be an issue now - crane position changed.	3	3	9	£ -	£ -	Yes	NHSF			Yes	
43	Additional roof plantroom area for MEP Services coordination	3	4	12	Now included in design. Option to revert to containerised plant as VE if required. Delete on basis that it is covered via an EW.	3	4	12	£ -	£ -	Yes	NHSF	PSCP		Yes	
44	Existing medical gases infrastructure is to be upgraded to support project. Risk in timing.	3	3	9	This risk is covered by the contract - client does not provide something by the agreed date. Retain in register meantime to allow tracking.	3	3	9	£ -	£ -	Yes	NHSF				
						0	0	0	£ -	£ -						
	Stage 2 Early Warning Notices														
45	EWNC001 & 2 - GIFA increase	5	2	10	Net area down and gross area increase. Increase managed within overall budget. Stage 2 cost plan reflects.	5	2	10	£ -	£ -		NHSF			Yes	
46	EWNC003 - planning pre-application cost	5	1	5	Cost covered via CE.	5	1	5	£ -	£ -		NHSF			Yes	
47	EWNC004 - rooftop plantroom area increase	4	3	12	Now designed and being included in cost plan. Option to rationalise costs or revert to containerised plantrooms. Included in cost plan.	4	3	12	£ -	£ -		NHSF	PSCP		Yes	

#	Description	L	C	Score	Action / Comments	L	C	Score	£	£		Owner	Owner		Closed	
48	EWNC005 - NDAP review comments	4	3	12	NDAP tracker being developed. Meeting held to review NDAP comments. Engagement with NDAP to update them on Project Team intentions to ensure no surprises. Close on basis that EW is covered again below.	4	3	12	£ -	£ -		NHSF	PSCP		Yes	
49	EWNC006 - Sewer diversion Scottish Water review	5	2	10	Progress ground investigation works through CE. Obtain feedback from SW on their projected input and costs.	5	2	10	£ -	£ -		NHSF	PSCP			
50	EWNC007 - ceiling service void increase	4	2	8	300mm projected increase overall. Design development to be closed. Included in cost plan.	4	2	8	£ -	£ -		NHSF	PSCP		Yes	
51	EWNC008 - independent commissioning manager	1	3	3	BREEAM requirement. PM confirmed independent commissioning manager will not be appointed as adequate internal resources.	1	3	3	£ -	£ -		NHSF			Yes	
52	EWNC009 - GI works early findings	4	4	16	Initial GI does not find evidence of ground consolidation. Further investigations now complete. Extent of consolidation known and budget cost being obtained.	4	4	16	£ -	£ -		NHSF	PSCP		Yes	
53	EWNC010 - PV requirement	3	3	9	Design team confirms no PV requirement.	3	3	9	£ -	£ -		NHSF	PSCP		Yes	
54	EWNC011 - DIA required	5	1	5	DIA complete. SW risk referenced below.	5	1	5	£ -	£ -		NHSF	PSCP		Yes	
62	EWNP001 - change to link corridor connection	5	1	5	New location now factored into design proposals.	5	1	5	£ -	£ -					Yes	
Stage 3 Early Warning Notices																
55	EWNC001 - Proposed Car Parking Location On review of the local development plan, it appears that the proposed car park area is listed under Protected Open Space and as an Existing Green Network Asset, the LDP has policy in place in which there is a presumption against woodland removal (Policy 13). It also appears this general woodland is listed on the Ancient Woodland Inventory. NHSF ongoing legal purchase of the land should be reviewed to confirm any restrictions on development are defined.	2	4	8	NHSF to confirm no restrictions through legal sale. PSCP to commission ecology survey and report. Close on basis that car park strategy has changed as a consequence of negative planning reaction to initial proposals.	2	4	8	£ -	£ -		NHSF	PSCP		Yes	
56	EWNC-002 - Recovery Area Layout: delay in resolving recovery area 1:200.	5	2	10	1:200 layout now resolved. 1:50's are being developed.	5	2	10	£ -	£ -		NHSF	PSCP		Yes	
57	EWNC003 - Ecologist has identified an area of Japanese Knotweed within the car park development area that will require to be dealt with.	5	2	10	Methodology being developed for removal as part of the pre-con stage. Close as car parking proposals have changed.	5	2	10	£ -	£ -		NHSF	PSCP		Yes	
58	EWNC004 - likely that Scottish Water will request connection to existing water course rather than connection to the combined sewer in the car park area. Connection to water course would be costly and disruptive.	3	3	9	This risk has been realised and design has been adjusted to reflect.	3	3	9	£ -	£ -		NHSF	PSCP		Yes	
59	EWNC005 - risk of nesting birds in woodland area: There is potential for nesting birds in the wooded area with section of proposed car park at Whytemans Brae, this area will require surveying prior to any vegetation clearance between March and September. Nesting bird checks usually remain valid for three days and if the works are to take longer than three days, multiple visits may be required, with risk to programme if bird roosting is identified.	3	3	9	Trees to surveyed prior to felling. Close as car parking strategy has changed.	3	3	9	£ -	£ -		NHSF	PSCP		Yes	
60	EWNC006 - quality of topsoil: The draft engineering logs indicate that all eight of the trial pits have identified a relatively thick layer of topsoil with decayed vegetation extending to depths of between 0.3m and 0.95m with a typical average depth of 0.7m. Given that the general ground levels of the proposed car park area are similar to the surrounding areas where surface level tie-ins will be required, it is anticipated that the entire thickness of topsoil deposits will require to be excavated and removed from site and then replaced with complaint engineering fill materials back up to the level of the underside of road construction capping layer.	4	3	12	Risk related to larger proposed car park at WB.	4	3	12	£ -	£ -		NHSF	PSCP		Yes	
61	EWNC007 - NDAP OBC report: Following the OBC Submission on 17th Oct 19, the report outlining recommendations was received on 11th of Feb 20, review is currently ongoing with tracker now being amended to record all recommendations and further FBC submission requirements outlined in the report. Tracker will define owners for each response, whether evidence is currently available and timescales for those still to be progressed. A number of points will require agreement with NHFS prior to committing to FBC proposals to review risk to current programme and budget.	4	3	12	Replaced by FBC report. Close.	4	3	12	£ -	£ -		NHSF	PSCP		Yes	
62	EWNC008 - Main car parking application: delayed due to delay with car parking application which requires to be submitted first.	2	4	8	Risk realised. Delay to main application. Delay still works with current programme. Close.	2	4	8	£ -	£ -					Yes	
63	EWNC009 - Ground gas monitoring results - potential requirement for gas barrier membrane and infill slabs.	4	2	8	Factored into design and cost plan.	4	2	8	£ -	£ -					Yes	
64	EWNC010/11 - coronavirus: potential delays due to resource issues	4	4	16	Pre-con risk. Close.	4	4	16	£ -	£ -					Yes	
65	EWNC012 Drainage CCTV survey: Possible delay to survey due to COVID-19.	4	1	4	Survey now complete, slight delay but no wider issues.	4	1	4	£ -	£ -					Yes	
66	EWNC013 - HFS Assurance Review - extra task/effort for team and late review could affect the completed design and associated cost.	3	4	12	Complete spreadsheet of questions and return. Agree review dates and account for in programme.	3	4	12	£ -	£ -		NHS F				
67	EWNC014 - Possible delay to car park planning application	3	4	12	Unlikely to be any cost effect, just delay to the main project timeline.	3	4	12	£ -	£ -		NHS F				
68	EWNC015 - DIA surface water discharge.	5	1	5	Risk realised and incorporated into the design.	5	1	5	£ -	£ -					Yes	
69	EWNC016 - Planning feedback on car-parks. Land ownership and request for more onerous discharge rates.	4	2	8	Continue to engage and negotiate. Risk to cost and programme slippage.	4	2	8	£ -	£ -		NHS F				
70	EWNC017 - delay to building warrant approval period (car parks).	4	2	8	Continue to engage and negotiate. Programme slippage risk.	4	2	8	£ -	£ -		NHS F				

#	Risk	L	I	Score	Mitigation	L	I	Score	Cost							Comment
~~71~~	~~EWNC018 - Car parks - additional attenuation requested by planning / floods team.~~	~~5~~	~~2~~	~~10~~	~~Accept WB but aim to negotiate Lauder Road due to issues with putting an attenuation tank on top of HV infrastructure.~~ ~~Attenuation requirements now agreed.~~	~~5~~	~~2~~	~~10~~	~~£ -~~	~~£ -~~		~~NHS F~~		~~Y~~		
72	EWN020 - Warrant Fire Strategy - Current comments on AOV quantities and location not be captured in TP	3	3	9	Meeting to be arranged with all parties to review feedback from TS division and HFS on recommendation for removing AOV from project	2	2	4	£ -	£ -	Yes	NHS F				
73	EWN022 - Whytemans Brae Planning Approval - Further comments on final discharge to 'Deans Burn' require further option to be accepted, delay instruction to mobilise impacting car park programme and now the main Elective programme	3	3	9	Approval to be pursued with Planning/Floods prior to seeking final agreements with Fife Council Estates.	3	2	6	£ -	£ -	Yes	NHS F				
Construction																
1	Critical programme dates are unrealistic	2	3	6	A realistic project programme will be developed which will be regularly monitored and reviewed. Allow for time risk allowance and terminal float.	2	3	6	£ -	£ -	Yes	PSCP				
~~2~~	~~Unforeseen conditions when working with existing assets~~	~~2~~	~~4~~	~~8~~	~~As far as possible, review existing information and carry out detailed surveys and investigations during the design stage of the project. Allow appropriate contingency for residual risk.~~	~~2~~	~~4~~	~~8~~	~~£ -~~	~~£ -~~	~~Yes~~	~~NHS F~~			~~Yes~~	~~Remove as covered by item 11.~~
3	The project disrupts day to day business operations	2	4	8	Develop plans at OBC/FBC stage prior to construction.	2	4	8	£ -	£ -	Yes	NHS F	PSCP			
4	Adverse publicity occurs due to an issue with the project	2	4	8	Review the reputational impact of all risks in this register and take action	2	4	8	£ -	£ -	Yes	NHS F				
5	Brexit and impact on construction supply chain.	3	4	12	Difficult risk to manage as market conditions are out with the control of the project. Status to be monitored	3	4	12	£ -	£ -	No	NHS F				This should be an Employers Risk stated in Contract Data Pt 1
6	Access to part of the site is delayed	2	3	6	Site access and protocols to be reviewed in further detail during the FBC stage	2	3	6	£ -	£ -	Yes	NHS F				
7	The employer does not provide something by the date for providing it as shown on the accepted programme	2	3	6	Key Milestones to be marked on the programme. Consultation with relevant parties to gain buy-in respect to meeting the proposed dates. Review status at regular meetings	2	3	6	£ -	£ -	Yes	NHS F				
8	Instruction given to stop/not start the work	2	3	6	Would only be given for significant issues arising - i.e. major disruption or health and safety	2	3	6	£ -	£ -	Yes	NHS F				
9	Late response to a communication or acceptance affecting progress of work	2	3	6	PM to manage responses in line with contract timescales	2	3	6	£ -	£ -	Yes	NHS F				
10	The PSCP encounters physical conditions which they should/could have foreseen	3	3	9	PSCP to satisfy themselves of all site conditions. No CE will be given for matters arising that could have been better understood by commissioning a survey/investigation	3	3	9	£ -	£ -	Yes	PSCP				

#	Risk	L	I	Score	Mitigation	L	I	Score	Cost		Cost		Y/N	Owner	Owner2			Notes
11	Physical conditions that the PSCP could not have foreseen	3	3	9	On the basis that all of the relevant surveys and investigations have been completed, this risk can only be managed via NHS F time/cost contingency	3	3	9	£	-	£	-	Yes	NHS F				This should be an Employers Risk stated in Contract Data Pt 1
12	A weather measurement leading to a CE	3	3	9	This risk can only be managed via NHS F time/cost contingency	3	3	9	£	-	£	-	Yes	NHS F				
13	Adverse weather that is not a CE	3	3	9	PSCP to build in provision within the programme for weather risk	3	3	9	£	-	£	-	Yes	PSCP				
14	~~Issues leading to design development~~	3	3	9	~~PSCP to manage via design/technical meetings~~	3	3	9	£		£		Yes	PSCP		y		Included in Target Price Work Packages
15	~~Clashes in design coordination leading to design development~~	3	3	9	~~PSCP to manage via design/technical meetings~~	3	3	9	£		£		Yes	PSCP		y		Included in Target Price Work Packages
16	Poor sub-contractor performance leading to poor quality and or delay	3	3	9	Sub- contractors to be selected on the basis of quality together with cost. Strong local supply chain to be assembled	3	3	9	£	-	£	-	Yes	PSCP				
17	Delay in handover due to number of defects	3	4	12	Programme to be challenging but realistic offering time provision for correcting defects and carrying out commissioning in advance of handover	3	4	12	£	-	£	-	Yes	PSCP				
18	Delay in delivery of Groups 2,3 and 4 equipment leading to delays in commissioning and opening unit	3	3	9	Key Milestones to be marked on the programme. Consultation with relevant parties to gain buy-in respect to meeting the proposed dates. Review status at regular meetings, consider setting up an equipment sub-group	3	3	9	£	-	£	-	Yes	NHS F				
19	Inflation beyond target/price agreement	3	3	9	Difficult to manage. PSCP to accept risk and manage within agreed contingency allowances.	3	3	9	£	-	£	-	Yes	PSCP				
20	Poor Project/Design Management leading to delays	3	3	9	PSCP to offer a strong team with sufficient resource allocation to manage project diligently	3	3	9	£	-	£	-	Yes	PSCP				
21	Traffic issues including public safety/interface	3	3	9	Plans to be agreed in advance of construction. To be reflected within the construction phase plan	3	3	9	£	-	£	-	Yes	NHS F	PSCP			
22	Problems with contractors access to site	2	3	6	Construction phase plan to be developed.	2	3	6	£	-	£	-	Yes	PSCP				
23	Next stage(s) of building warrant delayed affecting progress of works	2	4	8	Procure contractors to assist with contractor design	2	4	8	£	-	£	-	Yes	PSCP				
24	Measurement risk with bills	3	3	9	Mitigation is that the contractor price, the drawings and specs - not the bills- contracts should refer	3	3	9	£	-	£	-	Yes	PSCP				Included in Target Price Work Packages
25	Access for deliveries. Agreement required on what can be delivered and when. Once agreement is in place there is a risk that this could constrain or delay the PSCPS work	3	3	9	Construction phasing and plans for cabin, scaffolding and deliveries all agreed and confirmed	3	3	9	£	-	£	-	Yes	PSCP				
26	HAI Scribe issues	3	4	12	Carry out stage 3 HAI in detail	3	4	12	£	-	£	-	Yes	PSCP				
27	HAI Scribe issues affecting staff/patients	3	4	12	Carry out stage 3 HAI in detail	3	4	12	£	-	£	-	Yes	NHS F	PSCP			
28	Supply chain bankruptcy/insolvency	2	4	8	PSCP to select robust supply chain and ensure that quality is a factor in selection	2	4	8	£	-	£	-	Yes	PSCP				
29	Long lead in periods for materials	2	3	6	To be reflected within the construction programme. Noted that this should be low risk given the scope of the project	2	3	6	£	-	£	-	Yes	PSCP				
30	Health and safety issues leading to delays	3	3	9	Robust construction phase plan, good site manager and regular H&S audits.	3	3	9	£	-	£	-	Yes	PSCP				
31	Business continuity risk through cut/damaged services	2	4	8	Isolation protocol to be established between NHS F and PSCP	2	4	8	£	-	£	-	Yes	NHS F	PSCP			
32	NHS F staff not available to isolate services to meet programme	3	3	9	Procedure and notice periods to be confirmed and established	3	3	9	£	-	£	-	Yes	NHS F				
33	Damage/delaps caused through work	3	3	9	PSCP to undertake delaps survey and make good as required	3	3	9	£	-	£	-	Yes	PSCP				
34	Business continuity risk caused through security issues - i.e. Unauthorised people accessing plant rooms	3	3	9	Access protocol to be established	3	3	9	£	-	£	-	Yes	NHS F	PSCP			
35	Logistics of working adjacent to live areas and fire escapes	3	4	12	Construction phase plan to consider and resolve	3	4	12	£	-	£	-	Yes	PSCP				
36	Other on site construction constraints i.e. cars parked in the way of access routes causing disruption/delay.	3	2	6		3	2	6	£	-	£	-	Yes	PSCP				
37	Insufficient timescales for testing and commissioning	3	4	12	Setting realistic timescales to meet the deadline for the build being operational. Robust commissioning plan.	3	4	12	£	-	£	-	Yes	PSCP				
38	Security of people accessing the construction site and causing damage/disruption/delay.	3	2	6	Precautions must be taken to ensure no unauthorised access. Robust fencing / access controls etc.	3	2	6	£	-	£	-	Yes	PSCP				
39	Existing Services - Uncharted services - actual location and condition of existing services, found during construction, results in additional costs/time.	3	4	12	Early assessment of existing service capacity in addition to an assessment of likely service demands of FEOC.	3	4	12	£	-	£	-	Yes	NHSF				
40	Quality - The level of build quality delivered by PSCP does not match the brief.	4	4	16	Robust monitoring by Graham Construction Site Supervisor and NEC3 Supervisor team. PSCP has a full quality management system in place. *Note this is still being finalised*	1	4	4	£	-	£	-	Yes	PSCP				
41	Insufficient allowance for Designers Fees -risk of poor performance of GC design team	3	3	9		3	3	9	£	-	£	-	Yes	PSCP				
42	Logistics -COVID related government restrictions resulting in changes to Site rules, including hours of working etc , leading to a change of traffic management, site management, construction methodology.	4	3	12	Robust working practice arrangements. Alternative solutions to be agreed by NHSF & PSCP.	3	3	9	£	-	£	-	No	NHS F				This should be an Employers Risk stated in Contract Data Pt 1
43	Availability of resources (Work Force/Materials)	3	3	9	Sub- contractors to be selected on the basis of quality together with cost. Strong local supply chain to be assembled	3	3	9	£	-	£	-	Yes	PSCP				
44	Ground conditions - contamination incl asbestos, including any found during subsequent works (following agreement of the Works Target Price), over and above that identified in the GI's completed at Target Price	5	3	15	Early SI's have been carried out to inform design specification.	4	3	12	£	-	£	-	Yes	NHSF				
45	Air Permeability - issues with testing and/or quality results in need for additional works	2	3	6	quality of design detailing to be reviewed, robust quality checks during construction, sufficient allowances in programme	1	2	2	£	-	£	-	Yes	PSCP				
46	Noise & Dust Pollution	2	3	6	Method Statements and appropriate measures of carrying out the works. i.e. dust suppression, etc.	1	2	2	£	-	£	-	Yes	PSCP				
47	Termination, Employer can terminate for any reason	1	5	5		1	5	5	£	-	£	-	Yes	PSCP				
48	Asbestos contained in fill materials noted in desktop survey. This is local to site and not necessarily on the areas of works.	3	4	12	Contractor to be vigilante during excavation works.	2	3	6	£	-	£	-	Yes	NHSF				

ID	Risk	L	I	Score	Mitigation	L	I	Score	£ PSCP	£ NHSF	Y/N	Owner
49	Ground conditions - gas protection, bearing pressure, and consolidation to the extent shown in the GI's and test grouting, site variations require additional works.	3	4	12	Risk partially mitigated following programme of further test grouting, Gas membrane specified.	3	3	9	£ -		Yes	NHSF
50	Logistics - NHSF impose / change restrictions from Site Rules, including hours of working, permits, accessing areas of the site, and alike leading to a change of traffic management, site management, construction methodology.	2	3	6	Robust pre-agreed plans with site rules/WI being signed off by NHSF. NHSF to communicate with Project Team regarding any changes to the agreed Site Rules and construction phase plans. Alternative solutions to be agreed by NHSF & PSCP.	1	2	2	£ -	£ -	Yes	NHS F
51	Adjoining Property -NHSF fail to engage with appropriate clinical stakeholders to advise of works/noise/disruption.	3	4	12	Regular planned site communication meetings/look-ahead between NHSF & PSCP with clinical attendance. Escalation strategy in place to agree with issues that arise. Business Continuity Plan being progressed.	2	3	6	£ -	£ -	Yes	NHS F
52	3rd Party Other - Vibration exceed limits / requirements noted in the Site rules / WI during construction works affecting clinical services /stopping construction work	4	3	12	Construction techniques and surveillance developed with respect of limits set in Site Rules/Works Information - Site rules	2	2	4	£ -	£ -	Yes	PSCP
53	Risk of falling materials during craning operations.	2	4	8	Construction Phase Plan developed. Specific RAM's and lifting plans to be developed and agreed in advance of operations. Over sail out with boundary prevented	1	4	4	£ -	£ -	Yes	PSCP
54	3rd Party - Other - forming link to the existing structure and wider services infrastructure connections will involve working in a live hospital environment - disruption	3	2	6	Method statement to be developed for interfacing works detailing how live areas protected to ensure continuity of services This will be agreed with NHSF prior to works commencing. - Out of hours working	2	2	4	£ -	£ -	Yes	PSCP
55	Health and Safety - Fire within construction site	3	3	9	Fire plans developed including protection of adjoining buildings / departments and escape routes for initial works as per CPP, fire plan to be constantly reviewed and amended as works progress during stage 4	1	3	3	£ -	£ -	Yes	PSCP
56	Labour - availability including for Out of hours working	3	2	6	Review subcontractor bids, appointments to include for travel, manage programme	2	2	4	£ -	£ -	Yes	PSCP
57	Out of hours working due to operational issues	3	2	6	Good communication in respect to look aheads and noisy work to ensure plans can be put in place in advance to mitigate impact.	3	2	6	£ -	£ -	Yes	NHSF
58	Planning - Failure to discharge and / or costs to comply with planning conditions yet to be defined	3	3	9	Continued engagement with planner to establish likely conditions	3	3	9	£ -	£ -	Yes	NHS F
59	Programme Statutory - Building Control fail to meet dates for issues certificates to close off each construction phase.	3	4	12	Early engagement with Fife BCO Staged warrants to be agreed Regular meetings and engagement with assigned BCO	2	3	6	£ -	£ -	Yes	PSCP
60	Statutory Other - Legislative changes post Stage 4 contract that affect the scope, specification and/or the cost of the project.	3	2	6	Regular monitoring and review.	3	2	6	£ -	£ -	Yes	NHS F
61	Water /Electricity- Temporary water or power outages caused by others out with construction site halt works on site	2	3	6	Resolve quickly to minimise programme impact.	1	3	3	£ -	£ -	Yes	NHS F
62	Failure to achieve the required BREEAM rating	2	3	6	Targeting Good rating and likely to be achieved	1	2	2	£ -	£ -	Yes	PSCP
63	Cost of correcting defects post completion	2	3	6	Sufficient resource to de-snag prior to H/O QMS to be finalised Soft landings process provides for de-snag prior to handover	1	2	2	£ -	£ -	Yes	PSCP
64	Delayed payments to supply chain due to unproven process of PBA	2	3	6		2	3	6	£ -	£ -	Yes	NHS F
65	Delayed payments to supply chain due to unproven process of PBA	2	3	6		2	3	6	£ -	£ -	Yes	PSCP
66	Design Liability - failure to obtain Collateral Warranties from supply chain	2	3	6	Ensure proper selection of CDP Subcontractors who carry relevant level of PI	1	3	3	£ -	£ -	Yes	PSCP
	Post-construction			0								
1	Risk that when in operation the project cannot be easily maintained from an operation and/or cost perspective.	3	4	12	Set up an effective project team where the designers engage with Estates and FM.	3	4	12	£ -	£ -		NHS F
2	Soft landings process not correctly implemented resulting in project not having maximum impact	3	4	12	Agree soft landings strategy during FBC. Agree FM strategy with NHS F estates team. Identify suitable opportunities to embed maintenance provisions within the PSCP supply chain appointments to cover systems maintenance for agreed periods beyond PC - note this will add to capital costs but may reduce revenue cost	3	4	12	£ -	£ -		NHS F
3	There is a risk that failure to plan and coordinate functional commissioning activities will result in issues during the commissioning period. Such a failure could lead to cost pressures and disruption/risk to clinical areas.	4	3	12	Commissioning Manager in place for the start of Stage 4. This role will allow NHSF to a safe, smooth and coordinated functional commissioning plan. This will be integrated within the Soft Landings Delivery Plan	2	3	6	£ -	£ -		NHS F

£ -	£ -	
PSCP	**NHSF**	

Total £ -

Elective Orthopaedic Centre Communications Plan – Draft V3

1. **Elective Orthopaedic Centre Project Communications overview**

The Elective Orthopaedic Centre Project team have asked communications to develop a communications plan to identify the communications collateral required to ensure targeted and timely engagement with key stakeholders including staff, patients, visitors to the Victoria Hospital as well as partner organisations and contractors leading up to and throughout the period of the Orthopaedic Centre works.

2. **Elective Orthopaedic Centre Stakeholder communications**

The following key stakeholder groups have been identified:

- Internal communications (Staff, Patients, Hospital Visitors and Hospital suppliers)
- External communications (Press and Media, Social Media)
- Partner Communication (Scottish Government, Fife Council, Contractors)

3. **Communications tools required:**

The following communications tools and resources were identified to support stakeholder communications around the work:

- Dedicated NHS Fife web and Intranet Pages
- Project name (EOC), "Branding" and logos to be designed and used across all communications material, along with the individual partners logos where appropriate
- Social media # to be created - #NHSFifeEOC
- FAQ's to be developed and evolved throughout the works period to directly address feedback or specific issues raised by service users
- Maps and architects drawings for designs and areas likely to be impacted (including car parking)
- Calendar of activity (Key mile stones)
- Project team – who's who
- Agreed spokesperson and media release / update sign off process, who issues
- Communication leads / contacts for the partner organisations / contractors to ensure coordinated and consistent messages
- Video and photo updates – time-lapse video opportunity, talking heads / project team interviews
- Victoria Hospital Main Reception display / Ward 10 pre-assessment poster – outlining works and progress
- Onelan TV Screen updates
- E-update / Newsletter for staff – issued every 4-6 months during the 18 month construction
- Media presentation prior to works starting
- Governance – working groups and reporting structure to be confirmed
- Temporary directional signage
- Accessibility and alternative formats for all communications material produced

1

4. Official Spokespersons and Communications leads for the project

A range of spokespersons and communications leads / contacts should be agreed in advance as part of communications planning. Once this group of individuals have been identified a media statement development and sign off process will need to be agreed.

Organisation	Communications Lead	Official Spokesperson/s
NHS Fife	Kirsty MacGregor, Head of Communications	Alan Wilson, Capital Project Director, Finance, NHS Fife Helen Buchanan Director Of Nursing, NHS Fife
Scottish Government?		
Principal Supply Chain Partner (PSCP), Graham Construction	Pre-construction: Chris McLeod, Framework Director Construction: Pat O'Hare, Contracts Director	Pre-construction: Chris McLeod, Framework Director Construction: Pat O'Hare, Contracts Director
Thomson Gray, Project Manager	Ben Johnston, Associate Project Manager	Ken Fraser, Regional Director
Gardiner & Theobald, Cost Advisor	Linda McLennan, Senior Associate	Mark Findlay, Partner

5. Develop Standard Media Lines:

Some standard statements should be developed with the project team. These will develop and evolve throughout the length of the project, however it is important that we 'set the scene' for the works starting, "sell" the ambition and positive impact of the project and concisely outline the work involved and offer reassurance to service users and staff that steps will be taken to minimise impact on the day to day working of the hospital.

6. Frequently Asked Questions:

The following FAQ's have been drafted as a starting point for the communications around the Elective Orthopaedic Centre works. These will be developed as the project evolves.

What are the timescales of the project?
Work will commence in January 2021 and it is anticipated that the work will last for 18 months... During this period we will provide staff and service users with regular updates on the programme of works and any localised changes to current arrangements.

What will the works involve?
The work will involve the construction of an Elective Orthopaedic Centre, consisting of 3 in number theatres, 34 bed supporting Ward and Outpatients department.

Who will oversee the project?
Agreement and sign off of the design proposals will ultimately sit with the Board of NHS Fife.

The project will be managed by Alan Wilson Capital Project Director directly reporting to Helen Buchanan, Director of Nursing and Senior Responsible Officer

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A project team will also be established to ensure staff and service users are informed and consulted in regard to the progress of the project.

Throughout the programme of works we will continue to work closely with clinical colleagues, meeting on a regular basis to ensure active engagement in the project and minimise any impact on the day to day provision of services.

How much will these works cost?
The works will be funded from the Scottish Governments £30 million.

Will car parking be impacted by this work?
We hope to minimise the impact on car parking, however at certain points in the project we may be required to close off some car parking spaces for works access. These planned closures will be communicated in advance to allow visitors and staff to make alternative arrangements.

How can I find out more?
A dedicated area on the NHS Fife Intranet and website has been created that outlines the schedule of works and illustrations of the areas of work.

7. Crisis Communications response

Given heightened public and political interest in publically funded builds across the NHS in Scotland, it is important that we address any potential 'Crisis' and how we would manage the communication response to this. In terms of crisis, this could be associated with any deadline delays, contractor issues, planning or health and safety issues.
In-line with any media statement being issued, we would need to agree a clear process of sign off, attributed spokesperson and a briefing for the Scottish Government that would sit with any media release or statement

8. Next steps

It is proposed that a Communications Working group be established to support the enhancement works and develop the communications tools identified.

This group would report into the main project management group.

Membership of this group would be the communication leads identified by each of the partners, along with staff representation from the acute hospital and member of the project management team.

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Fife Elective Orthopaedic Statement

Full Business Case – Project Board Signed Statement of Support

September 2020

This signed statement from the Project Board members serves to acknowledge that they have been satisfactorily engaged and/or consulted on the project's development; that they have a clear understanding of the financial implications of the proposed commercial arrangements, associated spend, and contractual obligations; and that they are committed to supporting the project with the appropriate resources.

Name	Role	Signed	Date

Page **1** of **1**

NHS Fife Elective Orthopaedic Centre

Commissioning Statement

Commissioning Management Strategy / Manual

GRAHAM's commissioning management strategy is developed at the project outset focusing on sign-off of systems including testing, setting to work, pre-commissioning, commissioning, demonstrations, O&M Manuals, as build drawings, to the final handover of the building services systems.

The Commissioning Management Strategy is developed in conjunction with **Arthur McKay, NHS Fife Project Director, NHS Fife Technical Supervisors, NHS Fife Operational Commissioning Manager and NHS Fife Clerk of Works**,

Roles & Responsibilities

The high level responsibilities for the key commissioning stakeholders are summarised below.

The **Clerk of Works** will inspect construction work and compare it with drawings and specifications along with quality checking building materials / installations. They will identify observations and defects, monitor progress and report to the Technical Supervisor.

The NEC3 **Technical Supervisor** ensures that the works are carried out in line with the quality defined by the Works Information. The Technical Supervisor will have a regular presence on site, providing independent scrutiny of the works, ensuring the correct materials are used and to the correct standards. The Technical Supervisor will witness the testing and commissioning of the facility with input from the Clerk of Works and relevant Authorising Persons.

The **NHS Fife Operational Commissioning Manager** will liaise with the Technical Supervisor to understand the commissioning progress and co-ordinate the Group 2 & 3 equipment. They will also interface with the clinical teams in relation to the building going live and co-ordination of the functional move from existing buildings to new.

GRAHAM is the Principle Supply Chain Partner who will co-ordinate the installation, quality and commissioning management strategy with the Technical Supervisor, Local Authority, Design Team and Contractors.

Arthur McKay is the Building Services Partner who will undertake the installation and commissioning of the Building Services systems. They will develop test & inspection procedures for the Elective Orthopaedic Centre ensuring the installations are commissioned to highest of standard.

NHSF Project Manager will oversee the Technical Supervisor and provide leadership to ensure the project is commissioned inline with the commissioning strategy and delivered within the cost and programme allocation.

NHSF Project Director will oversee the Technical Supervisor and provide strategic leadership to ensure the project is commissioned inline with the commissioning strategy and delivered within the cost and programme allocation. The Project Director will also liaise with the NHS Board.

A structured approach to communication and interaction between commission stakeholders will be established at the onset of the project, refer to organigram below for planned lines of communication between all key parties.
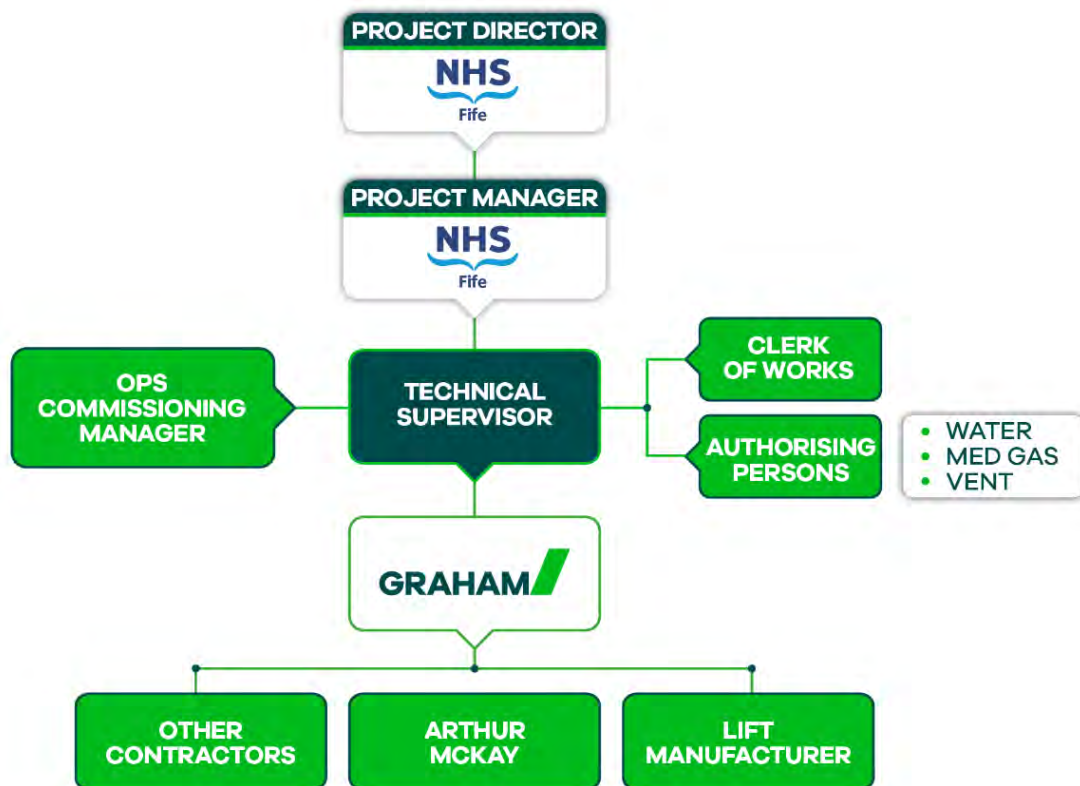
The Manual will be issued to NHS Fife, subcontractors and design team for review early in SCIM Stage 4. The manual then becomes the interface schedule and quality check sheet file for the installation of the services and evolves into the overall commissioning manual (commissioning validation folder) for the complete project. The manual will also be developed to suit the outputs targeted through the BREEAM and soft landings process.

This manual will be reviewed on-site at the weekly commissioning meetings and commissioning information will be photocopied and added to the commissioning manual as it is completed. This then enables all the specialists and design consultants etc to interrogate the current status of the commissioning information available for each system at any stage throughout the project. The manual includes the following.

- Quality, safety and environmental plans
- Programming for delivery of information, on and off-site construction
- Procurement, production and approval of samples, mock-ups, trial site assemblies etc
- The control of work through supervision and inspection
- Monitoring of construction progress
- Management of commissioning
- Management and recording of final inspections
- Development of O&M manuals
- Planning and programming, and progress recording of instruction and training of end users in the operation and maintenance of the building installations

- Confirmation of the understanding of specified post contract responsibilities associated with the fine tuning and system proving and soft landings support
- Test sheets for each of the services in accordance with the SHTM Guidance, CIBSE and BSRIA commissioning codes

Commissioning Programme

Accurate programme management and co-ordination is fundamental ensuring the VHK Elective Orthopaedic Centre project will be completed, fully commissioned and ready for use, on or before the programmed completion dates.

The commissioning programme has been developed progressively from the project outset, Stage 2 and 3 and is integrated with the main construction programme. Planning and implementation of the commissioning strategy and programme will continue through Stage 4.

The commissioning programme takes the individual plant, equipment and system logical sequences and integrates them into one optimum duration commissioning programme which will reasonably meet the overall delivery requirements / programme GRAHAM & NHS Fife have for the project.

The Construction Programme has been expanded with commissioning detail as defined in the following programme.

- EOC-GRA-XX-XX-PR-W-S401 dated 03/09/20

And supplemented by the commissioning programme EOC-GRA-XX-XX-PR-W-S401 dated 02/09/20

Summary extract from the VHK Elective Orthopedic Centre Construction Programme
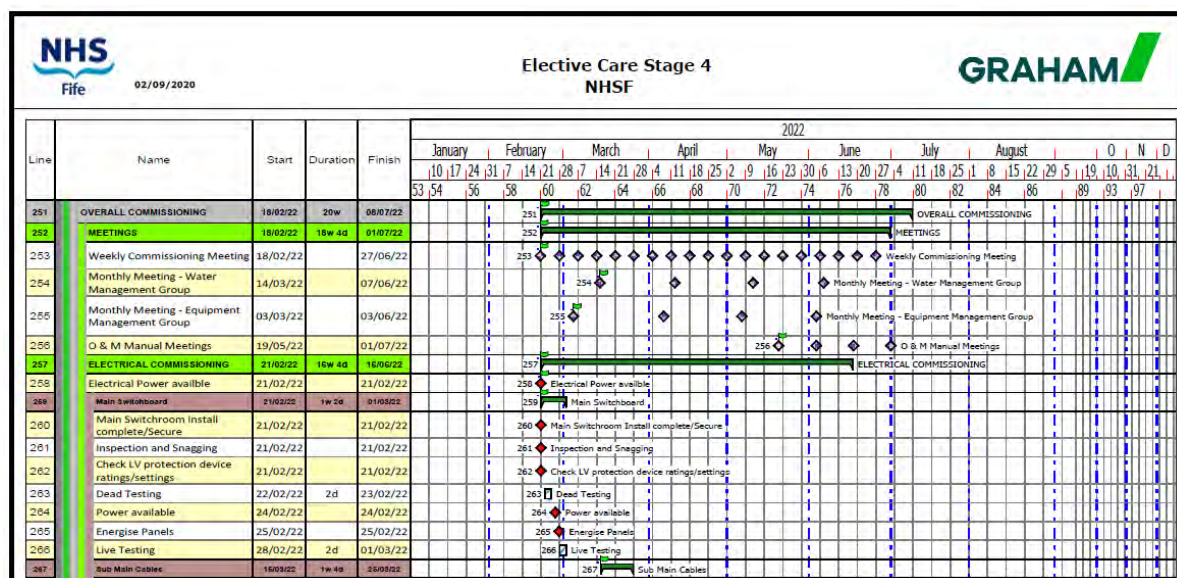
During SCIM Stage 3 commissioning workshops were undertaken focusing on;

- Commissioning methodology / validation process
- Commissioning programme reviews
- Development of interface groups
  o Construction Phase Water Management Group

o Specialist Ventilation Group
o Specialist Equipment Interface Group
• Approach to ensuring historical Industry issues do not get repeated.

The commissioning programme has been reviewed in detail to ensure the overall commissioning duration is appropriate for successful commissioning of the building services. Logic sequencing and building close out will be refined further within Stage 4.

• **VHK Elective Orthopaedic Centre – Commissioning & Testing Period – 20 Weeks**

The below extract details the commissioning critical path line for the MEP services testing and commissioning.
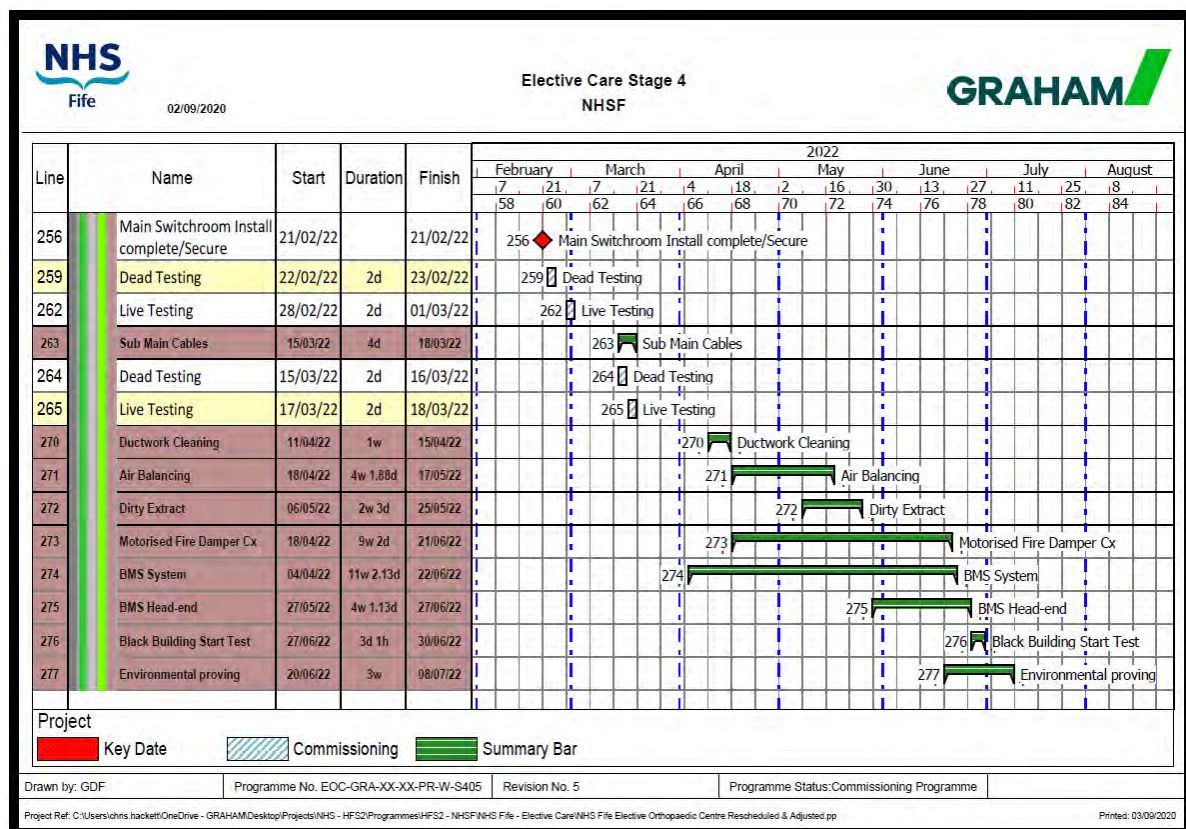
The commissioning programme will be further agreed with all Stakeholders early within Stage 4 and will be planned / developed breaking down the following elements.

• M&E Commissioning Master Programme
• Mechanical commissioning programme
• Electrical commissioning programme
• Specialist Equipment commissioning programme
• Approval of construction drawings and technical submittals for the different engineering services of the building
• Approval of the project specific commissioning method statements, checklists and test sheets for the different engineering services of the building
• Factory acceptance testing and witnessing
• Weather protection of the building envelope
• Building air tightness testing

- Completion of building fabric elements that are critical for the start of commissioning activities
- Electrical power activation for different elements of the project eg.
  - Mechanical equipment
  - Building management equipment
  - Lifts and escalators
  - Fire alarm equipment
- Supply of key utilities such as water, electricity and networks
- Pre-commissioning dates for different engineering services of the building, including installation verification and static tests.
- Commissioning dates for the different engineering services of the building, including setting to work, regulation, performance tests and integrated system proving.
- Demonstrations of the engineering services to third party organisations such as local building authority, fire officer etc.
- Production and delivery of handover documentation
- Production and delivery of training for building users and operators
- Building Handover
- Initial occupancy support including fine tuning
- Seasonal commissioning (if applicable)

Commissioning Interface Groups

The following interface groups will be established within Stage 4 and "terms of reference" will be drafted detailing key objectives, remit and organisational structure of each interface group;

- **Construction Phase Water Management Group**
- **Specialist Ventilation Group**
- **Specialist Equipment Interface Group**

As an example, the Construction Phase Water Management Group's (CPWMG) main objective is

"To accept ownership for delivering a compliant facility leading to a "Microbiologically Safe Building" in relation to Water Safety inclusive of Legionella, Pseudomonas and other water borne bacteria in the new Elective Care Building."

Membership of the CPWMG will comprise of the following people;

- Consultant Microbiologist
- Lead Nurse Infection Prevention and Control
- Director of Estates and Facilities
- Health and Safety Advisor NHS Fife
- GRAHAM Building Services Manager
- Arthur McKay Commissioning Manager
- NHS Fife Authorising Engineer (Water)
- NHS Fife MEP Technical Supervisor
- NHS Fife Clerk of Works

Below are some extract images from a Draft Construction Phase Water Management Group ToR's.

NHS Fife

Draft Construction Phase Water Management Group

Terms of reference

1. **Key Objectives, Remit and Organisational Structure of WSG**

The NHS Fife Board places the greatest emphasis on the health, safety, and welfare of its staff, patients, visitors, and others. To meet with this objective it is essential that management and staff should work together positively to achieve a safe workplace environment and deliver healthcare services that support the needs of our patient groups and where risks are controlled / mitigated so far as it is reasonably practical to do so.

It is the policy of the NHS Fife that management will do all that is reasonably practicable to provide an environment conducive to maintaining the health and safety and welfare of all staff, patients, visitors and others who may be affected by our undertakings. This is based upon the NHS Fife discharging its duty of care as specified in general legislation, Department of Health policy, and other governmental guidance.

To this end NHS Fife has set up a Construction Phase Water Management Group (CPWMG) as one element of its health and safety infrastructure, in order to achieve this objective.

The main objective of the CPWMG is:

To accept ownership for delivering a compliant facility leading to a "Microbiologically Safe Building" in relation to Water Safety inclusive of Legionella, Pseudomonas and other water borne bacteria in the new VHK Elective Orthopaedic Centre.

2. **Membership and specific members' roles**

Membership of the CPWMG will comprise of the following persons, who will have lead responsibilities as identified:

Consultant Microbiologist & IPC Doctor
Lead Nurse Infection Prevention and Control
Director of Estates and Facilities
Health and Safety Advisor NHS Fife

i. Accept management responsibility for delivering a "Microbiologically Safe Building" in relation to Water Safety inclusive of Legionella, Pseudomonas and other water borne bacteria.

ii. The appointment of people into positions of "Responsibility".

iii. Ensure the preparation of all relevant risk assessments, documentation, works specifications, pre-planned maintenance programmes and policies etc. (prepared by the Group or by others for the Group).

iv. The ratification of all relevant documentation, pre-planned maintenance programmes, policies, system water systems and associated fittings designs, etc.

v. Responsibility for ensuring that all water systems and equipment installed in the new hospital are designed, installed, tested and commissioned to the Guidance and standards referred to in the NHS Fife's Water Safety Policy and the Water Safety Plan.

vi. Ensure that all water systems comply with the requirements of BS 8558:2015, ACoP L8, HSG274, BS EN806, BS 8580, SHTM 04-01 & NHS Fife's Boards Construction Requirements (BCR, s)

vii. Provide the WSG a monthly summary of the status of the new build.

viii. Ensure that the specification and the consulting engineer's competence and interpretation of the requirements are suitably assessed and confirmed and supervise all contracts under the control of the department.

ix. Ensure the Quality Control Procedures & those managing these procedures have competence and interpretation of the requirements.

x. Provide to the WSG copies of commissioning results, maintenance and test instructions and details of any specific hazards pertaining to the systems and equipment which shall include the full requirements of Sections 16 and 18 of SHTM 04-01 as well as the requirements of the Water Safety Plan, particularly all protocol pro-formas pertaining to Hand-Over of new and/or refurbished buildings/areas and for the Permit to Open Section/Area .

xi. Ensure that Operating and maintenance manuals are provided to the WSG for all building services installation, including commissioning data, disinfection certificates and biological analysis results. These shall include all relevant sections as described in BS 8558:2015 and particularly SHTM 04-01 Sections 18.

xii. Supervise the completion of suitable and sufficient risk assessments on all water systems and "wet" air conditioning plant in line with the Guidelines prior to occupation. The risk assessment shall be reviewed a few weeks after complete occupation.

xiii. Ensure that only appropriately trained contractors with the respective accreditation are employed to undertake work on the new build.

Arthur McKay Commissioning Statement

Arthur McKay have been engaged as MEP partner for the delivery of the VHK Elective Orthopaedic Centre. Arthur McKay's culture **"right first time"** is the upmost importance ensuring the highest standards of quality are delivered.

Extract below from Arthur McKay commissioning procedure.

VHK Elective Orthopaedic Centre Commissioning and Handover Procedure

Objective:

To ensure that the installation is commissioned and handed over in accordance with all requirements and to the satisfaction of the customer.

Scope:

General areas of Commissioning and Handover. This procedure should be used in conjunction with the Arthur McKay commissioning programme and Inspection, test & quality plan

Commissioning Procedure:

The installation shall be commissioned in accordance with the requirements of the manufacturer's guidance/instructions and the RYBKA design specification.

A complete record of all the required commissioning documentation will be retained in the Project File and available upon request and issued to the client at project completion in the operation and maintenance manuals. Details of relevant commissioning forms can be found on the Inspection, test & quality plan.

This will include as a minimum:

- All test documentation
- Any installation checks or adjustments/pre-commissioning checks carried out
- Copies of any notifications to Building Control
- Any required checklists
- Details of information and verbal guidance given to the client
- A copy of the Handover Certificate issued to the client

An appointed Arthur McKay project manager will manage all the commissioning activities ensuring all processes are followed as pe the commissioning risk assessment and method statements issued. They will attend the weekly commissioning meeting to give an overview of the current progress and issue a progress report based on this information.

Handover Procedure:

Only when the works are fully installed, commissioned and with any operational defects corrected will we handover the installation to the client.

Handover will include as a minimum:

- Information on the safe and efficient operation/use of the installation
- Information on the care of the installation to avoid detrimental effects. This would include any regular maintenance or cleaning that may be required
- Information on the efficient operation of the installation to facilitate the delivery of the expected reduction in energy use
- A Handover Certificate
- Any applicable Building Regulations compliance certificates (or information explaining that the certificate is required and will be supplied within 30 days)

The information provided will include any available operation and maintenance manuals or documentation that are intended for the use of the customer.

As well as the documentation above, whether this is available or not, a suitably competent person will verbally explain the function and operation of the installation. This should, where possible, be carried out during a viewing of the installation.

Arthur McKay test and inspection procedures will be tailored to the Elective Orthopaedic Centre ensuring the installation meets the requirements of legislation, Healthcare Guidance, CIBSE / BSRIA guides and commissioning codes, Building Regulations, the contract specification, manufacturer's instructions and industry best practice.

Tailoring of the test and inspection sheets will be undertaken early in Stage 4 and will be in conjunction with GRA, NHS Fife Technical Supervisors and relevant specialist sub-contractors / manufacturers.

Extracts below from sample test and inspection plan.

Project Name :	NHS Fife Orthopeadic Elective Care				Project No:	Sheet : 1 of		6
Client :	NHS Fife					**INSPECTION CODE key :**		
						N/A	**Not Applicable**	
Principal Contractor :	Graham					SI	**Sample Inspection**	
						I	**100% Inspection**	
Prepared by :						SW	**Sample Witness**	
						W	**100% Witness**	
Authorised by :						ST	**Sample Test**	
Date :						T	**100% Test**	
Item No :	Operation	Applicable Documentation	Responsibility / Comments	Verifying Document		**INSPECTION CODE :**		
						AMK	PM	Client
1	Visual Inspection Trunking, Tray and Basket Systems.	RYBKA Spec/AMK Design	AMK QHSE	QISP-E201		I		
2	Visual Inspection Conduit Systems	RYBKA Spec/AMK Design	AMK QHSE	QISP-E203		I		
3	Visual Inspection Cable Supports	RYBKA Spec/AMK Design	AMK QHSE	QISP-E201		I		
4	Visual Inspection Cabling all Systems	RYBKA Spec/AMK Design	AMK QHSE	QISP-E204		I		
5	Visual Inspection Switchgear Systems	RYBKA Spec/AMK Design	AMK QHSE	QISP-E205		I		
6	Main Switchboard	RYBKA Spec/AMK Design	FAT & SAT	Manufacturer test documents		I		
7	Visual Inspection Earthing	RYBKA Spec/AMK Design	AMK QHSE	QISP-E207		I		
8	Visual Inspection of Luminaires	RYBKA Spec/AMK Design	AMK QHSE	QISP-E211		I		
9	Emergency Lighting System	RYBKA Spec/AMK Design	AMK QHSE	NICEIC		I		

Demonstrations and training

For each system, an in-depth demonstration of the system in operation, its control methodology and the opportunity to fine tune the system through the BEMS set points will be undertaken by the relevant sub-contractor and supervised by GRAHAM and Arthur McKay commissioning manager.

This process will be carefully planned during the soft landings core team meetings, with the demonstration and training being given to the staff and technical team who are actually going to use and operate the buildings. Training will take the form of classroom sessions and practical onsite demonstrations. Building user guides will be provided and all training / demonstrations can be recorded on video for future reference with the extent of recording to be agreed at the soft landings meetings.

A Training plan will be prepared in consultation with key stakeholders. The training plan will cover all the phases of the commissioning process and will include.
- Confirmation of what systems, equipment, assemblies will be the focus of training
- The specifications for the type, provider, location, duration and outcomes of the training sessions
- Estimated times and schedules for the training sessions
- Information to assist in day- to- day operations
- Instructions regarding operations during emergency situations
- Troubleshooting guidance
- Guidance on adjustment of operating parameters for systems and equipment

NHS Fife

NHS SCOTLAND

Meeting:	NHS Fife Board
Meeting date:	25 November 2020
Title:	HEPMA Full Business Case
Responsible Executive:	Chris McKenna – Medical Director
	Scott Garden - Director of Pharmacy and Medicines
Report Author:	Marie Richmond – D&I Head of Strategy and Programmes
	Debbie Black – D&I Senior Project Manager

1   Purpose

This is presented to the NHS Fife Board for:
- Decision

This report relates to a:
- NHS Board / Integration Joint Board Strategy or Direction

This aligns to the following NHS SCOTLAND quality ambition(s):
- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

In November 2019, Fife Board approved Outline Business Case (OBC) and progression to Full Business Case (FBC) for the implementation of Hospital Electronic Prescribing and Medicines Administration System (HEPMA) for NHS Fife. NHS Fife Board are asked to support the FBC for implementation of Full HEPMA in NHS Fife supplied by EMIS Health.

2.2.1 Background

The primary aim of (HEPMA) is to remove paper-based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. The system is a key missing component of an electronic health record and if not adopted NHS Fife will fall behind other health boards in relation to digital maturity, public health intelligence and medicine related research.

Following NHS Fife Board approval engagement was undertaken with the 3 suppliers currently available on the National Framework by NHS Fife procurement with support from NHS Orkney and the mini tender was completed. Two out of the three suppliers

opted to submit a bid to provide Full HEPMA to NHS Fife. There was a slight delay to identification of the preferred supplier due to the outbreak of the Covid19 pandemic.

2.3   Assessment

NHS Fife decided to undertake a mini competition in order to determine the provider that best met the needs and requirements of our Board and the citizens within. Two out of the three suppliers opted to submit a bid to provide Full HEPMA to NHS Fife. There was a slight delay to identification of the preferred supplier due to the outbreak of the Covid19 pandemic.

Both suppliers had met the National Framework standard for HEPMA delivery in Scotland. A robust procurement process was followed and each supplier was required to meet mandatory supplier questions before being subject to technical and commercial evaluation. The weighting of the tender was set at 80% technical and 20% commercial, both suppliers met the mandatory questions.

An evaluation panel of senior stakeholders and decision makers from a cross section of disciplines within NHS Fife independently and anonymously scored both suppliers. A consensus meeting of the evaluation panel led by NHS Fife Procurement, met on 26 August 2020 and scores were ratified.

NHS Fife Procurement produced "*FIF19035 Hospital Electronic Prescribing and Medicines Administration Contract Award Recommendation Report"*. The report detailed the tender process undertaken, the scoring of both suppliers which showed EMIS Health should be selected as the preferred supplier as they provided the most advantageous tender for NHS Fife. The Options Appraisal document detailing the full decision making process is provided in Appendix A of the FBC with relevant details in sections 4 and 5.

The FBC has been completed based on the preferred Supplier having being identified and with direct reference to the OBC presented to NHS Fife Board in November 2019.

2.3.1 Quality/ Patient Care

The FBC clearly details the benefits which will be realised through the implementation of EMIS Health HEPMA. These are included within sections 3.4 and 4.5 of the FBC.

2.3.2 Workforce

In order to fully support HEPMA implementation within NHS Fife. A resource profile was developed which recognised the resource profile outlined in the National Business Case and lessons learned from other boards implementation. Just over half the costs associated with the deployment of HEPMA relate to implementation resource. The resource profile for NHS Fife has been reviewed and agreed as the minimum requirement to ensure safe delivery of HEPMA within NHS Fife.

Circa 3,500 staff will be positively impacted by the implementation of HEPMA. Prescribers, including all medical staff, pharmacists and nurse/AHP Prescribers and Administrators – includes all band 5 and above nurses, and some AHP's.

2.3.3 Financial

The full financial profile is detailed within section 6 of the FBC. A summary of the costs and affordability is provided below.

Capital Cost

The implementation of Full HEPMA within NHS Fife is estimated to take 36 months. The Total Capital Cost for the implementation of HEPMA is £2.495m. Scottish Government have confirmed funding of £1.697m for NHS Fife. Therefore, additional capital support will be required from NHS Fife and will be included within the Property and Asset Management Investment Programme from 21/22 onwards. The total capital cost for NHS Fife will be £798k over 3 years. Whilst the capital cost has been agreed and supported by NHS Fife, finance colleagues are discussing with Scottish Government whether the remaining capital allowance could be met as part of the allocation.

The OBC presented to the Board in November 2019, indicated an estimated capital spend of £3.856m for Fife. The reduction in capital costs within the FBC are associated with the preferred suppliers charging model for HEPMA provision and a review of implementation resources. Optimism Bias, which reduces the risk of a negative impact on costs, of 10% has been included for 21/22 and 22/23 to account for any variance in hardware or resource costs, this was not present in the OBC.

Recurring Revenue

Recurring Revenue costs per annum are based on the preferred supplier EMIS Health being awarded a 7-year contract as per tender. There is an assumption the contract negotiations will be undertaken in 20/21 with contract award and project inception from 21/22 onwards.

Recurring Revenue costs are £5.280m over the 7 years. Following a review of available finances, Digital and Information (D&I) have agreed a financial contribution of £676k with further savings identified of £101k. The Recurring Revenue requirement therefore for NHS Fife is £4.502m over 7 Years.

The OBC presented to the Board in November 2019, indicated an estimated revenue spend of £2.357m for Fife. It should be noted the OBC detailed a 5-year plan for HEPMA, following mini tender the framework agreement with the supplier would be for a 7-year contract for HEPMA. Therefore, costs have increased accordingly. In addition, the cost model for provision of EMIS Health HEPMA is based on a minimal upfront capital cost with a larger ongoing recurring cost, this model was not the model detailed within the OBC, which followed the National Business Case funding model. There is also the potential for EMIS Health to deliver a 'hosted service', which would involve EMIS being responsible for the infrastructure to support delivery of EMIS HEPMA, which was not included in the OBC and if implemented as they would be looking after the infrastructure could potentially reduce the D&I Infrastructure and support costs, however this will not be known until hosting discussions have been held with the supplier. NHS Fife Director of Finance recognised the prudence of the revised charging model for EMIS based on the current economic climate within NHS Scotland.

Additional Capital and Revenue Costs have been discussed with the Director of Finance, NHS Fife and will be prioritised as part of the medium-term financial planning process for 2021/22 – 2023/24.

2.3.4 Risk Assessment/Management

Risks are detailed within section 4.7 and include Corporate, D&I and Programme Risks. Risks will be managed in line with NHS Fife's governance procedures with risks recorded in Datix. Risks will be reviewed on a regular basis as part of Programme Delivery.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has been approved and published as at 01 October 2020 by NHS Fife Equality and Human Rights Officer.

2.3.6 Other impact

There was a note of caution within the OBC concerning the potential requirement to replace NHS Fife's Pharmacy Stock Control system. Following a fair and open procurement the preferred supplier EMIS Health are the incumbent provider of stock control and therefore no funding will be required to support integration.

The case recognises that NHS Fife is currently the only board in Scotland who have opted for an alternative supplier for HEPMA provision. The process followed for selection of supplier has been robust and therefore NHS Fife has selected the most appropriate supplier to meet the needs of our board and our citizens. Both suppliers are on the National Framework and have met the standard for HEPMA delivery in Scotland.

2.3.7 Communication, involvement, engagement and consultation

Throughout creation of the OBC and FBC stakeholder engagement has been robust. Formal agreement of the FBC will trigger creation of Stakeholder Analysis and Communication Strategy for the delivery of Full HEPMA in NHS Fife.

2.3.8 Route to the Meeting

The FBC was submitted to the following groups for decision as v1.1: -

Governance Group	Decision	Supporting Info
HEPMA Programme Board	Support Implementation of Full HEPMA provided by EMIS Health.	Minor changes – v1.2 created
Executive Directors Group	Support Implementation of Full HEPMA provided by EMIS Health.	Minor changes – v1.2 created

Only minor changes were identified, v1.2 was created and is being submitted to this group. In addition v1.2 has been shared with Area Drug and Therapeutics Committee and Digital and Information Board for information.

2.4 Recommendation

The Board are asked to support the implementation of the full HEPMA provided by eMISS Health.

3   List of appendices

The following appendices are included with this report:

- HEPMA Full Business Case

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NHS Fife

Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Full Business Case

Version Number	1.2
Date	2020/10/28

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0.2	09/10/2020	Draft for review	DB	N
0.3	20/10/2020	Updated with Financials	MR	N
1.0	21/10/2020	Updated following review	MR	N
1.1	22/10/2020	Updated following comments from Director of Finance	MR	N
1.2	28/10/2020	Updated Minor changes - HEPMA Programme Board and Executive Directors Group	DB/MR	N

Approvals: This document requires the following signed approvals.

Name	Date:	Version:
Dr Chris McKenna, Chair of HEPMA Programme Board	27/10/2020	V1.1
Mrs Lesly Donovan, General Manager, Digital and Information	21/10/2020	V1.0
Mrs Margo McGurk, Director of Finance	22/10/2020	V1.1
NHS Fife Executive Directors Group	28/10/2020	V1.1
NHS Fife Clinical Governance Committee	04/11/2020	V1.2
Financial Planning and Resource	10/11/2020	V1.2
NHS Fife Board	25/11/2020	TBC

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HEPMA Programme Board	23/10/2020	V1.1
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Area Drug and Therapeutics Committee	28/10/2020	V1.2

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Equality and Diversity Impact Assessment:

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Section 1: Executive Summary

1.1   Introduction

This document sets out the Full Business Case (FBC) for the implementation of a Hospital Electronic Prescribing and Medicines Administration (HEPMA) system within NHS Fife. It builds upon the Outline Business Case (OBC) (November 2019) and the National HEPMA Full Business Case (approved August 2016).

The aim of this document is to reiterate the value of HEPMA delivery for NHS Fife, and to seek approval to appoint to the preferred supplier EMIS Health and proceed with a rapid implementation of Full HEPMA across NHS Fife.

1.2 Strategic Case

Medicines represent the most frequent healthcare intervention – there are approximately 34 million prescriptions and 122 million administrations of medicines per year in NHS Scotland. However, most medicines used in hospitals are still prescribed, and their administration recorded, using a paper-based chart system, and with the increasing range and complexities of medicines available, the safe and effective prescribing and administration of medicines is challenging.

The strategic case was outlined in the NHS Fife Outline Business Case, and has been updated to take account of recent reports and strategies and is focused on four key themes:

Patient Safety. The Scottish Patient Safety Programme (SPSP) has a strategic commitment to reduce the harm associated with high risk medicines and recognised that HEPMA is a key building block. In 2015, Healthcare Improvement Scotland (HIS) released a publication outlining the scale of medication incidents and medication incidents related harm in NHS Scotland. It highlighted that 15,000 patients admitted to acute hospitals experience adverse drug events due to medicines (ranging from no harm to death). Research indicates that 72% are preventable.

The third WHO Global Patient Safety Challenge: Medication Without Harm will propose solutions to address many of the obstacles the world faces today to ensure the safety of medication practices. WHO's goal is to achieve widespread engagement and commitment of WHO Member States and professional bodies around the world to reduce the harm associated with medicines.

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Medication Without Harm aims to reduce severe avoidable medication -related harm by 50% globally in the next 5 years. It was formally launched at the Second Global Ministerial Patient Safety Summit in Bonn, Germany on 29 March 2017.

Strategic Alignment.   The Scotland eHealth strategy 2014-2017 committed to the need for electronic prescribing and medicines administration systems, and described the future state of all NHS Boards will be where they have 'implemented some elements of electronic prescribing and medicines administration (EPMA) systems with integral clinical decision support interfaced with other clinical eHealth systems by 2020'. This commitment was reiterated in the follow up Digital Health and Care Strategy (2018) and in NHS Fife's Digital and Information Strategy – Digital at the Heart of Delivery (2019-2024). In addition, Achieving Excellence in Pharmaceutical Care and the Lord Carter Review, focusing on Hospital Productivity both recommend the implementation of electronic prescribing.

Electronic Patient Record and Paperless Vision. Most medicines used in hospitals are prescribed and administered using a paper-based system and until these records are recorded digitally it will be impossible to complete a patient's electronic record. Electronic prescribing is the 'largest missing piece of the Electronic Patient Record (EPR) jigsaw' as it is the last major area of clinical information not available electronically.

Digital Maturity. Electronic prescribing is a key determinant of digital maturity and implementing a system such as HEPMA will ensure NHS Fife remains at the forefront of prescribing practice and does not fall behind other health systems who have already invested in the implementation of HEPMA.

For the purposes of the Full Business Case the strategic case was reviewed and there was no significant update between business cases, with only linkages to recent strategies added to the Full Business case.   The strategic case therefore remains valid for HEPMA implementation within NHS Fife.

The case outlines the benefits which can be achieved through implementation of HEPMA and recognises that many of these benefits will be realised through implementation of the system. The benefits outlined when achieved will deliver significant improvements to the patient journey and to those working within NHS Fife.

There was no fundamental change to the strategic case for implementation of HEPMA from the Outline Business Case to the Full Business Case, the case was merely strengthened through addition of recent strategies and studies which had been undertaken which recognised the benefit of HEPMA to NHS Boards.

1.3 Economic Case

The NHS Fife Outline Business Case compared the benefits of Full HEPMA against Foundation HEPMA. The recommendation to the Board was that NHS Fife should proceed to mini tender with the intent to deliver Full HEPMA for NHS Fife. This was accepted as it was recognised that Full HEPMA would deliver maximum reach, functionality and integration.
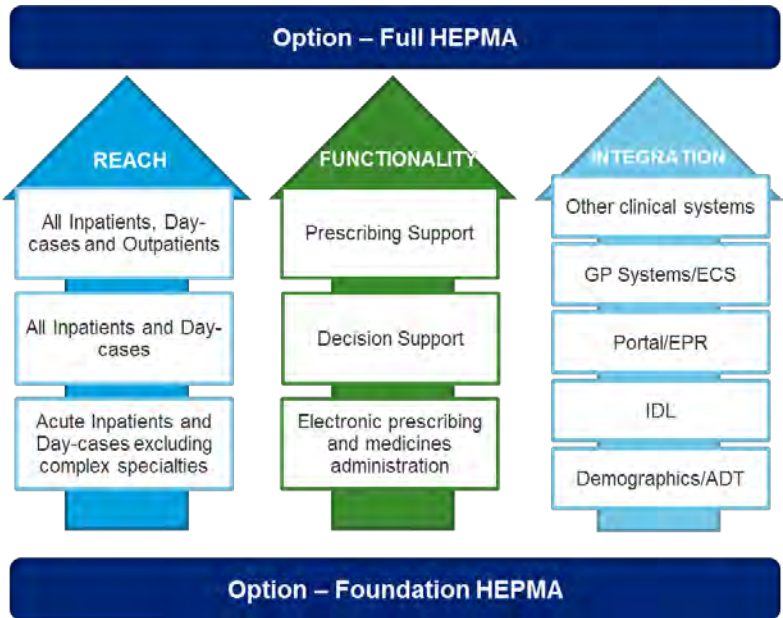
This section details the process which was followed to undertake the mini tender from the National Framework, and refers directly to the options appraisal document attached within Appendix A.   The total evaluation scores were as follows: -

Criteria	Maximum Score	EMIS Health	JAC/ Wellsky
Mandatory	Pass/Fail	Pass	Pass
System	125.00	109.38	112.50
Usability	150.00	137.50	112.50
Integration	125.00	50.00	50.00
Commercial	100.00	100.00	57.01
Total	**500.00**	**396.88**	**332.01**

Given the results of the evaluation process and the combined technical and commercial evaluation results, the recommendation is to award the contract to **EMIS Health**, for Full HEPMA implementation within NHS Fife having their bid evaluated as the Most Advantageous Tender.

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1.4 Commercial Case

The commercial case recognises the work which had been undertaken to complete the mini tender process. The intention is for Full HEPMA to be rolled out across NHS Fife, there is recognition of the need to ensure services are in agreement as to the rollout plan for delivery which will be formalised following Full Business Case sign off and Contract Negotiations.

Training will be provided to all staff who will be involved in HEPMA delivery across NHS Fife and the system will integrate with all relevant NHS Fife systems. In order to maximise benefits the EMIS HEPMA solution will have full decision support functionality.

Contractual and charging mechanisms will be agreed following Full Business Case sign off, however the team wish the board to recognise the intention to implement payment milestones for the supplier to ensure the supplier meets the timescales for the project and the intention for a robust exit strategy to be agreed at contract outset.

Resources for implementation and business as usual have been agreed in line with lessons learned from other Health Boards and resource profiles detailed within the National Business Case for HEPMA. The resource profile for NHS Fife is shown in Appendix 3. The project timescale has been estimated as 3 years.

The case recognises that NHS Fife is currently the only board to date in Scotland who have opted for an alternative supplier for HEPMA provision. The process followed for selection of supplier has been robust and therefore NHS Fife has selected the most appropriate supplier to meet the needs of our board and our population. Both suppliers are on the National Framework and have met the standard for HEPMA delivery in Scotland.

1.5 Financial Case

The implementation of Full HEPMA within NHS Fife is estimated to take 36 months.   A summary of the costs associated with the implementation of EMIS Health HEPMA and the affordability of delivery is detailed overleaf.

Capital Cost and Affordability

Capital	20/21 £'000	21/22 £'000	22/23 £'000	23/24 £'000	Total Cost £'000
HEPMA System		50			50
Hardware – NHS Fife Infrastructure		110			110
Hardware – Workstations / PC's		208	104		312
Hardware – Pharmacy Mobile Devices		18			18
External Integration Costs		15	15		30
Implementation Resource		808	511	349	1,667
Legal Fees	25				25
Optimism Bias (10%)		116	63		179
VAT		80	24		104
TOTAL CAPITAL	25	1,405	716	349	2,495
SG HEPMA FUNDING	25	1,100	572	0	1,697
NHS FIFE CAPITAL FUNDING	0	305	144	349	798

The Scottish Government have confirmed that central funds will be made available to NHS Boards to fund non recurrent revenue and capital costs (but not local hardware costs). This funding equates to £1.697m for NHS Fife – the profile has been agreed in principle with Scottish Government however will be confirmed following formal agreement of the Full Business Case. Additional capital support will be required from NHS Fife and will be included within the Property and Asset Management Investment Programme from 21/22 onwards. The total capital cost for NHS Fife will be £798k over 3 years.

The OBC presented to the Board in November 2019, indicated an estimated capital spend of £3.856m for Fife. The reduction in capital costs within the FBC are associated with the preferred suppliers charging model for HEPMA provision and a review of implementation resources. Optimism Bias, which reduces the risk of a negative impact on costs, of 10% has been included for 21/22 and 22/23 to account for any variance in hardware or resource costs, this was not present in the OBC.

Recurring Revenue and Affordability

Recurring Revenue costs per annum are summarised in the table below. They are based on the preferred supplier EMIS Health being awarded a 7-year contract as per tender. There is an assumption the contract negotiations will be undertaken in 20/21 with contract award and project inception from 21/22 onwards.

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Recurring Revenue	21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000	26/27 £'000	27/28 £'000	Total £'000
D&I Infrastructure and Support	66	66	66	66	66	66	66	**462**
Ongoing BAU Support	381	381	381	381	381	381	381	**2,668**
Training	209	209	209	0	0	0	0	**626**
Supplier Recurring Support	65	115	115	115	115	115	115	**754**
Hosting	110	110	110	110	110	110	110	**770**
Total Additional Recurring	**831**	**881**	**881**	**672**	**672**	**672**	**672**	**5,280**
Available Budgets								
Medicines Prescription Chart Procurement Savings	5	10	12	19	19	19	19	**101**
Digital and Information (recurring salary)	151	151	151	0	0	0	0	**452**
Digital and Information Strategic Funds	84	84	56	0	0	0	0	**224**
Total Available Budgets	240	245	219	19	19	19	19	**777**
NHS Fife Recurring Revenue Requirement	**591**	**636**	**662**	**653**	**653**	**653**	**653**	**4,502**

The OBC presented to the Board in November 2019, indicated an estimated revenue spend of £2.357m for Fife. It should be noted the OBC detailed a 5-year plan for HEPMA, following mini tender the framework agreement with the supplier would be for a 7-year contract for HEPMA. Therefore, costs have been amended accordingly. The cost model for provision of EMIS Health HEPMA is based on a minimal upfront capital cost with a larger ongoing recurring cost. This model was not the model detailed within the OBC, which followed the National Business Case funding model. There is also the potential for EMIS Health to deliver a 'hosted service', which transfers the infrastructure support to the company, was not included in the OBC. If implemented this could potentially reduce the Digital & Information (D&I) Infrastructure and support costs, however this will not be known until hosting discussions have been held with the supplier.

Following a review of available finances, D&I have also agreed a financial contribution as detailed above. Additional capital and revenue costs have been discussed with the Director of Finance, NHS Fife and will be prioritised as part of the medium-term financial planning process for 2021/22 – 2023/24.

1.6 Management Case

Following agreement of the Full Business Case, NHS Fife will engage in contractual discussions with the preferred supplier.   As with all programmes within NHS Fife, the programme will be managed in line with Managing Successful Programmes (MSP) and Prince 2 project management methodologies.

The HEPMA Programme Board will continue and evolve to deliver Full HEPMA throughout NHS Fife. The programme will follow NHS Fife governance, change, benefits and risk methodologies and will be evaluated to ensure the project both continues to meet and completes the delivery requirements set out at project inception.

1.7 Conclusion and Recommendation

This section recognises the time taken to select a supplier for Full HEPMA within NHS Fife however assures the Board due process has been followed.

Delivery of HEPMA will ensure that NHS Fife meets the targets which have been set by strategies at both a Local and National level. The benefits outlined within the case are mainly qualitative in nature and this is recognised, however, there can be no greater benefit for an organisation than delivery of a digital solution which brings substantial benefit to both our workforce and our citizens.

The recommendation which the board is asked to accept is implementation of Full HEPMA, supplied by EMIS Health, across NHS Fife

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Section 2: Introduction and Purpose

2.1 Introduction

This document sets out the Full Business Case (FBC) for the implementation of Full Hospital Electronic Prescribing and Medicines Administration (HEPMA) within NHS Fife.

The primary aim of (HEPMA) is to remove paper-based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve our medicines management processes and enhance medicines optimisation. This will enable greater control over what is prescribed, how it is prescribed and how it is administered. This will enable monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality.

Production of the FBC has been carried out with reference to Scottish Capital Investment Manual guidelines. Care has been taken to consider not only the financial aspect of the investment but the non-financial aspects inclusive of user requirements and benefits for patients and staff. This document was prepared in conjunction with a small project team comprising Digital and Information, Pharmacy and Clinical colleagues and sets out the benefits, risks and costs of implementing Full HEPMA within NHS Fife.

2.1.1 Programme Description

Full HEPMA delivery within NHS Fife will combine three functions to provide all clinical staff with an integrated view of a patient's medication history, through: electronic communication of a prescription or medicine order aiding the choice, administration and supply of a medicine and through knowledge and decision support providing a robust audit trail for the entire medicines use process. Medicines represent the most frequent healthcare intervention; Healthcare Improvement Scotland reported that each year in an average 500 bedded acute hospital approximately 435,000 items are prescribed resulting in 2 million doses of medicine being administered to patients[1]. Treatment with medicines saves lives, controls and cures diseases and provides symptom control.

However, many medicines used in hospitals are still prescribed and administered using a paper-based chart system. The safe and effective prescribing and administration of medicines is thus limited by legibility challenges, multiple handover points, poor integration with clinical systems especially in primary care and a lack of data on medicine usage.

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[1]
http://www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/20150828%20Safer%20use%20of%20medicines%20v%201.0.pdf

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Experience following the introduction of electronic prescribing systems in general practice over two decades has demonstrated improvements in quality of care, medicines utilisation and prescribing practice.

Section 3: Strategic Case

3.1   Review of Strategic Case Within the Outline Business Case

The strategic case for HEPMA was outlined in the National Business Case (2016). The National case showed how the programme will support organisations to meet their strategic priorities as well as setting out the national policy context. The Strategic Case within NHS Fife's Outline Business Case was largely based on the original National OBC with sections updated to take account of more recent reports and strategies. As part of the Full Business Case the information was verified and again updated to reflect current reports and strategies. There was no fundamental change to the Strategic case for implementation of HEPMA from the Outline Business Case to the Full Business Case.

The case outlines the benefits which can be achieved through implementation of HEPMA and recognises that many of these benefits will be realised through implementation of the system. The benefits outlined when achieved will deliver significant improvements to the patient journey and to those working within NHS Fife.

There was no fundamental change to the strategic case for implementation of HEPMA from the Outline Business Case to the Full Business Case, the case was merely strengthened through addition of recent strategies and studies which had been undertaken which recognised the benefit of HEPMA to NHS Boards.

3.1.1 National Policy Context

The national context remains valid, medicines continue to represent the most frequent healthcare intervention – with approximately 34 million prescriptions and 122 million administrations of medicines per year in NHS Scotland. Treatment with medicines saves lives, controls and cures diseases and provides symptom control. A report by Audit Scotland recognised that expenditure on drugs takes up an increasing proportion of the budget and in 2018-2019, amounted to £1.76bn. This is 16.1% of total NHS expenditure (hospitals and primary care - £10.97bn) or 13.1% of the total health budget (13.4bn).

However, most medicines used in hospitals are still prescribed and administered using a traditional paper-based chart system and with the increasing range and complexities of

medicines available, the safe and effective prescribing and administration of medicines is challenging. Although the current paper-based system is part of a structured approach to prescribing and medicines administration, it is recognised there are several limitations, including:

- legibility challenges;
- multiple transcription/handover points;
- unavailability or loss of paper records/forms;
- no evidence of prescribing advice and decision support;
- lack of seamless medicine reconciliation;
- no link with an increasing number of IT clinical systems; and
- no ability to collate data on medicine usage.

3.1.2 Key Strategic Drivers

Implementation of HEPMA across Scotland and Full HEPMA within NHS Fife will be a major achievement towards improving the quality of health care in Scotland. This is clear from the fact that it will be a key step towards meeting the NHS Scotland quality ambitions, of preventing harm and providing the most appropriate treatment.

The additional benefit of a digital hospital medication records would greatly improve communication, allowing us to take better account of each individual patient's response to treatment and facilitate shared decision making.

Implementation of Full HEPMA within NHS Fife will help realise the aims of several key Scottish Government policies. These include:

National Clinical Strategy	The Chief Medical Officer (CMO) Annual Report 2014-15 and the new National Clinical Strategy for Scotland both place great emphasis on the importance of reducing overprescribing and removing harmful variation. This would be difficult to achieve without HEPMA implementation.
eHealth Strategy and Digital Health and Care Strategy	The eHealth Strategy 2014-2017 recommended Scotland should introduce electronic prescribing and medicines administration systems as safe as the current paper-based system whilst providing a foundation for improving the safe and effective use of medicines. This commitment was reiterated in the following Digital Health and Care Strategy 2018: enabling, connecting and empowering.

Closing the Loop	The 'Closing the Loop' project, commissioned by Scottish Government to help improve the electronic exchange of patient information between primary and secondary care, identified a HEPMA solution as a critical component of medicine reconciliation to enable electronic exchange of important clinical information in a timely, consistent and efficient way. Closing the Loop stated that by improving the electronic exchange of medicines information, HEPMA would reduce transcription risks and make better use of a clinician's time.
Achieving Excellence in Pharmaceutical Care	Achieving Excellence aims for all patients to receive high quality pharmaceutical care from clinical pharmacist independent prescribers, delivered through collaborative partnerships with the patient, carer, GP, and other relevant health, social care, third and independent sector professionals so that every patient gets the best possible outcomes from their medicines, and avoiding waste and harm.

Within this plan, the implementation of electronic prescribing and medicines administration in secondary care is a key aim to allow for electronic capture of prescribing data and sharing of information for the development of pharmaceutical care. |
| Supply and Demand for Medicines | This enquiry report undertaken by the Health and Sport Committee into the supply and demand for medicines, highlighted the importance of HEPMA within NHS Boards and welcomed the commitment of the Cabinet Secretary for HEPMA to be running in all boards by March 2021.

The report recommended the Scottish Government provide the funding required to ensure the delivery of not only the HEPMA systems in all health boards but also the infrastructure required to maximise the benefit to patients and the outcomes data the system is capable of producing. |

Investment in HEPMA on both a national and local level will aid in the delivery of safe, effective person-centred pharmaceutical care beyond hospitals alone, and support the electronic capture of prescribing data and sharing of information on patients' medicines within and between care settings.

Strategic Benefits: Patient Safety and Effective Use

The Scottish Patient Safety Programme (SPSP) has a strategic commitment to reduce the harm associated with high risk medicines and to improve medicine reconciliation at all patient handovers. The SPSP programme highlights the need for safe and effective recording and transfer of information on patients' medicines across and within all care settings. It was recognised that HEPMA is a key building block to achieving this across NHS Scotland given the number of medication incidents that occur on an annual basis. Improving patient safety has always been the primary objective of investment in a HEPMA system for Scotland.

In 2015, Healthcare Improvement Scotland (HIS) released a publication outlining the scale of medication incidents and medication incident related harm in NHS Scotland. It highlighted that 15,000 patients admitted to acute hospitals experience adverse events due to medicines (ranging from no harm to death) of which research indicates that 72% are preventable (Pirmohamed M, James S, Meakin S et al. (2004)) and there are up to 280 preventable deaths across all acute hospitals due to medicines (Ryan C, Ross S, Davey P, Duncan EM, Francis JJ, Fielding S et al; (2014)).

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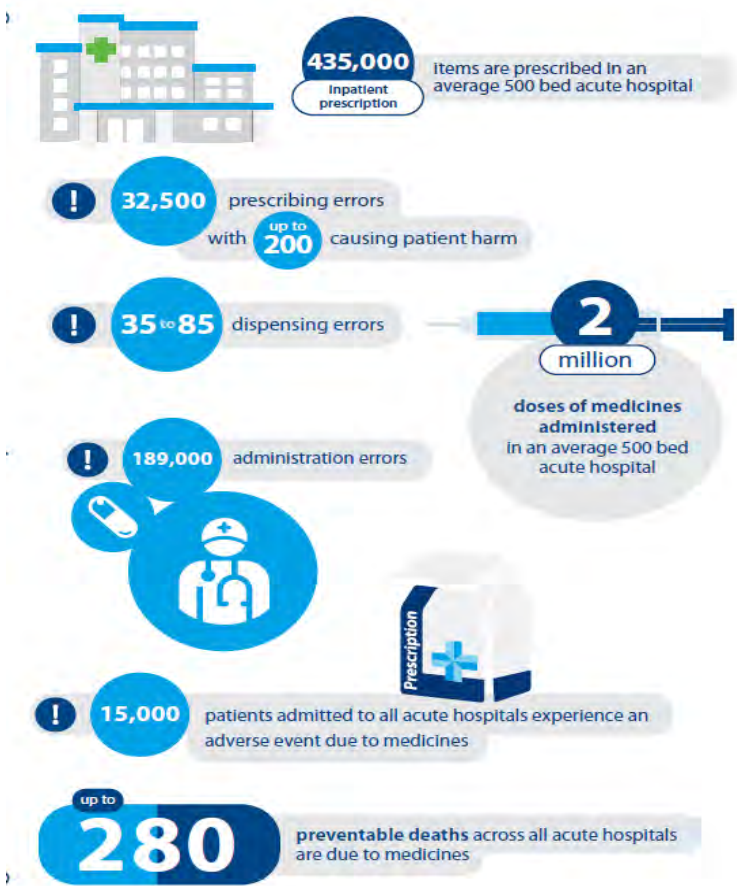
The proposed NHS Fife Full HEPMA solution will be interoperable with other key digital health systems, to enhance patient safety and effective use by:

- Reducing the number of transcription, prescribing and administration errors;
- Improving Record Keeping of missed doses and polypharmacy;
- Contribute to accurate and efficient medicine reconciliation and communication of medicines information at all points of patient transfer, including on admission and discharge;
- Contribute to the efficient transfer of accurate medicines information through removal of transcribing on admission and at discharge allowing prescribers to concentrate on the professional review of suitability of medication as part of the medicines reconciliation process;
- Support greater consistency in clinical practice, reduce harmful variation and limit overprescribing;
- Strengthen information governance by providing a robust audit trail;
- Complete a key component of the integrated electronic patient record; and
- Collect, collate and analyse patient and population level data on medicines use in secondary care to build intelligence on patient response to therapy, to manage medicine effectiveness and efficiencies, monitor prescribing patterns, improve clinical practice, enhance patient safety, and support clinical research.

The preferred NHS Fife Full HEPMA solution provided by EMIS Health will underpin how medicines governance is delivered within NHS Fife.

Strategic Benefits: Digital Maturity and Paper-light working

Many medicines used in hospitals are prescribed and administered using a paper-based system and until these records are recorded digitally it will be impossible to complete an integrated patient's electronic patient record.

Electronic prescribing is the 'largest missing piece of the Electronic Patient Record (EPR) jigsaw' as it is the last major area of clinical information not available electronically.

The figure overleaf illustrates one of the problems associated with paper-based systems – the 'legibility challenge'.

Electronic prescribing has been common place in primary care for many years and provides a blueprint of how it supports clinicians professionally, how it streamlines working practices and how consistent, good quality data can be used to support feedback to clinicians to drive public health insight, manage prescribing costs and manage performance. Implementation of HEPMA will provide NHS Fife with an efficient and systematic approach to audit, reporting and performance management in the acute and community settings.

HEPMA is a key part of the National eHealth Integrated Safer Medicines Programme endorsed by the National eHealth Strategy Board. It is an important building block of an integrated Electronic Patient Record and implementation of the proposed NHS Fife solution would support several of the Scottish Government's policy aims on the future use of electronic health records. Scottish Government committed to provide each citizen in Scotland with a summary view of their electronic patient record by 2020 and improving access to key patient information for appropriate staff. Implementation of EMIS Health HEPMA will contribute towards delivery of this aim.

Strategic Benefits: Health Intelligence

The capture, aggregation, analysis and visualisation of patient and population level data on medicines use in secondary care available post implementation will be extremely valuable to support stratified care, to manage medicine effectiveness and efficiencies, monitor prescribing patterns, improve clinical practice, enhance patient safety, and support clinical research at regional and national levels.

HEPMA implementation within NHS Fife will ensure we meet the policy recommendation for Scotland from the 2016 OECD "Review of Health Care Quality in the UK" that we improve

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how health system information is used to drive quality improvement. In addition, it would take account of the Scottish Government "2015 Public Health Review for Scotland" which placed an emphasis on data, information, intelligence, research and evidence as a basis for public health decision-making and action. In this respect, HEPMA implementation can be expected to underpin both the planned Population Health Strategy for Scotland and the developing Health and Social Care Information Strategy for Scotland.

3.2 Organisational Overview

NHS Fife is situated in the East of Scotland with a coastline of 170 kilometres (105 miles) bounded by the Firth of Forth to the South and the Firth of Tay to the North. NHS Fife is served by Victoria Hospital in Kirkcaldy (27 wards) and Queen Margaret Hospital (6 wards) in Dunfermline, Stratheden Mental Health Hospital alongside a variety of essential Community Health Partnership hospitals, day hospitals, primary care facilities and general practitioners.

- 370,000 Residents
- 10 Hospitals
- 54 GP Practices
- 10,500 Staff

3.3 Strategy & Aims

3.3.1 Local Strategic Context

Realising the benefits attributable to implementation of EMIS Health HEPMA is a strategic fit with NHS Fife's aim to transform health and care in NHS Fife to be the best and the values of safety first, care and compassion, excellence and fairness and transparency.

The NHS Fife Clinical Strategy (2016) noted the need for a pharmacy strategy aligned to the clinical strategy which supports patient safety and reduces harm and variation in the use of medicines. In addition, the strategy noted the need to promote effective, efficient prescribing and use of medicines to enable patients to achieve the best outcomes from their medication. The Clinical strategy further recognised the need to build capacity across primary and secondary care settings to support the safe and effective use of medicines and ensure the role of the pharmacist and pharmacy team is maximised. Implementation of the solution will assist with delivery of these aims.

The Digital and Information Strategy (2019-2024) recognised the alignment of HEPMA to joined up care and the need to ensure all relevant information is available at point of contact,

this linked closely to the national digital strategy objectives of service transformation and workforce capability and recognised the linkage of HEPMA to the clinical strategy objectives of person centred care and ongoing support/follow up.   Delivery of the EMIS Health HEPMA solution will achieve this for NHS Fife.

The Health and Social Care Strategy (2019-2022) emphasised the importance of achieving pharmaceutical excellence, this will be delivered by providing pharmaceutical care that supports safer use of medicines and enhancing the clinical capability and capacity of the pharmacy workforce. The aim is to improve service delivery through digital information and technologies and implementation of the full HEPMA solution links closely to all these committed deliverables.

The Area Drug and Therapeutics Committee are supportive of HEPMA and appreciate the potential benefits in supporting patient safety, reducing harm to patients and promoting effective and efficient prescribing of medicines in NHS Fife.

3.3.2 Strategically Aligned National Activities

Several activities have been progressed, in collaboration with the Safer Medicines Steering Group (SMSG) in support of the implementation programme.

Regional Working: The Scottish Government's Head of eHealth wrote to the Regional Implementation Lead Chief Executives in December 2017 to reiterate the requirement for a regional approach to HEPMA implementation and confirm that Boards will need to demonstrate regional collaboration at several levels.   This work has evolved in this time, with different approaches to regional collaboration being taken in the South East, North and West of Scotland. In the South East, Lothian, Borders and Fife are working towards collaboration on an 'East Region' formulary, which will support prescribing in individual HEPMA systems.

Multi Supplier Framework: The process to establish a National Multi-supplier Framework for HEPMA was undertaken and three suppliers are currently active on this framework:

- EMIS Health (previously Ascribe)
- Wellsky (previously JAC)
- Dedalus (NoemaLife)

All three suppliers were advised of the Invitation to Tender going live to bid for implementation of Full HEPMA within NHS Fife. Only two responded; EMIS Health and Wellsky and following a successful procurement (detailed further within Section 4) EMIS Health were selected as the preferred supplier for NHS Fife.

Shared Learning: Healthcare Improvement Scotland (HIS) are in the process of developing proposals for Shared Learning on a national basis using a 'Knowledge into Action' approach to allow the experience of implemented Boards to be shared across Boards and to feed into planning, system configuration and benefits realisation.

Several documents have been published on their website and for the purposes of planning for NHS Fife the following documents were referred to:

- HEPMA – A Good Practice Guide
- HEPMA in NHS Forth Valley – Key Learning from Rapid Roll-Out

NHS Fife intend to utilise the lessons learned for implementation of the preferred option within our sites.

Data Strategy: Public Health Scotland have been commissioned to develop a national HEPMA Data Strategy, setting standards for HEPMA data coding and collection to ensure that HEPMA data will be usable at national level alongside existing primary care data. NHS Fife will ensure that any data coding and collection remains in line with the National plan for delivery. In order to ensure the requirements are met and that NHS Fife comply with any new data requirements a HEPMA Data Analyst has been requested for service delivery.

3.4 Investment Objectives

The investment objectives for this programme have been developed from the strategies noted within section 3.

Strategic Objective	Summary of Strategic Project Objectives	Strategic Link to
1	Patient Safety and Effective Use	Achieving Excellence in Pharmaceutical Care Clinical Strategy Closing the Loop Digital and Information Strategy eHealth Strategy Health and Social Care Strategy National Clinical Strategy Scottish Patient Safety Programme Supply and Demand for Medicines

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2	Digital Maturity	National Digital Strategy Digital and Information Strategy
3	Health Intelligence	National Digital Strategy Digital and Information Strategy Health and Social Care Strategy Supply and Demand for Medicines
4	Paperlite	Closing the Loop Digital and Information Strategy eHealth Integrated Safer Medicines Programme eHealth Strategy National Digital Strategy Prescription for Excellence Scottish Patient Safety Programme
5	Enhance Clinical Capability	Clinical Strategy Digital and Information Strategy Health and Social Care Strategy

3.5 Existing Arrangements

3.5.1 Summary of History

The Pharmacy department has played a key role in operational delivery within NHS Fife hospitals.   In NHS Fife £105 million was spent on drugs in 2019/20, of which £32.2 million was in the hospital setting (Acute and HSCP).

Figure 1 NHS Fife Drugs Expenditure (Acute and HSCP)

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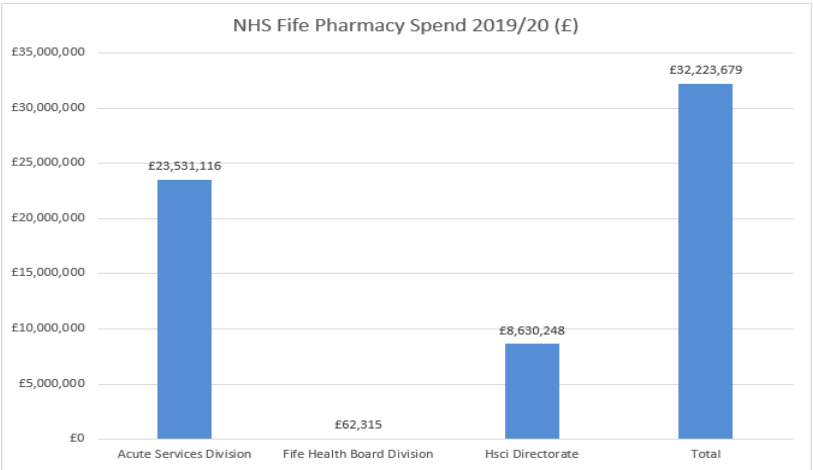
Over the last 7 years, there have been some change to how pharmacy is delivered within NHS Fife. These include: -

- The transfer of many patients and clinical services from 2 hospital sites (VHK/QMH) to 1 hospital site (VHK)
- Centralisation of aseptic dispensing services in one unit, at VHK
- Introduction of the "One stop" model – use of patients own medicines and over labelled packs to facilitate discharge in a timelier manner.
- Redesign of clinical pharmacy services - multifactorial, including novel use of clinical coordinator to triage workload and focus on high risk patients, and introduction of new clinical pharmacy practitioner roles across many clinical specialities.
- Introduction of a 7-day pharmacy service
- Introduction and development of the role of Clinical Pharmacy Technicians
- Introduction of Dispensing Assistants to enable wider workforce transformation

3.5.2 Current Situation and Limitations

Many medicines used in NHS Fife are still prescribed and administered using a traditional paper-based chart system which has been unchanged for many years. With the increasing range and complexities of medicines available and the challenges to service provision, the safe and effective prescribing and administration of medicines is increasingly challenging. Although the current paper-based system is part of a structured approach to prescribing and medicines administration, it is recognised there are several limitations to service delivery. The limitations are reflected within the strategic benefits noted above.

- Management of expenditure – Understanding the cost of medicines within NHS Fife – data is only available on 'issues' to locations, and not at patient level
- Workforce challenges include insufficient frontline pharmacy staff to carry out medicines' reconciliation in all hospital areas
- Continued and increasing risks to patient safety due to increasing complexity of medicines and polypharmacy
- Lack of patient specific data in secondary care
- A continued use of paper records makes it impossible for a complete integrated patient record to be created.

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3.6 Business Needs – Current & Future

As more patients are being treated with complex therapies ensuring patient safety and best outcomes from medicine use is a key component of safe and effective healthcare. Pharmacy is already facing increasing workload demand and is not able to provide a clinical pharmacy service to all wards/beds within current resource limitations and so must prioritise which wards, and departments receive clinical pharmacy input and support. On a weekly and daily basis, the pharmacy teams undertake critical analysis of what service capacity they have based on staff availability and a high-level risk assessment of patient need based purely on which clinical areas and wards are priorities for cover. Once within the ward, pharmacy staff identify individual patients through discussion with medical and nursing colleagues and from visual inspection of each medicine chart and access to lab results etc with the support of business intelligence reports. A consequence of this is that high risk patients in wards not covered by pharmacy are not able to be identified and so receive no input from pharmacy unless specifically requested by other clinicians.

HEPMA will support improved patient safety and service efficiency by enabling clinical pharmacy services to wards/departments to be targeted to at risk patients. Reports can be generated from HEPMA which will identify patients who meet pre-defined criteria. The criteria can be varied to meet requirements, e.g. patient age profile, patients on specific high-risk medicines, patients who have had new medicines added to their regime etc. These reports can be tailored for each clinical speciality. Patients where there have been no changes to their therapy since they were last seen by a pharmacist can also be identified as well as patients being discharged etc.

Accurate and early identification of high-risk patients will enable pharmacy staff to take more specific action that will potentially reduce risk of readmission and increase patients' concordance with their medicine therapies.

Of primary importance is the impact delivery of HEPMA will have on patients, who receive care within NHS Fife. Central to any delivery model is the positive impact the case for change will have on those who are most in need our patients. The case study overleaf details the positive impact Full HEPMA delivery could have on our patients.

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HEPMA CASE STUDY

CURRENTLY

Margie is 89 years old and was admitted to Victoria Hospital via Accident and Emergency Department.

Margie was seen quickly however, she had to be admitted to Respiratory medicine as she had a very bad chest infection. Margie was admitted via Admissions and transferred to the Respiratory ward. The Nurses, Doctors and Pharmacists were all looking out for Margie and asked about the medications she was usually prescribed, this was very stressful for Margie.

Margie said "I felt so unwell and I kept being asked the same questions over and over about the medicines I usually take, I didn't know if they just didn't believe me, had I said it wrong…. I felt very confused. I also had to tell them over and over that I was allergic to antibiotics, I worried they might give me the wrong one and I would have got that awful rash. I was also worried as it was time for me to take my medicine, always at 7 o'clock when the soaps start but the Nurse could not give me them as the pharmacist had not been around. I was really worried about whether this would make me worse". By the end of the 1st night, Margie was exhausted as she had to tell the staff each time a new person came to see her. Margie said, "I just felt exhausted!"

HOW THIS COULD BE DIFFERENT (POST HEPMA)

Margie was admitted to hospital, through Admissions and transferred to respiratory. At each step the Nurses, Doctors and Pharmacists already knew the regular medications she was taking, and they made sure she received her medication right on time for the soaps starting. They know about her previous reaction to antibiotics. Margie said, "The pharmacist explained the treatment I was going to receive and why I was getting it, this made me feel great, really involved in my care, and I didn't have to worry about forgetting anything!" The team were focussed on caring for Margie "they were chatting away to me and made me feel better, when I really just wanted to go home because I didn't feel well and didn't want to be a burden, the staff were great." Margie was able to go home quickly as soon as her medication had started to work.

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Pharmacy

Pharmacy is an important part of the NHS Fife Healthcare family. The NHS Fife Pharmacy Service serves a population of approximately 380,000 people and is provided by an integrated team of around 200 Pharmacy staff, including Pharmacists, Pharmacy Technicians, Support Workers, Nurses, and Administrators. The teamwork across Acute and Community hospital sites, General Practices, Mental Health services, and a range of specialist teams. Partnership working is at the core of our values, and we work closely with other members of the multi-disciplinary team, including our Community Pharmacy colleagues, to deliver the highest quality care for everyone in Fife. The NHS Fife Pharmacy Service aims to provide the highest quality pharmaceutical care to the people of Fife. The integrated team provide person-focused pharmaceutical care to individuals, and supply medicines through systems that ensure safe, effective and economical use.

The team strive to ensure that patients derive maximum benefit and minimum harm from their medicines, throughout their healthcare journey. The team works in partnership with clinical colleagues, providing high quality care, timely information and advice to deliver safe and secure use of medicines. By integrating the pharmacy team across NHS and Health and Social Care Partnership (HSCP) services in Fife, it is ensured that medicines are purchased, stored, dispensed and prescribed to the highest standards in every care setting.

Workforce Pressures

As detailed within the strategic case for change and benefits section 4.5.   Several challenges related to medicines are experienced by our workforce within NHS Fife.   These include

- legibility challenges;
- multiple transcription/handover points;
- unavailability or loss of paper records/forms;
- no evidence of prescribing advice and decision support;
- lack of seamless medicine reconciliation;
- no link with an increasing number of IT clinical systems; and
- no ability to collate data on medicine usage.

Clinical and administrative teams who encounter one or more of these challenges are met with an increase in the administrative time to deliver care rather than allowing staff to focus on delivery of care to the patient. Based on the latest evidence from the HEPMA pilot in Lanarkshire the clinical team estimate that the system reduces by 50% the time required to undertake drug rounds (i.e. from two hours to one hour per drug round. There are four drug rounds per day). Substantial reductions in administration and data entry will allow an

increase in patient facing time delivering both productivity benefits to the organisation and mental health benefits for our workforce.

There is also the additional pressure and stress placed on staff should errors in transcription or misdiagnosis be made. NHS Fife staff who are part of an adverse incident investigation are placed under significant stress and the introduction of HEPMA can reduce the potential of these errors occurring, which will reduce the stress on our workforce.

The clinical strategy noted the need to build capacity across primary and secondary care settings to support the safe and effective use of medicines and ensure the role of the pharmacist and pharmacy team is maximised and HEPMA will achieve this.

Current Constraints

Current Constraints for NHS Fife are: -

- Workforce pressures - Due to a gap in resources and pharmacy vacancies in both Primary and Secondary Care, the service is unable to provide a clinical pharmacy resource to all areas to meet current demand, which causes stress for staff working within the service.

- Funding – There are increased funding pressures due to high cost medicines and increased incidence of chronic disease.

- Governance – Currently there is a lack of a central document repository for medicines guidelines. This means prescribers have variable access to decision support.

- Technology - Costs of IT solutions to deliver the services required and the time taken to implement new IT solutions to deliver services is challenging for the department.

There will be an element of process change which will be required in order to successfully implement Full HEPMA within NHS Fife. However, once implemented will assist with the reduction on workforce pressures and will contribute to the reduction on other aspects.

3.6.2 Pharmacy Re-design

The implementation of HEPMA will deliver a significant service improvement within NHS Fife. However, it would be remiss of the team presenting this paper not to acknowledge a separate business case which is currently under development for the introduction of robotics/automation within pharmacy. If successful, this business case will result in a re-design of pharmacy service provision within NHS Fife.

EMIS Health HEPMA will support delivery of this re-design through improvements in electronic medicines management and administration, ensuring that NHS Fife benefits from an integrated approach to medicines.

This Final Business Case asks for implementation of HEPMA within NHS Fife. However, the author would note there will be considerable benefit to the overall delivery of service if both HEPMA and Pharmacy redesign/automation are introduced as this will deliver maximum benefit to patients and staff.

3.7 Business Scope & Key Service Requirements

3.7.1 Business Scope

- Successful procurement of the most appropriate HEPMA solution for NHS Fife from the National Framework
- Contract negotiation with successful supplier
- Design and build of Full HEPMA solution for NHS Fife
- Delivery of required infrastructure
- Integration of HEPMA solution with Pharmacy Stock Control System
- Integration of HEPMA solution with existing Digital systems
- Rapid Rollout approach to delivery of Full HEPMA solution from 2021/22 to all areas within NHS Fife.
- Training and support to ensure HEPMA is integrated into working practice.
- Ratification of Processes to ensure HEPMA integrates well into working practice
- Delivery of Programme within target.

3.7.2 Resultant Service Requirements

- Support for delivery of Full HEPMA from across NHS Fife with all relevant service areas being provided with the capacity to support implementation.
- Ensure appropriate Infrastructure is in place to support Full HEPMA delivery.
- Training and Support for introduction of Full HEPMA
- Time to review processes to ensure fit for Full HEPMA purpose

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Section 4: Economic Case

4.1 Review of Economic Case

The economic case for HEPMA was outlined in the National Business Case (2016). The NHS Fife Outline Business Case compared the benefits of Full HEPMA against Foundation HEPMA and a recommendation was made to the Board that NHS Fife should proceed to Full Business Case with the intent to deliver Full HEPMA for NHS Fife.

There has been no change to the economic case which was laid out in the Outline Business Case however it should be noted there was a note of caution within the OBC with regards to the potential requirement to replace NHS Fife's Pharmacy Stock Control system. Following a fair and open procurement the preferred supplier is EMIS Health who are the incumbent provider of stock control and therefore no funding will be required to support integration.

4.1.1 Full HEPMA

As a reminder Full HEPMA includes all components of HEPMA identified as realistically implementable in the medium term. Given current technology, and the reasons detailed within this paper, Full HEPMA represents an advanced HEPMA model which will bring maximum benefit for NHS Fife.

The National OBC identified three categories or 'pillars' which were selected to characterise the range of alternative scenarios that a Board would face when implementing HEPMA.

These pillars were:

- **Reach**: how widely HEPMA is rolled out within a Board;
- **Functionality**: which HEPMA functions (Electronic prescribing and medicines administration, Decision Support and / or Prescribing Support) are implemented and used;
- **Integration**: the level of integration with other clinical systems such as the Patient Management System (PMS), Admissions/Discharges/Transfers (ADT), Immediate Discharge Letter, Clinical Portal/Electronic Patient Record (EPR) and/ or Lab systems.

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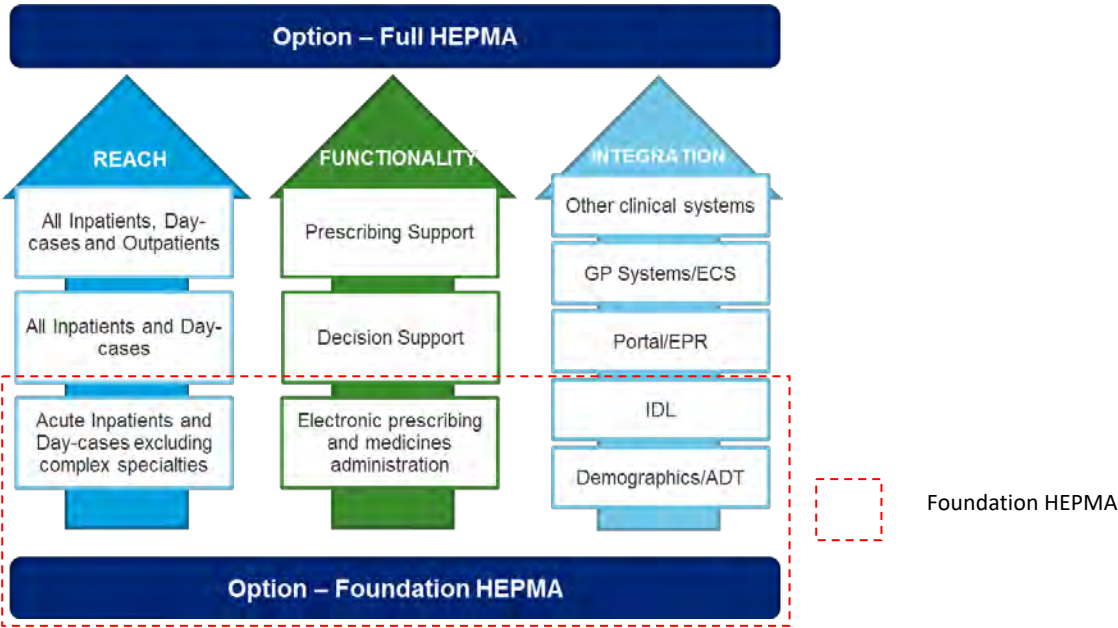
The Full HEPMA option selected by NHS Fife includes all the components of Foundation HEPMA but with extended reach, greater functionality and integration. Extended reach means the system covers all inpatient and day-case beds including outpatients departments. There is potential for a gap to remain in relation to Community Nursing and Special Schools for children with additional support needs, however this will be fully investigated and resolved if possible.

NHS Fife intend to implement all aspects of functionality of the system, including decision support; and additional prescribing support (e.g. local formulary, prescribing protocols). EMIS Health HEPMA will be fully integrated with all NHS Fife systems, and the pharmaceutical information from GP systems/Emergency Care Summary will be uploaded into HEPMA. The system will also integrate with other clinical systems e.g. diagnostics to provide additional clinical information to inform decision support and other HEPMA functions.

4.2 Critical Success Factors

The following critical success factors have been identified for this programme: -

- Governance and Risk Management Complete
- Leadership and Organisational Change undertaken
- Technology is fit for purpose and meets the needs of stakeholders.
- Benefits of Implementation are realised
- Improves Patient Experience
- The benefit of Full HEPMA for NHS Fife has been fully communicated.

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4.3 Options Appraisal

A full Options Appraisal was carried out and the results are available within the NHS Fife Full HEPMA Options Appraisal document within Appendix 1. The document clearly outlines the process that was carried out to identify the initial long list of options, which were then shortlisted as part of the Outline Business Case (OBC). The agreement at OBC was to undertake a mini tender on 3 available suppliers from the National Framework.

Engagement was undertaken with the 3 suppliers currently available on the National Framework by NHS Fife procurement with support from NHS Orkney and the mini tender was completed. Two out of the three suppliers opted to submit a bid to provide Full HEPMA to NHS Fife. There was a slight delay to identification of the preferred supplier due to the outbreak of the Covid19 pandemic.

In accordance with regulation 76(10) of The Public Contracts (Scotland) Regulations 2015, the preferred supplier was identified based on both quality and price (through identifying the Most Advantageous Tender). The price-quality ratio was weighted in favour of the technical elements of the submission given the few sources of supply, the technically complex specification and the potential impact on the organisation should the solution fail.

Criteria	Weighting	Available Marks
Technical	80%	400
Commercial	20%	100
TOTAL	100%	500

The suppliers were assessed against both mandatory and technical criteria. There were 5 mandatory questions and 12 technical questions which needed to be requested.

The breakdown of the final evaluation panel scores for the Technical were as follows:

Question	EMIS Health		JAC / Wellsky	
	Score	Marks	Score	Marks
2.2.1	4	25.00	3	18.75
2.2.2	4	25.00	4	25.00
2.2.3	4	12.50	4	12.50
2.2.4	3	18.75	3	18.75
2.2.5	3	28.13	4	37.50
2.3.1	4	37.50	4	37.50
2.3.2	3	37.50	2	25.00
2.3.3	4	37.50	3	28.13
2.3.4	4	12.50	3	9.38
2.3.5	4	12.50	4	12.50
2.4.1	2	37.50	2	37.50
2.4.2	1	12.50	1	12.50

The breakdown of the evaluation of the Commercial were as follows:

Criteria	EMIS Health	JAC /Wellsky
Software License	£50,000	£355,280
Implementation	£224,400	£176,434
Support	£455,000	£663,939
Additional Services (50 days per year)	£348,250	£345,290
Total Cost	**£1,077,650**	**£1,540,943**
Score	**100.00**	**57.01**

The overall results of the evaluation were as follows: -

Criteria	Maximum Score	EMIS Health	JAC/ Wellsky
Mandatory	Pass/Fail	Pass	Pass
System	125.00	109.38	112.50
Usability	150.00	137.50	112.50
Integration	125.00	50.00	50.00
Commercial	100.00	100.00	57.01
Total	**500.00**	**396.88**	**332.01**

4.4 Preferred Way Forward

Given the results detailed within section 4.3, Section 5 Commercial Case and the Options Appraisal document in Appendix A. The recommendation is to award the contract to **EMIS Health**, having their bid evaluated as the Most Advantageous Tender.

It is recognised that NHS Fife is currently the only board in Scotland who have opted for an alternative supplier for HEPMA provision. The process followed for selection of supplier has been robust and therefore NHS Fife has selected the most appropriate supplier to meet the needs and requirements of our Board and the citizens within. Both suppliers are on the National Framework and have met the standard for HEPMA delivery in Scotland.

4.5 Benefits

Several benefits from HEPMA were identified during the development of the National OBC. These were identified by a multidisciplinary group of clinicians, pharmacists and GPs and were grouped into several categories. We have presented a summary of these below and on the following pages along with an estimate of the likely impact in quantitative terms based on variety of sources including experience from NHS Ayrshire and Arran, a pilot in NHS Lanarkshire and the NHS England e-Prescribing Toolkit, which provides case study information and guidance on business case development.   Benefits as detailed within the following paragraphs will be baselined at project initiation with full benefits measurement and analysis conducted as part of overall project delivery.

4.5.1 Safer and Effective Use of Medicines

In 2014, Healthcare Improvement Scotland (HIS) developed *'Implementing an Electronic Prescribing and Medicines Administration System: A Good Practice Guide'* which provided clarity on current evidence and expert opinion on benefits realisation. It included a systematic review of the literature and reported that HEPMA systems provide an important foundation for improving the safe and effective use of medicines.

There is clear evidence that HEPMA systems reduce the incidence of medication errors.

'HEPMA systems are most likely to generate quality benefits (releasing time to care, avoiding errors, improving communication, improving decision-making), achieving the quality ambitions of person-centred, safety, efficiency and effectiveness of care.'

As HEPMA systems reduce the incidence of medication errors which are associated with significant morbidity and mortality, the resultant improvement in patient safety is likely to be significant.

Healthcare Improvement Scotland outlined the concerns in relation to Safer Use of Medicines.
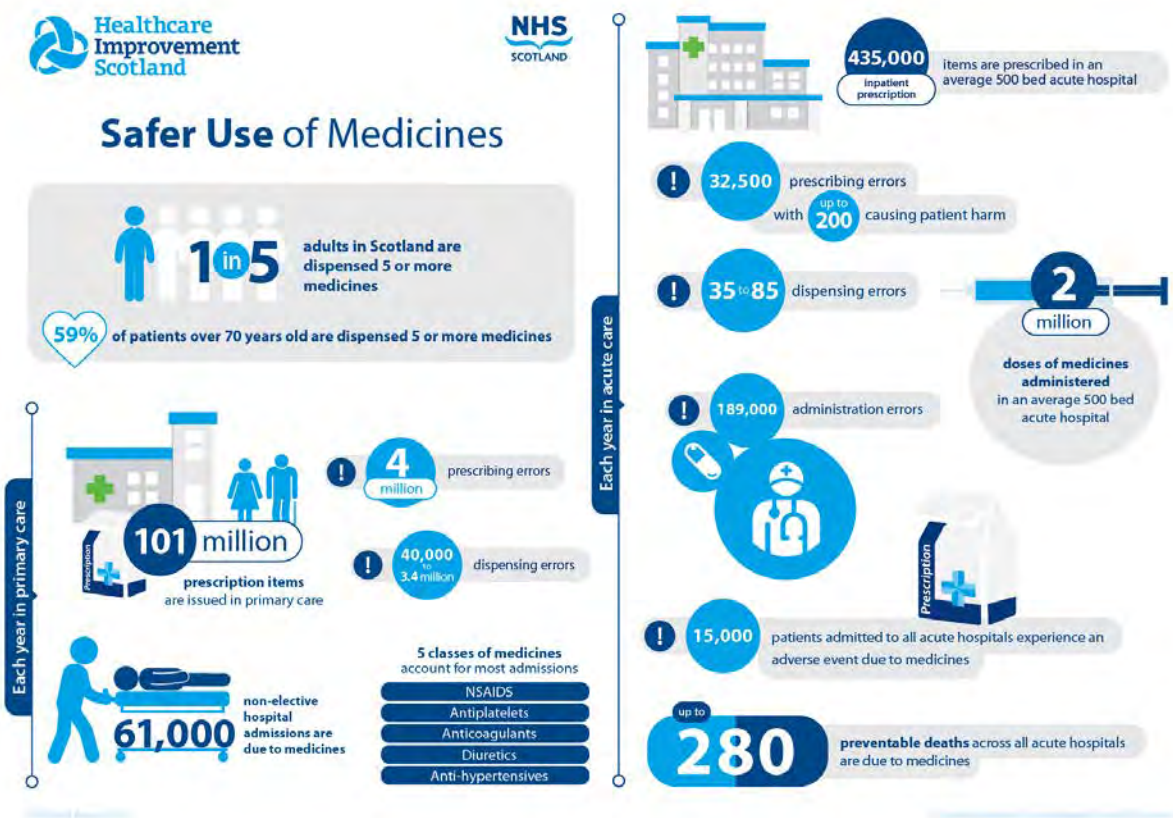
4.5.2 Reduce Incidence of Hospital Prescribing Errors

Drug related adverse events are the second largest cause of harm within the acute sector (after surgery) and account for around 15% of all adverse events (De-Vries et al., 2008). NHS Scotland is no different – for example, in 2014 a prospective observational study which analysed 50,000 prescription items across eight Scottish hospitals found an overall error rate of 7.5% (Ryan et al., 2014).

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CASE STUDY - TARGETING HIGH RISK MEDICATIONS

In 2020, NHS Fife completed an Adverse Incident Review.

Current, paper prescribing procedures rely on individual practitioners identifying patients on high risk medicines, and drug interactions, and putting manual systems in place to monitor these. While clinical teams use all available resource to do this safely, complex and changing systems and increased demands on resource continue to make this more complex.

In recent times, a patient taking an immunosuppressant medicine for a transplant, was admitted to hospital with a complex infection. This required using an antibiotic which is not used often. A drug interaction between the two medicines resulted in the immunosuppressant medicine working less efficiently.

This interaction was missed by multiple clinicians, and unfortunately a series of events led to this not being noticed until the patient had come to harm, with their transplanted organ failing, and them requiring to be placed back on the transplant list.

While there are multiple learning points for all involved in this case, HEPMA would significantly reduce risk of recurrence of an event of this severity, through:

- Real-time production of reports for patients on high risk medicines, allowing clinicians and pharmacy teams to appropriately provide targeted care
- Highlighting of drug-drug interactions, with clinical decision support providing advice at the point of prescribing to allow appropriate management plans to be put in place.
- Improved communication regarding medicines between secondary and primary care, through improved sharing of information regarding medicines use in the hospital settings.

Indicative Prescribing Error Rates in Scotland and Fife (per annum)

Prevalence of Error	%	NHS Scotland	NHS Fife*
Inpatient Prescription Item Error	7.5%	1,070,000	73,295
Inpatient Chart Error	36%	377,000	25,824
Errors Reaching Patient	32-60%	-	-
Errors Causing Harm, estimated consequences	1.0 – 4.1%	3,370 – 15,500	230 – 1,061
Temporary harm and intervention required	80%	3,016-12,400	206 – 849
Prolonged Hospitalisation	15%	505 – 2,320	34 – 159
Permanent patient harm	5%	168 – 770	12 - 53

(*NHS Fife figures calculated pro rata from the national business case)

The table on the previous page from this study provides indicative prescribing error rates in Scotland and Fife based on these estimates. The study found that teaching hospitals, surgical wards and those wards with a high turnover had the highest error rates. The number and scale of errors is significant, whilst most have little, or no patient impact a number cause permanent harm to the patient. The figure below provides a breakdown of these error rates.

Types of Error and Location
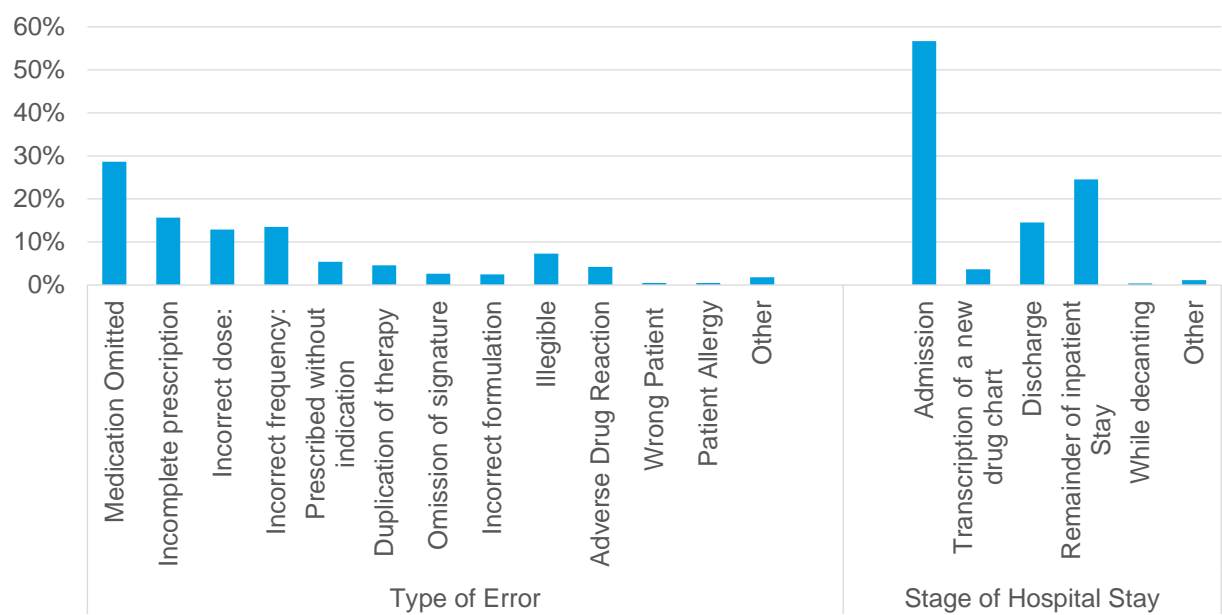
In 2015, Healthcare Improvement Scotland (HIS) released a second publication focusing on the benefits of HEPMA highlighting the results of this study. It also outlined several opportunities to drive improvement nationally, this study will be reviewed at project inception to consider additional benefits and lessons which can be learned to ensure NHS Fife's HEPMA delivers maximum benefit.

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4.6.3 Accurate prescribing and administration of medicines

HEPMA is pivotal in achieving a complete digital medication prescribing and administration record for an individual patient containing up-to-date historical and current prescribing and clinical information (including allergies and adverse drug reactions and interactions). This medication record will be instantaneously accessible to a range of healthcare professionals and is a key step to delivering person-centred, safe, effective and efficient care.

Impact and Evidence

One of the main benefits relates to a reduction in Adverse Drug Events (ADEs). A range of estimates have been stated by Trusts in NHS England, indicating that a HEPMA system would reduce ADEs by around two thirds. South Manchester University Hospitals NHS Trust estimated a 60% reduction in preventable ADEs, Guys and St Thomas estimated a 62% reduction and a Trust in the North West estimated the reduction would be 66% (HSJ 2014).

The Sheffield School of Health and Related Research (ScHARR) estimated that there would be a 31% potential cost avoidance from preventable ADEs.

Evidence from the pilot within NHS Lanarkshire has demonstrated:
- a reduction in missed doses from 14% to 8%
- a reduction in clinical interventions for high risk medicines
- 36% of interventions required on paper-based discharge letters would not be required with HEPMA

Evidence from NHS Ayrshire & Arran demonstrated a significant improvement in the administration of Parkinson's disease medication, as show below:

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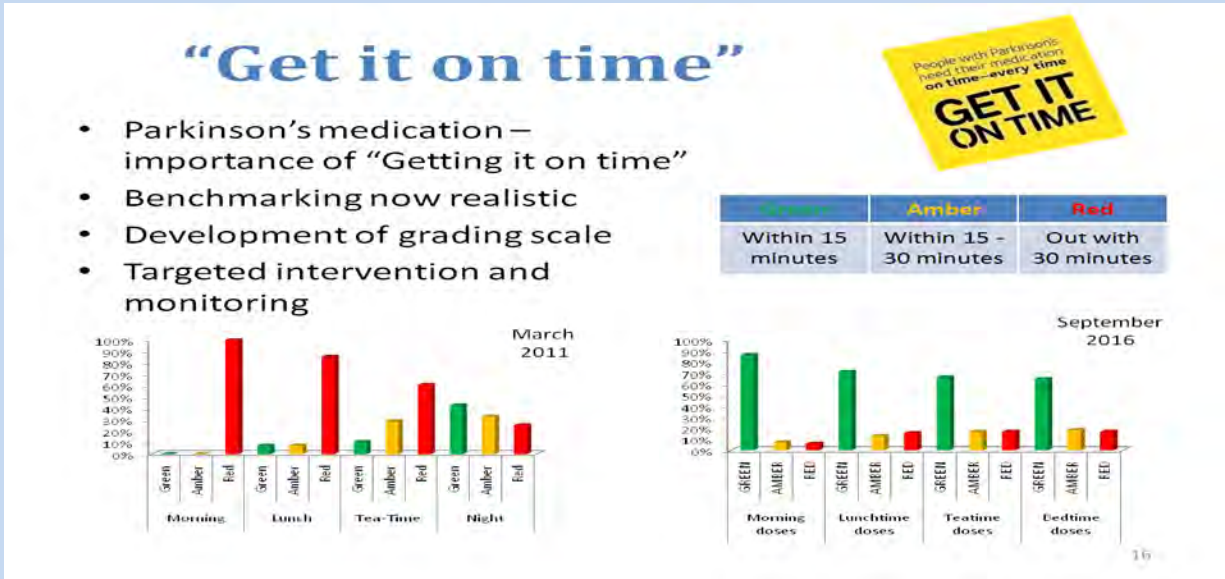
4.6.4 Better communication between and within settings and improved medicines reconciliation

EMIS Health HEPMA will provide a single shared patient medication record containing current and historical medicines, this will enable (i) more accurate and efficient medicines reconciliation and (ii) better communication of information between and within settings.

On a patient's admission to hospital, their medication record on HEPMA will be populated from the Primary Care electronic care summary. Similarly, on discharge, the HEPMA system will populate the discharge communication (e.g. immediate discharge letter) and be immediately available to Primary Care and Pharmacies for medicines reconciliation post-discharge.

The medication records will be able to be accessed remotely from the ward, enabling remote prescribing which is safer than telephone prescribing. In addition, view-only access rights can be set up for other healthcare professionals who need to be aware of a patient's medication for purpose of review or supply of medicines.

Impact and Evidence

A recent DPharm thesis within Ayrshire and Arran estimated the impact HEPMA has had on discharge communications. It found that compliance with discharge prescribing documentation increased from 40 to 100%, with a corresponding reduction in prescribing errors from 99% to 23% and omitted medications from 42% to 11%. NHS Fife have realised some of these benefits through the introduction of eIDD however as this system is end of life if HEPMA is not introduced the benefits will be removed.

Evidence from the pilot within NHS Lanarkshire has demonstrated:

- improved compliance with SIGN 128, more detailed clinical information for GPs
- instantaneous delivery of discharge letter to GP (previously anything from 1 day to never delivered)
- reduction in medicine omissions on discharge prescriptions

4.6.5 Greater consistency of clinical decision-making

Prescribing decisions for individual patients will be improved through the access of a complete medication prescribing and administration record which contains up-to-date historical and current information. Clinical decision support available within the HEPMA software will produce real-time alerts at the point of patient care, including linking proposed prescribing decision to previous drug allergies or adverse drug reactions reported for the patient, drug interactions and therapeutic duplication alerts.

In addition, fully utilising prescribing support functionality within the HEPMA system will extend the benefits further by providing greater consistency of clinical decision-making. This type of rules-based, protocol-driven prescribing support which is built in to the HEPMA system includes limiting choice to local drug formularies, preferred medicines, and to pre-determined prescribing protocols and aims to simplify, standardise and avoid inappropriate prescribing.

However, the electronic system does not replace human knowledge and clinical judgement. It is the users of the clinical system who are accountable for making clinical decisions (e.g. on the appropriate selection of medicines), not the HEPMA system itself.

Impact and Evidence

NHS Boards without HEPMA only have data on medicines purchased and ward issues, presently NHS Fife have no data as to what has been prescribed or administered to patients. At a national level only high-level hospital purchase data is available, it is crude with many caveats, HEPMA will resolve this.

NHS Lanarkshire's HEPMA Pilot demonstrated several benefits:

- Improved safety of antimicrobial prescribing
- Empirical policy antibiotics can be prescribed by indication recommended durations for oral therapy
- ALERT antibiotics are highlighted to prescribers and access is provided to NHSL form for supply
- Allergy status is mandatory, and alerts are presented when a contraindicated medicine is prescribed, 107 prescriptions for penicillin were averted in allergic patients in pilot wards.
- The system can suggest more cost-effective options for high cost antibiotics and non formulary medicines
- Ward 22 (HEPMA pilot ward) achieved 100% in respect of a pilot of a national quality indicator requiring duration of every oral antibiotic prescription. In NHS Lothian current compliance with this indicator is Surgery 47% and Medicine 75%

Within the pilot wards several treatment protocols (e.g. helicobacter eradication regimen) have been set up to aid prescribers of multiple drugs for a single indication; this helps speed up the prescribing process whilst assuring accuracy and adherence to protocols.

4.6.6 Releasing time to care and efficiency

The HEPMA system will ensure more medicines are administered on time to benefit the patient, as well as delivering efficiencies in nurse time spent administering medicines, releasing more time for face to face care. This should improve patient flow through the hospital and facilitate earlier discharge providing additional efficiencies across the acute and community hospital systems.

Once an accurate inpatient chart has been created on HEPMA, this moves with the patient through all stages of their inpatient care negating the need for multiple transcriptions during inpatient stay and discharge. Data entry reduces the time taken to prescribe and increases both the efficiency and quality of the prescribing process, supporting a smoother discharge with improved medicines reconciliation and clearer more complete information to primary care.

Medicine prescription charts frequently need to be rewritten for longer stay patients due to lack of prescribing and administration space. A study conducted within NHS Lothian concluded, junior doctors in Medicine of the Elderly estimated between 10 – 30 minutes to rewrite a medicine prescription chart and an average of 5 per week were rewritten for each ward. This view was supported by NHS Fife.

Impact and Evidence

Estimating time releasing efficiency savings can be difficult. The literature from the business cases we have reviewed have made relatively arbitrary time saving estimates, for example, one business case estimated that up to 20 minutes per shift could be released from electronic prescribing (for pharmacists, technicians, nursing and medical staff). Based on the latest evidence from the HEPMA pilot in Lanarkshire the clinical team estimate that the system reduces by 50% the time required to undertake drug rounds (i.e. from two hours to one hour per drug round. There are four drug rounds per day). While service efficiencies are expected, it is likely quantifiable cost savings will be limited. Rather substantial reductions in administration and data entry will allow an increase in patient facing time i.e. productivity benefits. Based on the time saving provided by Lanarkshire of 1hr, 4 times a day this would equate to 1,460 hours gained for patient care per year.

Feedback from GP's within Fife support the need for improved discharge letter. Evidence from Ayrshire and Arran of automatic medicine ordering at point of prescribing demonstrates that there was an improvement on the delay of orders getting to pharmacy, no transcription errors, no duplicate requests, reducing rework for nursing and pharmacy staff, clear view for nurses of stock and non stock, reduction in out of stock medicines and nursing time freed up as no paperwork required.

4.6.7 Better use of information to improve the use of medicines

Electronic capture of secondary care prescribing and administration data provides an opportunity to improve the safe and effective use of medicines and optimise patient care. The use of EMIS Health HEPMA strengthens information governance through a robust audit trail and improved clinical accountability.

Impact and Evidence

The availability of rich patient level data on medicines use with the possibility of linkage to diagnoses and outcome in secondary care could be utilised to better understand patient response to treatment, manage medicines effectiveness, monitor prescribing patterns, improve clinical practice and patient safety and support clinical research.

These are levers of change to drive improvements in healthcare delivery and specifically the quality and efficiency of prescribing, as demonstrated using similar data available in primary care. Given the inexorable rise in volumes and costs of hospital medicines, the accumulation of prescribing data at a Board, nationally, by specialty and condition when linked to patient records, will enable improved understanding and planning of medications use and budgeting associated to outcomes.

A key benefit from the HEPMA system relates to how better information on acute prescribing will be used. NHS Fife spends £32m on medication in the acute and H&SCP hospital sectors and yet has relatively little information on what is prescribed and by whom. This information should support hospitals to manage this expenditure more closely and identify opportunities for improvement.

4.6.8 Better use of information to support optimisation of patient care

As more patients are being treated with complex therapies ensuring patient safety and best outcomes from medicine use is a key component of safe and effective healthcare. Pharmacy is already facing increasing workload demand and is not able to provide a clinical pharmacy service to all wards/beds within current resource.

Therefore, the current clinical pharmacy resource is prioritised to high risk patients. HEPMA implementation will enable the identification of patients that are at high risk of harm form their medication across the whole hospital, allowing pharmacy to prioritise those patients for early pharmacy review. This will allow pharmacy to move to a more patient focused service rather than the current ward focused service. Pharmacist workload will be prioritised using data extracted from HEPMA based on risk stratification/categorisation of several different pharmaceutical care factors, including age, number, type and duration of treatment of medicines and allergy status.

The "electronic medicines early warning system" will identify which patients require the clinical pharmacist's attention and regular review by the multidisciplinary clinical team.

HEPMA provides an opportunity to facilitate an improvement in patient flow by reducing the potential for length of stay to be extended by avoidable medication errors and missed doses.

4.6.9 Benefits Attributable to HEPMA

The table below provides an estimate of the number of preventable prescription errors and those that could be prevented by the implementation of HEPMA based on a synthesis of research evidence.

Estimated Reduction in Prescribing Errors and Bed Days

Reduction in ADE's (Number)	Prevalence			NHS Scotland			NHS Fife*		
	Base	Low	High	Base	Low	High	Base	Low	High
Number Errors causing patient harm	2.6%	1.0%	4.1%	9,635	3,770	15,500	660	258	1062
Preventable errors causing harm*	72%	72%	72%	6,937	2,714	11,160	475	186	764
ADEs prevented by HEPMA **	60%	60%	60%	4,162	1,629	6,696	285	111	459
Additional bed days per error*	3.0	3.0	3.0	12,487	4,886	20,088	855	335	1376

(*NHS Fife figures calculated pro rata from the National Business Case)
* Costing Statement. Implementing the NICE guideline on medicines optimisation (NICE, 2015), ** as described above

*** a base, low and high case estimate have been presented to provide an indicative range based on the figures in the table above.

Using the lowest estimate, the table illustrates that 475 prescribing errors that cause patient harm could be averted through the implementation of the EMIS Health HEPMA system, as well as averting approx. 855 unnecessary bed days per annum in NHS Fife.

4.6.10 Economic Benefits

There is clear evidence the HEPMA system will provide an important foundation for improving the safe and effective use of medicines. It is also reasonable to expect that improvements in the safe and effective use of medicines will ultimately deliver efficiency benefits. However, translating these quality benefits to cash-releasing savings is not easy.

Most of the benefits will not be realisable in cash terms but will release time or resources to improve clinical practice and create capacity to meet increased demand.

The National Safer Medicines Steering Group considered all the benefits carefully and the evidence that supports these. Their guidance is the benefits to patients in terms of improved quality of care and safety of medicines should be clearly set out as the principal drivers for this investment. The likelihood of non-cash releasing savings in time and resources can be described but are unlikely to be accurately quantifiable and the longer-term cash releasing savings after implementation are only beginning to be assessed. As a result, these benefits have not been included in the economic or financial appraisal elements of this business case.

4.7 Risks

A full risk register for the project has been developed and will be managed in line with NHS Fife's governance procedures with risks recorded in Datix. Risks will be reviewed on a regular basis.

4.7.1 Corporate Risks

There are several risks on the corporate risk register which are currently being managed which would be mitigated either fully or in part with the introduction of EMIS Health HEPMA in NHS Fife.

Risk	Description	Status	HEPMA Benefit
522	Prescribing and Medicines Management – Prescribing Budget. There is a risk that NHS Fife will be unable to control the prescribing budget.	Amber	The data available will assist with the management of the prescribing budget.
1347	Out of Date Shared Care Protocols: There is a risk that due to the shared care protocols being out of date there is a lack of clarity about whether these should be followed in General	Amber	HEPMA will provide consistency of support as part of a larger piece of work.

	Practice. There is also a risk that the evidence base that the shared care protocol was based on could have been superseded. There is also a risk that		
1458	Workload for the Pharmacy Team within Oncology and Haematology is increasing.	Green	HEPMA will assist with workforce challenge but will not remove completely.
1504	Lack of Central IT location to store guidance documents	Red	HEPMA would hold the clinical guidance information, it is recognised a separate piece of work is underway to develop a central repository. It is envisioned these systems will be closely linked.

4.7.2 Digital and Information Directorate Risks

There are also several risks held within the digital and information directorate register which relate to delivery of Electronic discharge delivery (eIDD) (1586, 1590, 1587). Introduction of EMIS Health HEPMA will bring with it the implementation of a new digital discharge which will mitigate against these risks.

The current eIDD solution has been risk assessed as stable for current use however does not meet The Security of Network & Information Systems Regulations (NIS Regulations) and is end of life. In addition, there is currently no opportunity to add either Mental Health or Women's services to the system. Alternatives to the current solution were investigated however the proposed solution (via Intersystems TrakCare) was not fit for purpose and would have resulted in a cost pressure for NHS Fife. If eIDD was to 'fall over' business continuity would be a return to paper. Delivery of the delayed discharge summary is a key component of EMIS Health HEPMA and will therefore mitigate these risks and will prevent a return to paper.

4.7.3 Programme Risks

It is important to recognise that as well as delivering additional benefits, there will also be a few risks associated with implementing HEPMA within NHS Fife.

Risk	Description	Status	Mitigation Applied
PR01	HEPMA requires robust 24/7/365 technical and clinical support. Inadequate resource will impact on organisations ability to reliably perform other safety clinical activities.	12	The full business case has identified the resource required to successfully deliver HEPMA
PR02	Affordability	9	FBC has optimum bias applied.
PR03	Dual Running of paper and electronic systems	9	Robust Standard Operating Procedures (SOP's) will be developed. Rollout will be delivered rapidly whilst ensuring clinical safety within capacity.
PR04	Inadequate leadership / change management support	6	Comprehensive Communication Plan Engagement with Staff Clear Clinical Leadership have all been established
PR05	Complexity and scope of training. Training must: - consider the needs of all staff - be delivered in a timely manner - be accessible to maintain competence - be scalable to address BAU competence	6	Training Needs Analysis (TNA) will be carried out at project inception. The plan will be developed collaboratively with staff. Dedicated training capacity during implementation identified. Ongoing support delivered as core part of induction.

Section 5: Commercial Case

The Commercial Case provides an overview of the HEPMA Multi Supplier Framework procurement process that has been undertaken and describes the next steps NHS Fife would need to undertake to select a preferred supplier.

5.1 Agreed Scope and Services

HEPMA will be rolled out across all NHS Fife acute and community beds including mental health beds in several phases taking a site-based approach. However, this will be agreed and confirmed by the Programme Board considering any future re-provisioning works across the sites and business needs. The table below illustrates the scope of the roll out across NHS Fife.

Implementation Scope

Hospital	Wards and Bed / Chairs / Trolleys / Cots	Outpatient Attendances 2017/18	Day Cases 2017/18	Inpatient Attendances 2017/18
Victoria Hospital	660	200,109	13,713	50,870
Queen Margaret	90	152,178	1,232	1,390
Community Hospitals	586	46,977	1	1,748
Total	1336	399,264	14,946	54,008

Source: - NHS Fife Information Services

5.1.1 Training

Training will be provided to: -

500 Prescribers – including all medical staff, pharmacists and nurse/AHP Prescribers
2919 Administrators – includes all band 5 and above nurses, and some AHP's.

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5.1.2 Integration

The solution will be integrated with core clinical systems including: -

- TrakCare Patient Management System
- Ensemble integration engine
- Labs (this would be via Ensemble)
- Pharmacy Stock Control
- Orion Health and Social Care Portal
- GP Systems
- Emergency Care Summary
- SCI Store

5.1.3 Decision Support

To maximise the benefits from the HEPMA system the preferred solution will:

- use automatic decision alert functionality; and
- support local prescribing initiatives e.g. when additional rules are built into the system in relation to local formulary and
- deliver prescribing protocols.

Experience from other boards that have implemented HEPMA demonstrates that an appropriate resource is required to maximise the benefits described and this has been included in the resource profile for NHS Fife.

5.1.4 Disaster Recovery

The Disaster Recovery plan for HEPMA will be completed in line with the plans being developed for the Paperlite Programme.   The plan will be agreed through appropriate programme governance.

5.2 Agreed Charging Mechanisms

Following agreement of the Final Business Case there will be a need for NHS Fife to enter into contractual arrangements with EMIS Health.

Negotiation of payment milestones will need to take place to reflect the staged implementation phases and to ensure that the supplier meets the timescales required for the project.

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5.3 Agreed Key Contractual Arrangements

As part of the post tender negotiations, the standard framework terms and conditions will be amended to incorporate the specific Fife requirements.

KPIs will be agreed with the supplier and it is recommended that these include financial penalties for example, system downtime or engineer response rate where the agreed time frame is not met.

In addition, contractual information in relation to the exit strategy at contract end date will be negotiated and the approach to retendering which will be followed.

5.4 Agreed Personnel Implications

In order to fully support HEPMA implementation within NHS Fife. A resource profile was developed which recognised the resource profile outlined in the National Business Case and lessons learned from other boards implementation.

5.5 Agreed Implementation Timescales

Based on lessons learned and discussions with other Health Boards the Business Case advises that to fully implement EMIS Health HEPMA across NHS Fife will take 3 years.

Following contract award and signing NHS Fife will enter a 3-6-month design and build phase.

The anticipated plan for rollout subject to discussions with key stakeholders will be that pilot sites will be selected as early adopters to test the rollout procedure.

The plan would be then be implementation in Victoria Hospital starting from the front door and moving through the hospital dependent on patient journey. Queen Margaret will be next followed by community hospitals. This work is estimated at 24-30 months.

There will be also be a requirement to allow for a three month wash up period to fix any issues with the system at the end of the implementation. As such, NHS Fife will require an implementation team for approximately 3 years.

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Section 6: Financial Case

This section outlines the costs associated with implementing Full HEPMA by the preferred supplier EMIS Health across NHS Fife.

6.1 Assumptions

In order to ascertain costs for NHS Fife, Commercial costs were received from EMIS Health as part of the tender process. These will be agreed at best and final as part of the contract negotiations. In addition, resource profiles were created based on Business Cases developed by other Health Boards and lessons learned from implementation within other boards.

6.2. Economic Appraisal Principles

Key overarching assumptions in the development of the cost model included:

- Costs were constructed for NHS Fife to undertake Full HEPMA locally.
- Nonrecurring costs are assumed to be capital funded. Where non-recurring costs are treated as revenue, capital budget will be transferred to the revenue fund.
- Hardware costs include a small contingency.
- VAT assumed on all external costs at 20%. VAT advisors will be consulted during negotiations with suppliers.
- Optimum bias of 10% has been applied for years 21/22 and 22/23 after which time the risk is assumed to be removed.
- Pays have been adjusted to reflect 20/21 pay scales with no built-in increments.

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6.2 Capital Cost

Capital costs for design, procurement and implementation of the preferred supplier EMIS Health are summarised in the table below.

Capital	20/21 £'000	21/22 £'000	22/23 £'000	23/24 £'000	Total Cost £'000
HEPMA System		50			50
Hardware – NHS Fife Infrastructure		110			110
Hardware – Workstations / PC's		208	104		312
Hardware – Pharmacy Mobile Devices		18			18
External Integration Costs		15	15		30
Implementation Resource		808	511	349	1,667
Legal Fees	25				25
Optimism Bias (10%)		116	63		179
VAT		80	24		104
TOTAL CAPITAL	25	1,405	716	349	2,495
SG HEPMA FUNDING	25	1,100	572	0	1,697
NHS FIFE CAPITAL FUNDING	0	305	144	349	798

The Scottish Government have confirmed that central funds will be made available to NHS Boards to fund non recurrent revenue and capital costs (but not local hardware costs). This funding equates to £1.697m for NHS Fife – the profile has been agreed in principle with Scottish Government however will be confirmed following formal agreement of the Full Business Case.

The OBC presented to the Board in November 2019, indicated an estimated capital spend of £3.856m for Fife. The reduction in capital costs within the FBC are associated with the preferred suppliers charging model for HEPMA provision and a review of implementation resources. Optimism Bias of 10% has been included for 21/22 and 22/23 to account for any variance in hardware or resource costs, this was not present in the OBC.

HEPMA System Costs

The preferred supplier EMIS Health operate a license-based model with an initial one-off license payment of £50k, followed by recurring support costs which are detailed within the recurring revenue section 6.3.

Hardware Costs

The cost of hardware has been provided as worst-case scenario for NHS Fife. NHS Fife is intending to implement a hosted delivery of HEPMA. However, depending on contract negotiations, there may be a requirement for NHS Fife to also host a live instance of HEPMA for the purposes of disaster recovery. The Business Case has been calculated on this basis.

Implementation Resources

Just over half the costs associated with the deployment of HEPMA relate to implementation resource. The resource profile for NHS Fife has been reviewed and agreed as the minimum requirement to ensure safe delivery of HEPMA within NHS Fife. Implementation costs include: -

- **EMIS Health Project Team -**The preferred supplier has advised on the costs which will be required to be met to allow them to implement full HEPMA for NHS Fife.

- **HEPMA Project Team -** A Project Team will be established to govern and manage the roll out. This includes a range of clinical and Digital and Information representatives. This team will be responsible for the preparatory work, ward go live and immediate support in the week following go live. This team will also include senior nursing and medical resource to provide clinical leadership to the programme. It is anticipated that wider leadership support will be provided by the senior team in NHS Fife

The time periods associated with each stage of implementation are considered reasonable based on experience of other Boards and NHS Fife's expertise in project roll out. The intention is that NHS Fife will progress to rollout as soon as possible with the preferred supplier. It is anticipated that this timetable will represent a 'worst case' scenario and some contingency may be released from the capital requirement.

6.2.1 Statement of Capital Affordability

The Scottish Government national FBC agreed a contribution towards non-recurring design, procurement and implementation of £1.697m. Additional capital support will be required from NHS Fife and will be included within the Property and Asset Management Investment Programme from 21/22 onwards. The total capital cost for NHS Fife will be £798k over 3 years.

6.3 Recurring Costs

Recurring Revenue costs per annum are summarised in the table below. They are based on the preferred supplier EMIS Health being awarded a 7-year contract as per tender. There is an assumption the contract negotiations will be undertaken in 20/21 with contract award and project inception from 21/22 onwards.

Recurring Revenue	21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000	26/27 £'000	27/28 £'000	Total £'000
D&I Infrastructure and Support	66	66	66	66	66	66	66	462
Ongoing BAU Support	381	381	381	381	381	381	381	2,668
Training	209	209	209	0	0	0	0	626
Supplier Recurring Support	65	115	115	115	115	115	115	754
Hosting	110	110	110	110	110	110	110	770
Total New Recurring	**831**	**881**	**881**	**672**	**672**	**672**	**672**	5,280
Available Budgets								
Medicines Prescription Chart Procurement Savings	5	10	12	19	19	19	19	**101**
Digital and Information (recurring salary)	151	151	151	0	0	0	0	**452**
Digital and Information Strategic Funds	84	84	56	0	0	0	0	**224**
Total Available Budgets	240	245	219	19	19	19	19	777
NHS Fife Recurring Revenue Requirement	**591**	**636**	**662**	**653**	**653**	**653**	**653**	**4,502**

The OBC presented to the Board in November 2019, indicated an estimated revenue spend of £2.357m for Fife. It should be noted the OBC detailed a 5-year plan for HEPMA, following mini tender the framework agreement with the supplier would be for a 7-year contract for HEPMA. Therefore, costs have been amended accordingly.

The cost model for provision of EMIS Health HEPMA is based on a minimal upfront capital cost with a larger ongoing recurring cost this model was not the model detailed within the OBC, which followed the National Business Case funding model. There is also the potential for EMIS Health to deliver a hosted service, which was not included in the OBC and if implemented could potentially reduce the D&I Infrastructure and support costs, however this

will not be known until hosting discussions have been held with the supplier. NHS Fife Director of Finance recognised the prudence of the revised charging model for EMIS based on the current economic climate within NHS Scotland.

Following a review of available finances, digital and information have also agreed a financial contribution as detailed above.

D&I Infrastructure and Support

As above this figure is worst case scenario based on NHS Fife requiring a full disaster recovery backup whilst operating on a hosted environment. If this is not required, this figure could potentially reduce.

Resource Justification

Ongoing Business As Usual (BAU) costs have been agreed as starting at project inception to allow staff to be employed on a permanent basis this will ensure consistency of practice and allow staff to build up a working knowledge of the system from design.

The training for HEPMA cannot be capital funded and therefore this has been included as revenue.

- **Training Team.** Comprising pharmacy and Digital and Information project staff to undertake the preparation of training materials.

The ongoing support team will comprise both Pharmacy and Digital and Information resource. The Digital and Information team will provide ongoing technical support with pharmacy providing ongoing clinical support. They will: -

- Support the review and re-design of work practices to ensure the efficiencies available by using a HEPMA solution are realised, driving out the efficiency benefits available from having a HEPMA solution, e.g. analysis of information on drug prescribing, monitor and improve prescribing practice, identify and address inexplicable variation, reviewing medicines and usage and monitoring of medicine waste;

- Manage and maintain all drug files and clinical protocols on the system. To ensure safe prescribing and medicine administration always. Each new drug needs to be added to the system, populated for prescribing and validated for accuracy in a timely manner.

- The system requires to be updated on rapidly changing medicines information, for example the safety recalls and MHRA drug safety updates.

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- Manage the decision support tools available on the system to support best practice in prescribing by all health care professionals.

- Ensure compliance with legal frameworks governing medicines use and the ability to mandate it at the point of prescribing.

- Provide advice and assistance to HEPMA users on an ongoing basis.

- Undertake acceptance testing and implementation of the HEPMA software as new upgrades become available in conjunction with Digital and Information.

- Integration of HEPMA with the pharmacy stock control system to ensure accurate levels of both ward-held and pharmacy-held drugs to reduce overstocks;

- Review of information available at transfer of care across multiple patient pathways;

- Assist with the provision of a 24/7 system support model

- Assist with clinical support for all clinical HEPMA enquires raised by system users.

- The additional pharmacy recurring resource is required to embed safe practices within the use of the system; however, it is also essential to analyse additional data available and understand potential cash releasing benefits.

6.4 Statement of Affordability

Estimated capital costs exceed available Scottish Government funding by £798k. If approved, provision for £798k will be made within the NHS Fife Property and Asset Management Investment Programme split over 3 years beginning in 2021/22.

Cash releasing revenue benefits are anticipated but have not been assumed, given the lack of an evidence base nationally. Digital and Information have committed to 452k from recurring salary costs and 224k from strategic funds. In addition, NHS Fife support is required for the total sum of £5.3m over 7 years.

Additional capital and revenue costs have been discussed with the Director of Finance, NHS Fife and will be prioritised as part of the medium-term financial planning process for 2021/22 – 2023/24.

6.5 Stakeholder Support

The financial business case was discussed and agreed with a group of key stakeholders including the Director and Associate Directors of Finance and Pharmacy, Medical Director, General Manager for Digital and Information, Digital and Information Head of Strategy and Programmes and the Capital Accountant for NHS Fife.

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Following agreement of the Full Business Case a review of stakeholders will be undertaken to ensure appropriate representation from all key groups. There is an expectation the programme will require close partnership working and therefore appropriate representation will be added to both Programme Board and team moving forward.

Section 7: Management Case

7.1 Procurement Strategy

Following agreement of the Final Business Case, the procurement journey will continue with contract negotiations being undertaken with the preferred supplier. Following agreement and contract award, NHS Fife will be able to begin design, build and implementation within NHS Fife.

7.2 Agreed Arrangements for Project Management

As with all projects/programmes undertaken by NHS Fife, the Programme will be managed and governed in line with the principles of Managing Successful Programmes (MSP) good practice as well as Prince 2 project management guidance.

The HEPMA Programme Board has been established to provide overall governance to the project, chaired by Dr Chris McKenna, Executive Medical Director for NHS Fife.

The composition and group membership of the current HEPMA Programme Board is set out in Appendix 2. It is expected that following agreement of the Full Business Case a review of membership will be undertaken to ensure relevance for the next stage of the programme.

The project governance structure detailed overleaf recognises reporting will be through Digital and Information Board to NHS Fife Board via the Clinical Governance Committee, with regular highlight reports to Area Drugs and Therapeutics Committee and Acute and Community Senior Leadership Teams.

Project Governance Structure
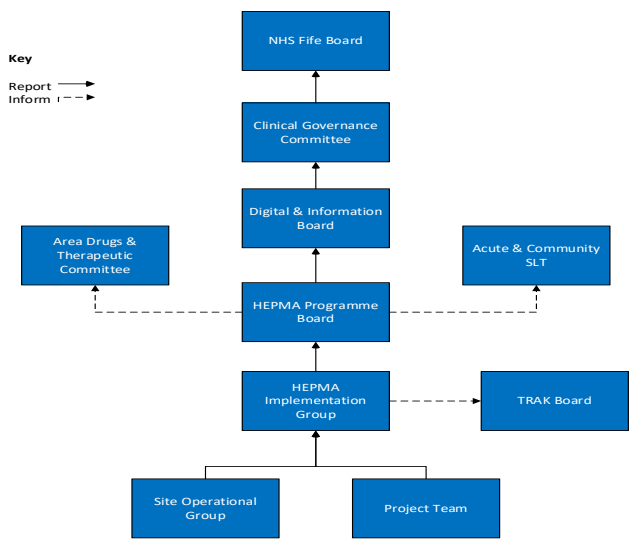
7.3 Agreed Arrangements for Change Management

Changes to the HEPMA system will be undertaken in line with Information Technology Infrastructure Library (ITIL). Changes will be agreed, according to a schedule which will be clearly defined by the supplier and agreed by the HEPMA Programme team.

As part of the project changes to Standard Operating Procedures (SOP's) will be captured and progressed through relevant governance. In addition, an Operational Support Guide for D&I will be completed to ensure adequate ongoing support of the system.

7.4 Agreed Arrangements for Benefits Realisation

7.4.1 Benefits Register

The programme manager will ensure benefits are captured in line with governance procedures. Benefits will be captured utilising DOAM (describable, observable, attributable and measurable) and set timescales for review will be implemented. Baseline information will be captured at project inception with regular review and updates to ensure the programme realises the qualitative benefits which are expected. In addition, baseline information will be captured to recognise whether any financial benefits are realised through implementation.

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7.4.2 Benefits Realisation Plan

The pharmacy lead will have responsibility for ensuring the benefits realisation plan is undertaken following completion of the project.

7.5. Agreed Arrangements for Risk Management

NHS Fife manages risks on the Datix system, this system has been created to ensure solid governance around management of risks within NHS Fife. Risks will be managed on a Monthly basis, with risks being discussed initially at project level, then at board level and all high-level risks will be reported to Digital and Information Board.

7.6 Project Evaluation

Project Evaluation will be undertaken by Digital and Information Head of Strategy and Programmes at regular intervals to ensure best practice is maintained.

Section 8 Conclusion and Recommendation

The process to select a supplier for NHS Fife has been arduous, with the initial Outline Business Case commencing in 2018, agreed in November 2019 and the Final Business Case now being presented to the Board for consideration and agreement.

However, the time taken reflects the care to ensure due process has been followed. The process was robust, and NHS Fife can confidently assert that all options for implementation were considered. The aim of the process has been to ensure the HEPMA solution which NHS Fife selects is the one which best suits the needs of our citizens and our services.

Delivery of HEPMA will ensure that NHS Fife meets the targets which have been set by strategies at both a Local and National level. The benefits outlined within the case are mainly qualitative in nature and this is recognised, however, there can be no greater benefit for an organisation than delivery of a digital solution which brings substantial benefit to both our workforce and our citizens.

The recommendation which the board is asked to accept is implementation of Full HEPMA, supplied by EMIS Health, across NHS Fife

Appendix 1 – Options Appraisal

NHS Fife

Hospital Electronic Prescribing and Medicine Administration HEPMA

Options Appraisal

Version Number	1.1
Date	2020/10/27

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FIF19025 Hospital and Electronic Prescribing Administration Contract Award Recommendation Report	Y:\Strategy and Programmes\Projects\HEPMA\Initiation\Governance\Business Case\Options Appraisal\supporting info\EMIS FBC Info.zip

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Section 1: Introduction and Purpose

1.2 Introduction

NHS Fife were considering implementation of a HEPMA solution for NHS Fife.

This document sets out the Options Appraisal which was carried out in order to agree the recommendation for the Full Business Case. The paper notes the initial options analysis which was carried out as part of the Outline Business Case which identified that Full HEPMA was the best options for Fife. The paper then describes the mini tender which was carried out with 3 suppliers from the National Framework to recommend to the Fife Board the preferred option of EMIS HEPMA Full Implementation for NHS Fife.

The primary aim of (HEPMA) is to remove paper-based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve our medicines management processes and enhance medicines optimisation. This will enable greater control over what is prescribed, how it is prescribed and how it is administered. This will enable monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality.

HEPMA will combine three functions to provide all clinical staff with an integrated view of a patient's medication history, through: electronic communication of a prescription or medicine order aiding the choice, administration and supply of a medicine through knowledge and decision support providing a robust audit trail for the entire medicines use process. Medicines represent the most frequent healthcare intervention

1.3 National Outline Business Case Options

The National OBC identified three categories or 'pillars' which were selected to characterise the range of alternative scenarios that a Board could face when implementing HEPMA. These pillars were:

- **Reach**: how widely HEPMA is rolled out within a Board;
- **Functionality**: which HEPMA functions (Electronic prescribing and medicines administration, Decision Support and / or Prescribing Support) are implemented and used;
- **Integration**: the level of integration with other clinical systems such as the PAS system, Admissions/Discharges/Transfers (ADT), Immediate Discharge Letter, Clinical Portal/Electronic Patient Record (EPR) and/ or Lab systems.

The National Business Case presented two options for HEPMA delivery, a Foundation HEPMA option which describes a 'basic' level of implementation; whilst at the other end of the spectrum there was an option for full HEPMA solution would look like. The variation between these options reflects the maturity of the current systems and the investment

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required to achieve full HEPMA. The options to a large extent represent an incremental approach to adopting HEPMA, rather than a list of mutually exclusive options.

The figure below illustrates the different levels between Foundation and Full HEPMA.

Figure 1   Schematic Illustration of HEPMA options
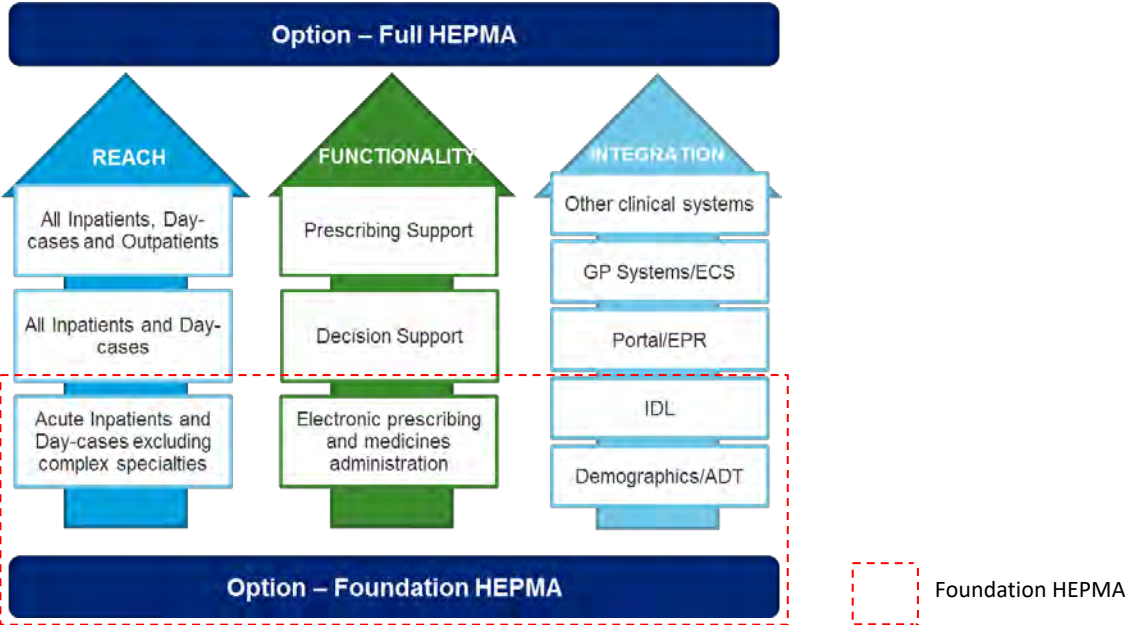
1.2.1 Foundation HEPMA

Foundation HEPMA was specified as a solution that includes the basic scope required to result in the successful implementation of HEPMA. In terms of system 'reach', this would include rollout to inpatient and day-case beds across each acute hospital, though not including outpatients. A number of specialties that may provide greater implementation challenges (due to differences in type and nature of the prescribing model in 'non-ward' based specialties) including Theatres, Maternity, A&E, Mental Health, ICU, and Renal Dialysis outpatients, though not included in Foundation HEPMA, could be implemented at a later date.

In terms of 'functionality', it would provide electronic prescribing and administration, as well as electronic medicines reconciliation functionality, whilst in terms of 'integration', it would be required to populate the Immediate Discharge Letter and be integrated into the Patient Management System to provide patient demographics and patient movements information

1.2.2 Full HEPMA

The Full HEPMA option includes all the components of Foundation HEPMA but with extended reach, greater functionality and integration. Extended reach would imply the system covers all inpatient and day-case beds including outpatients departments. The full functionality of the system would be exploited, including decision support; and additional prescribing support (e.g. local formulary, prescribing protocols). In terms of integration, this option would include further integration with the Clinical Portal/EPR (real-time and/or

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summary information), the population of HEPMA with medication information from GP systems/Emergency Care Summary and integration with other clinical systems e.g. diagnostics to provide additional clinical information to inform decision support and other HEPMA functions.

Section 2: Options

2.1 Long List Options

NHS Fife currently operates an EMIS Pharmacy Stock Control system. As part of the Long List of options, it was felt there was a need to consider whether NHS Fife should remain with this supplier, or whether, there is benefit in migrating across to a supplier that links directly with proposed HEPMA suppliers. The HEPMA Programme Board therefore agreed based on the National Outline Business Case the long list of options for HEPMA within NHS Fife were as follows: -   .

	Option	Stock Control	HEPMA Provider	Outcome
1	**Do Not Implement**	EMIS	NONE	Not Viable
2	**Foundation HEPMA**	EMIS	EMIS	Not Viable
3		EMIS	JAC	Not Viable
4		EMIS	Dedalus	Not Viable
5		JAC	EMIS	Not Viable
6		JAC	JAC	Not Viable
7		JAC	Dedalus	Not Viable
8	**Full HEPMA**	EMIS	EMIS	Shortlist
9		EMIS	JAC	Shortlist
10		EMIS	Dedalus	Shortlist
11		JAC	EMIS	Shortlist
12		JAC	JAC	Shortlist
13		JAC	Dedalus	Shortlist

Initially the Board considered HEPMA when moving from Long list to Short List.

Option 1 Do Not Implement (Do Nothing) – Not Viable

The 'do nothing' option would involve NHS Fife continuing with a paper-based prescribing and medicines management process across the acute sector. NHS Boards would gradually move towards electronic approaches in line with local priorities. Given the current financial climate and severe constraints on investment expenditure, this may be a realistic short-term option, although in the long run it is unlikely that a paper-based system would be sustainable given the move towards electronic health records.

The 'do nothing' option would offer no improvement to the current situation and none of the associated benefits would be realised. Whilst some systems are in place to manage the risks associated with adverse drug events, evidence suggests that medication incidents will persist and some of these would have been avoidable through investment in HEPMA. Staff

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would in turn continue to operate an inefficient paper-based process, which uses valuable time that could be spent on other aspects of patient care. There may also be an impact on staff satisfaction and morale given the level of clinical support for the HEPMA system.

HEPMA is also a key missing component of an electronic health record and if not adopted NHS Fife will fall behind other health systems in relation to digital maturity, public health intelligence and medicine related research.

In addition, HEPMA has been successfully implemented in a number of other Health Boards in Scotland and non implementation within NHS Fife would result in an inequality of service delivery for service users within the Health Board area.

Options 2-7 Foundation HEPMA – Not Viable

The Foundation HEPMA would be a viable 1st step on the implementation journey for HEPMA, however when considering reach, functionality and clinical systems it was felt there were key benefits in delivery of Full HEMPA which would not be realised if Foundation HEPMA was the preferred option as detailed below.

Reach – Extending the reach of HEPMA to include all inpatients, Day Cases and Outpatients was seen as valuable for NHS Fife. A number of services who provide day cases and outpatient prescribing have highlighted to eHealth the need for an electronic solution these services prescribe and administer complex specialist medicines that need to be delivered in context with the other aspects of patient care. NHS Fife is also committed to an integrated patient journey, with clarity of reporting in all areas of care.

Functionality - currently Prescribing and Decision Support have been identified as 'gaps' within NHS Fife and there would be a real benefit both in terms of patient safety and the consistency of clinical decision making if this was implemented within NHS Fife.

Integration – NHS Fife are committed to ensuring a complete patient record is visible for those within its care, therefore integration with GP Systems, Portal and Other Clinical Systems would be fundamental to ensuring a complete record which increases clinical safety and patient care.

Options 8-13 Full HEPMA – To be shortlisted and investigated further.

This includes all components of HEPMA identified as realistically implementable in the medium term.   It was considered that at this point in time, given current technology, and the reasons provided above, Full HEPMA represents an advanced HEPMA model and this should be aspired to within NHS Fife. This still leaves a gap in prescribing and administration for e.g. Community Nurses; special schools and any non-Trak users, which do not fall into the category of IP or OP

Therefore, Full HEPMA was agreed as the preferred solution and Options 8 – 13 were taken forward into the shortlist.

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2.2   Short List Options

Initial discussions noted the primary objective was to ensure the HEPMA Solution delivered for NHS Fife was fit for purpose.   NSS Procurement identified there were 3 potential suppliers for HEPMA in Scotland all of which are within the national contract: - JAC, EMIS Health and Dedalus.

Discussions with National Procurement into the best method to engage with suppliers and the options for NHS Fife highlighted the need to ensure a fair and transparent procurement. Advice from National Procurement noted the key objective was the most appropriate Full HEPMA solution, therefore procurement should initially consider only this area.

If the preferred solution for HEPMA then required a change to the stock control system this should be undertaken after decision on an agreed supplier for Full HEPMA.

Following this advice, the shortlisted options were agreed as Full HEPMA without stock control system as a factor. The shortlisted options for the Full Business Case were therefore agreed as: -

Option 1 – Full HEPMA supplied by EMIS
Option 2 – Full HEPMA supplied by JAC
Option 3 – Full HEPMA supplied by Dedalus

The Fife Board approved the HEPMA Outline Business Case, and agreed the shortlisted options should be subject to considered with the three suppliers on the National Framework

Section 3: Contract Award Recommendation Report

3.1 Purpose

This section of the report summarises the commercial exercise undertaken for the procurement of HEPMA and recommends that the tender and subsequent contract is awarded to **EMIS Health** at an anticipated cost of **£1,077,650** over the duration of a seven-year contract.

The contract, with implementation anticipated to commence in Spring 2021, is for a Hospital Electronic Prescribing and Medicines Administration (HEPMA) System to replace the paper-based arrangements that are currently in place. It requires the system to be able to allow the transfer of patient information across the primary/secondary care interface and then for a single patient medication record to follow the patient on their journey through secondary care including an integrated discharge document. The system will also connect patients in secondary care to those in Community Hospitals allowing for a seamless transfer of patients.

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The contract requires a staged implementation process; as part of the contract award, payment milestones will be agreed with the successful tenderer to reflect this.

Implementation Phase	Area	Hospitals
1	Acute	Victoria Hospital
2	Acute	Queen Margaret Hospital
3	Community	Cameron Hospital Glenrothes Hospital Lynebank Hospital Stratheden Hospital St Andrews Community Hospital Randolph Wemyss Hospital Whytemans Brae Hospital

This is a new procurement and the full implementation process as outlined above shall be agreed with the successful tenderer.

In accordance with regulation 86 of The Public Contracts (Scotland) Regulations 2015, a ten-day standstill period shall be taken at the point of issuing the contract award decision to all bidders to address any challenges and debrief the suppliers.

3.2 Requirements

A request was made to the NHS Fife Board, through an outline business case in November 2019, for the procurement of a HEPMA system to be delivered at across NHS Fife. A strategy was implemented for this procurement with the goal of achieving a solution that best reflected the requirements of NHS Fife while ensuring compliance with procurement legislation and in accordance with the principles of procurement (treating all economic operators equally and without discrimination while acting in a transparent and proportionate manner throughout the process).

The procurement exercise was supported by the involvement of the NHS Fife HEPMA Project Board from the onset, with key stakeholders from Digital and Information (known as eHealth at the time), Pharmacy and clinical services represented.

3.3 Invitation To Tender

A mini competition was conducted utilising the National Procurement Framework Agreement for the provision of Hospital Electronic Prescribing and Medicine Administration software and associated services, utilising the Public Contracts Scotland Quick Quote Portal to conduct the tender.

The key conditions for participation in the tender process were set out in the mandatory requirements of the framework agreement. Bidders were also are asked to confirm their ability to deliver the functional requirements in addition to the National Framework specification.

The three framework suppliers – Dedalus Healthcare, EMIS Health and JAC Computer Services – were invited to tender on 11 February 2020. Dedalus Healthcare declined to bid as they did not "*believe that there was an opportunity to win the tender*". Responses from the other two framework providers were received by the deadline of 17 March 2020.

However, due to the outbreak of COVID-19 the procurement was paused until late June 2020. On 29 June 2020 both suppliers received communication that the tender process was recommencing on 06 July 2020 and bidders would be allowed a two-week period to review, refresh and resubmit their bids.

Bids were received from both suppliers – EMIS Health and JAC Computer Services – by the deadline of 17 July 2020.

3.4 Tender Evaluation

An evaluation panel of key stakeholders across key services was established to review the submissions. The panel consisted of eleven members, although two were unavailable to score.

Name	Title	Evaluating
Lynn Barker	Associate Director of Nursing (HSCP)	Technical
Lynn Campbell	Associate Director of Nursing (HSCP)	Technical
John Chalmers	Digital Clinical Lead	Technical
Malcolm Fowles	Technical Services Manager	Technical
Scott Garden	Director of Pharmacy and Medicines	Technical
Benjamin Hannan	Chief Pharmacist	Technical
Helen Hellewell	Associate Medical Director (HSCP)	Technical
Sally McCormack	Clinical Director (Emergency Care)	Technical
Ross Simmons	Clinical Lead (Anaesthetics)	Technical
Kevin Finnegan	Procurement Compliance Manager	Commercial
Kirsty Francis	Procurement Manager	Commercial

In accordance with regulation 76(10) of The Public Contracts (Scotland) Regulations 2015, the contract was awarded based on both quality and price (through identifying the Most Economically Advantageous Tender). The price-quality ratio was weighted in favour of the technical elements of the submission given the few sources of supply, the technically complex specification and the potential impact on the organisation should the solution fail.

Criteria	Weighting	Available Marks
Technical	80%	400
Commercial	20%	100
TOTAL	100%	500

3.5 Mandatory Evaluation

Five criteria were established as being mandatory to meeting NHS Fife's minimum requirements for a HEPMA system. Both submissions were reviewed by the evaluation panel and both bidders were deemed to meet the criteria:

1. The HEPMA system must record on the Discharge Document any changes to medicines and information to validate the decision making.

2. The HEPMA system must prompt for two sources of validation for medicines reconciliation.

3. The HEPMA system must allow for the provision of supplying medicines to take away.

4. The security questionnaire attached as part of the Invitation to Tender (ITT) must be completed.

5. A copy of their Cyber Security Policy or detail of how it is managed within their organisation must be provided.

In lieu of completing the security questionnaire and providing their cyber security policy, copies of ISO 27001 and cyber security certificates were accepted from both bidders.

3.6 Technical Evaluation

The technical evaluation was worth 80% of the total available score (400 marks) and was divided into three sections – System, Usability and Integration.

Criteria	%	Marks
Please advise and detail whether the HEPMA System administrator can do the following: • Define changes to standing data require an authorised electronic witness; • Define individual user access on a fixed term basis; • Mandate the recording of a discontinue reason for all prescriptions, including those identified as having been taken by the patient prior to their admission.	5.00	25.00
Please detail where allergies are recorded using free text entry that users should be warned of any prescriptions not covered by the decision support functionality.	5.00	25.00
Please confirm when allergy details as described in Allergies.1.C that they will be displayed on all fallback paper documentation as outlined elsewhere in the OR.	2.50	12.50
Please advise and detail if the HEPMA system can do the following: • More than one user to simultaneously view the same patient record; • If two users are simultaneously viewing or attempting to view a single patient record, the HEPMA system advises	5.00	25.00

the users of details as to where and by whom the record is also being accessed; • Patients with similar names highlighted to the user as such. • Search engine allows for errors in spelling of the search term (i.e. using a "sounds like" functionality to identify closest matches); • The HEPMA system automatically deletes / cancels preadmission assessments where the patient's procedure is cancelled or they do not attend; • Extract Patient/Medical indication information in order to share with individual homecare providers.		
Please advise and detail if the HEPMA system can do the following: • Where a HEPMA system-defined note has been assigned to an individual medicine and has been set to show to the user administering the medicine, this presents as part of the medicine administration process; • Prescribing protocols identifiable as being a protocol and not an individual medication; • Users warned of any identified conflict with any active (previously prescribed) medicines when entering new allergy information or new allergy information is received from third party systems.	7.50	37.50
Please advise and detail if the HEPMA system can do the following as part of Medicines reconciliation: • Record on admission if a patient uses a compliance aid; • Can the user record reasons why medicines on the reconciliation list are changed on admission; • Can the discharge document identify patients own medication.	7.50	37.50
Please advise and detail if the HEPMA system can do the following as part of the prescribing process: • Request users to state if the intention to treat has been discussed with patients/carers; • Allow the user to stipulate Mental Health status from a drop down menu; • Allow the routes of each individual medicine in a regimen; • Allow a microbiology code to be input for restricted antibiotics prescribed for a non-approved indication; • Allow medicines prescribed in the Emergency Department to be administered and recorded as such; • Make a full allergy history available to prescribers; • Request users to specify a discontinuation reason from a pre-defined list; • Allow users to review prescribed medicines from previous day case attendance;	10.00	50.00

• Allow users to authorise reactivation of patient's inpatient prescriptions prior to day case attendance.		
Please advise and detail if the HEPMA system can do the following as part of the medicines administration process: • Make visible an allergy override warning as part of the administration process; • Schedule dose administrations from the date and time of the patient's actual admission; • Provide the ability to record product/ingredient batch numbers as part of the administration process; • Make visible details of the witness when viewing the administration chart; • Request users to record a reason for suspending medicines.	7.50	37.50
Please advise and detail if the HEPMA system decision support can do the following: • Ensure that doses for alternative routes are equivalent; • Make available to all users when allergy decision support has been overridden.	2.50	12.50
Please advise and detail if the HEPMA system allows the following data analysis: • Provide a history of all suspend/resume transactions; • Provide a history of recorded suspension(s) and removal(s) of these suspensions for individual prescriptions.	2.50	12.50
Please advise and detail whether the HEPMA system can integrate with the following: • NHS Fife has a variety of systems as detailed in the SOR that need to be integrated with; • Is the HEPMA system fully integrated with a robust and reliable HL7 interface to allow transfer of patient demographics; • Can the system link with the pharmacy system for repeatable outpatient prescriptions; • Can the system link to the lab system to allow antimicrobial sensitivity to generate alerts to users as part of the prescribing process; • On discharge can the HEPMA system push all paperwork associated with the admission in a PDF format to SCI store; • Allow cancellation of discharge to be informed by the PMS.	15.00	75.00
Please advise and detail whether the HEPMA system can integrate with the Primary Care systems to accept all prescribing information as following: • Start date	10.00	50.00

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• Route of Admission • Dose • Frequency • Course Length • Prescription Type; Acute or Repeat		

All panel members were asked to score and submit their responses to Procurement. A number of panel members had queries on the responses provided. Procurement collated the clarification requests and issued to the bidders. The responses were shared with the panel, to provide the opportunity to review and amend their scores if required. Two panel members consequently adjusted their scores.

Scores were awarded on a scale of zero to four, with each score awarding a percentage of the marks available for each question:

Score	% Marks	Justification
0	0	**Unacceptable** – Nil or inadequate response. Fails to demonstrate an ability to meet the requirement.
1	25	**Poor** – Response is partially relevant but generally poor. The response addresses some elements of the requirement but contains insufficient/limited detail or explanation to demonstrate how the requirement will be fulfilled.
2	50	**Acceptable** – Response is relevant and acceptable. The response addresses a broad understanding of the requirement but may lack details on how the requirement will be fulfilled in certain areas.
3	75	**Good** – Response is relevant and good. The response is sufficiently detailed to demonstrate a good understanding and provides details on how the requirements will be fulfilled.
4	100	**Excellent** – Response is completely relevant and excellent overall. The response is comprehensive, unambiguous and demonstrates a thorough understanding of the requirement and provides details of how the requirement will be met in full.

3.7 Commercial Evaluation

The commercial evaluation was worth 20% of the total available score (100 marks). Bidders were asked to complete a seven-year pricing schedule across four categories:

1. **Software License**

   a. One-off/Set-Up Costs
   b. Annual Recurring Cost

2. **Implementation**

   a. Project Management
   b. Implementation Support
   c. Training
   d. Software (Third Party)
   e. Integration to Other Systems
   f. Data Migration
   g. Development
   h. Other

3. **Support**

   a. Recurring Support/Helpdesk Costs

4. **Additional Services**

   a. Training (Day Rate)
   b. Project Management (Day Rate)
   c. Consultancy (Day Rate)
   d. Development (Day Rate)
   e. Tester (Day Rate)
   f. Other (Day Rate)

The scoring was based on the principle that the lowest priced tender shall be allocated the maximum available score (i.e. 100 marks). All other submissions were then awarded a score proportionate to their deviation from the lowest price.

Procurement sought further commercial clarifications from both bidders. EMIS Health advised that a major upgrade would be required on average every two to three years which was not accounted for in their pricing submission. The cost of each upgrade is approximately £30,000 in professional services fees. Their commercial submission was adjusted by £90,000 over the seven-year contract period to ensure fair comparison across all bidders.

3.8 Evaluation Scores

Prior to the Evaluation Consensus Meeting on 26 August 2020, the scores submitted by individual panel members were collated and an indicative scoring for the panel was issued. During the meeting, the panel had the opportunity to discuss each score and to either agree or propose an alternative score. The final scores, determining EMIS Health as the Most Economically Advantageous Tenderer were:

Criteria	Maximum Score	EMIS Health	JAC/ Wellsky
Mandatory	Pass/Fail	Pass	Pass

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System	125.00	109.38	112.50
Usability	150.00	137.50	112.50
Integration	125.00	50.00	50.00
Commercial	100.00	100.00	57.01
Total	**500.00**	**396.88**	**332.01**

The breakdown of the final evaluation panel scores for the Technical:

Question	EMIS Health		JAC / Wellsky	
	Score	**Marks**	**Score**	**Marks**
2.2.1	4	25.00	3	18.75
2.2.2	4	25.00	4	25.00
2.2.3	4	12.50	4	12.50
2.2.4	3	18.75	3	18.75
2.2.5	3	28.13	4	37.50
2.3.1	4	37.50	4	37.50
2.3.2	3	37.50	2	25.00
2.3.3	4	37.50	3	28.13
2.3.4	4	12.50	3	9.38
2.3.5	4	12.50	4	12.50
2.4.1	2	37.50	2	37.50
2.4.2	1	12.50	1	12.50

The breakdown of the evaluation of the Commercial:

Criteria	EMIS Health	JAC /Wellsky
Software License	£50,000	£355,280
Implementation	£224,400	£176,434
Support	£455,000	£663,939
Additional Services (50 days per year)	£348,250	£345,290
Total Cost	**£1,077,650**	**£1,540,943**
Score	**100.00**	**57.01**

3.9 Risks

Other Health Boards in Scotland implementing a HEPMA solution have opted to make a direct call-off of the national framework with JAC Computer Services. NHS Fife will be the only board to appoint EMIS Health as its HEPMA solution provider. This follows this competitive procurement exercise which was undertaken to determine the best provider that meets NHS Fife's requirements while delivering the best value for money. Risk has been mitigated by ensuring that the majority weighting of the tender evaluation was in favour of the technical elements of bidders' submissions and by receiving confirmation that there is not a *Once For Scotland* approach to HEPMA.

Neither bidder were able to provide pricing for full integration with the full range of systems set out in the tender specification as this would require further scoping and work on the Contractors behalf. Specifications were supplied for meeting interface requirements and indicative costing was provided for future integrations. The tender pricing schedule took into account the requirement for an additional 50 days of professional services from the Contractor.

3.10 Sustainability Considerations

In addition to reducing errors associated with handwritten prescriptions, it is anticipated that time spent on ward drug rounds can be halved through implementation of HEPMA. This will ultimately release more staff time for patient care and improved the quality and level of care received by the Fife community.

As a paper-light light system, there will be reduced environmental impact on the requirement for stationary and print consumables.

3.11 Cyber Security Considerations

As a mandatory requirement, bidders were asked to provide a copy of their cyber security policy or detail how they managed their cyber security. Alternatively, copies of ISO 27001 and cyber security certificates were accepted. Post-submission of their bids, tenderers were also instructed to complete the New System Assessment Questionnaire providing system information for review by the eHealth team ahead of implementation.

3.12 Delivery of Requirements

The implementation of HEPMA will be a phased process to be negotiated with the successful bidder and agreed with eHealth. In order to ensure that requirements are met, it is anticipated that contract delivery will be subject to payment milestones and KPI reporting.

Section 4: Recommendation

Given the results of the evaluation process and the combined technical and commercial evaluation results, the recommendation is to award the contract to **EMIS Health**, having their bid evaluated as the Most Economically Advantageous Tender.

As part of the post tender negotiations, the standard framework terms and conditions will be amended to incorporate the specific Fife requirements.

KPIs will be agreed with the supplier and it is recommended that these include financial penalties for example, system downtime or engineer response rate where the agreed time frame is not met.

Negotiation of payment milestones will need to take place to reflect the staged implementation phases and to ensure that the supplier meets the timescales required for the project.

Appendix 2 - Membership of HEPMA Programme Board

Name	Role
Chris McKenna	Chair, Medical Director
Lynn Campbell	Associate Nurse Director, Acute Services
Lynne Garvey	Divisional General Manager
Scott Garden	Director of Pharmacy
Rose Robertson	Deputy Director of Finance
Ben Hannan	Chief Pharmacist
John Chalmers	Digital Clinical Lead
Miriam Watts	General Manager, Emergency Care
Lesly Donovan	General Manager, Digital and Information
Fraser Notman	Pharmacy Lead
Craig Hamilton	Communications

Marie Richmond	Digital and Information Head of Strategy and Programmes
IN ATTENDANCE	
Debbie Black	Senior Project Manager
Carol-Anne Rougvie	Programme Support Officer

Appendix 3 – Resource Profile

Team	Post	Band	WTE	Implementation			Ongoing BAU			
				2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Programme Team	Programme Manager	8a		✓	✓	✓				
	Senior Project Manager	7		✓	✓	✓				
	Clinical Co-ordinator	6		✓	✓	✓				
	Senior Doctor – Digital Safety Officer	4 sessions		✓	✓	✓				
	Senior Nurse – Change	7	0.5	✓	✓	✓				
	Project Support	4	0.5	✓	✓	✓				
Digital and Information	Application Manager	6	1	✓	✓	✓	✓	✓	✓	✓
	Application Support	5	1	✓	✓	✓				
	Application Asst / Account Prov	4	2 then 1	✓ (2)	✓ (2)	✓ (2)	✓	✓	✓	✓
	Analyst/Reporting	6	1	✓	✓	✓	✓	✓	✓	✓
	Desktop Support	5	1	✓	✓	✓	✓	✓	✓	✓
	Hardware Install	4	1	✓	✓	✓				
	Interface Config and Testing	5	1	✓	✓	✓				
	Network Engineer	6	1	✓	✓	✓				
	Service Desk	3	1	✓	✓	✓				
	Testing Support	5	2	✓	✓	✓				

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Pharmacy Team	Pharmacy Clinical Lead	8a	1	✓	✓	✓	✓	✓	✓	✓
	Pharmacy Manager	7	1	✓	✓	✓	✓	✓	✓	✓
	Pharmacist - Decision Support	7	1	✓	✓	✓	✓	✓	✓	✓
	Senior Pharmacy Technician	5	1	✓	✓	✓	✓	✓	✓	✓

NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**25 November 2020**
Title:	**Seasonal Flu Programme Review Action Plan**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Gillian MacIntosh, Head of Corporate Governance & Board Secretary**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

An independent review has been recently held into the planning and initial operation of this year's seasonal flu programme, which commenced in September 2020. The programme experienced significant problems on launch, principally in the lack of capacity to deal with immediate patient demand for appointments and the stability of workforce required to staff the clinics and provide necessary administrative support. The distress and anxiety caused to patients was significant, with resultant detrimental reputational impact on NHS Fife.

The independent review was instigated by the Chief Executive to consider the incident and reflect on learning that could be captured to mitigate future risks and improve similar vaccination programmes that will be run in the future, including those anticipated for Covid. The review fieldwork has been undertaken by Gillian MacIntosh, Board Secretary, and Barbara Anne Nelson, formerly Director of Workforce at NHS Fife until her retirement in December 2019.

2.2   Background

It was recognised at a very early stage that the 2020 seasonal flu campaign was set to be more challenging than previous flu seasons, due to the unprecedented demands of delivering a winter flu campaign within the restrictions of an ongoing global pandemic and the implications of less Primary Care involvement as part of the implementation of national changes to the GP General Medical Services contract. Additionally, changes to the traditional GP-led 'drop-in clinic' model of delivery were necessary due Covid-19 physical distancing restrictions, resulting in the implementation of new and untried processes that had not been piloted at scale.

Despite an early recognition of potential difficulties to be taken account of in the programme's planning, significant delivery issues (particularly related to communications, workforce and failure to properly anticipate levels of patient demand) were experienced on its launch, resulting in delays in assigning appointments to patients.

As part of their work, the review team considered the following areas:

1. the clarity of roles and responsibilities of those involved in the seasonal flu programme, from planning to delivery, including the overall governance model;
2. the chronology of reports and papers considered, taking cognisance of individuals and groups involved;
3. the robustness of planning assumptions for booking of appointments and delivery of vaccines;
4. the effectiveness of communication before and during the seasonal flu programme, including issue of invite letters to patients;
5. the governance and assurance mechanisms in respect of supply chain (for vaccine);
6. the governance and assurance mechanisms in respect of infection prevention and control at clinics/hubs;
7. the delivery model, to assess the balance of risk in respect of location of clinics / hubs and extent of patient choice;
8. the extent of any reflection or learning from previous years; and
9. the effectiveness of clinical and managerial leadership.

2.3   Assessment

The findings of the review were considered at the Clinical Governance Committee's meeting on 4 November. The Committee commended the tone of the review and feedback received, which allowed the important issues of learning to be highlighted in detail. It was noted that the recommendations were comprehensive, with many already being actioned in regard to the ongoing delivery of the seasonal flu programme and, significantly, for the planning of the forthcoming Covid vaccination programme.

The review made a number of recommendations, related to the following areas:

- Improving the clarity of structures, roles & responsibilities for the organisational management of large immunisation programmes;
- Enhancing formal Project Management and IT support for large-scale programmes such as seasonal flu, including consideration of whether the current PMO support

is sufficient across all of health & social care and is adequately directed to support key strategic priorities;

- Decisions about the use of specific IT software for large scale programmes of this nature (such as that used for appointing patients) having strategic input from a variety of services;
- The reporting methodology for significant Board-wide programmes being enhanced and standardised, particularly around the escalation of key risks through the management and governance structure;
- That all key stakeholders, at all levels - including Executive Directors' Group and formal governance groups with a responsibility for immunisation - continue to exercise a high level of challenge, including the regular review and challenge of delivery plans, as these evolve and adapt to meet present circumstances;
- That, where possible, a substantive workforce be identified to support large-scale immunisation programmes going forward;
- Preparations for issue of communications and engagement with national bodies be enhanced, particularly where letters to patients are issued nationally and on timescales not controlled directly by the Board; and
- that access and facilities-related issues are given more prominent consideration in the planning of local clinics, to avoid unnecessary movement of clinics at a later date and negative reputational impact.

These recommendations have been developed into a stand-alone action plan (attached), with a lead Executive Director assigned to each and timescales for implementation. The Clinical Governance Committee will receive regular updates on the plan's progress, in order to be assured that the appropriate learning is actioned for future immunisation programmes.

2.3.1 Quality / Patient Care

Issues of quality, safety and clinical governance processes have been considered as a central part of the review and are a key consideration of the subsequent actions to be implemented for future immunisation programmes.

2.3.2 Workforce

Recommendations relating to planning for the future workforce necessary to vaccination programmes such as flu are key. The review recognised that the once-successful workforce model traditionally in place for the delivery of immunisations within the Primary Care setting requires fundamental redesign to reflect the reduced involvement of General Medical Practitioners and their teams, balanced against the potential need to pause delivery of other services should resource limitations be identified. This is especially significant in the context of the forthcoming Covid vaccination programme.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board. Recommendations have been made for improved risk management of future programmes, via the use of an approved Project Management methodology and formal risk register reporting tools.

2.3.5 Equality and Diversity, including health inequalities

Further work is required for future programmes to improve patient consultation in this regard, particularly around changed models of delivery and local input into clinic sites.

2.3.6 Other impact

The issues with the seasonal flu programme have caused significant reputational damage to NHS Fife and distress and anxiety to individual patients. It is critical the Board learns from the incident and puts in place mitigating factors to prevent similar reoccurrence in future immunisation programmes, including the anticipated large-scale delivery of a Covid vaccine.

2.3.7 Communication, involvement, engagement and consultation

The review was carried out via the consideration of key governance and planning papers related to the seasonal flu programme and by the interview of the key individuals involved in the programme's planning and delivery.

2.3.8 Route to the Meeting

The review has been considered in full by EDG and the Clinical Governance Committee, at their respective meetings on 4 November.

2.4 Recommendation

This report is provided to the Board for:

- **Assurance** – for the Board to note the actions in place to implement the recommendations of the recent review, and the Clinical Governance Committee's role in the ongoing scrutiny of those.

3 List of appendices

The following appendices are included with this report:

- Seasonal Flu Review 2020 Action Plan

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Seasonal Flu Programme Review 2020

1. INTRODUCTION

1.1 A review was jointly commissioned in October 2020 by Tricia Marwick, Chair, and Carol Potter, Chief Executive of NHS Fife, into the delivery of this year's seasonal flu programme across Fife. This report outlines the findings of the review and details a series of recommendations for the Board to consider, in order to implement important lessons learned from the challenges experienced in the programme's delivery.

1.2 It was recognised at a very early stage that the 2020 seasonal flu campaign was set to be more challenging than previous flu seasons, due to the unprecedented demands of delivering a winter flu campaign within the restrictions of an ongoing global pandemic and the implications of less Primary Care involvement as part of the implementation of national changes to the GP General Medical Services contract. Additionally, changes to the traditional GP-led 'drop-in clinic' model of delivery were necessary due Covid-19 physical distancing restrictions, resulting in the implementation of new and untried processes that had not been piloted at scale.

1.3 Despite an early recognition of potential difficulties to be taken account of in the programme's planning, significant delivery issues (particularly related to communications, workforce and failure to properly anticipate levels of patient demand) were experienced on its launch, resulting in negative reputational impact to the Board and delays in assigning appointments to patients.

1.4 The review's remit (included in full as **Appendix 1**) has been to consider the following areas:

1. Assess the clarity of roles and responsibilities of those involved, from planning to delivery, including the overall governance model;
2. Review the chronology of reports and papers considered, taking cognisance of individuals and groups involved;
3. Assess the robustness of planning assumptions for booking of appointments and delivery of vaccines;
4. Assess the effectiveness of communication before and during the seasonal flu programme, including issue of invite letters;
5. Assess the governance and assurance mechanisms in respect of supply chain (for vaccine);
6. Assess the governance and assurance mechanisms in respect of infection prevention and control at clinics/hubs;
7. Review the delivery model to assess the balance of risk in respect of location of clinics / hubs and extent of patient choice;
8. Review the extent of any reflection or learning from previous years;
9. Review the effectiveness of clinical and managerial leadership;
10. Learn any lessons that might help to prevent any further incidents;
11. Assess the current escalation process for concerns through public health, nursing and management route;
12. Improve the reporting and investigation of similar events in the future;
13. Escalate to the SRO any immediate concerns regarding patient or workforce safety.

1.5 This paper outlines the findings of the review and details a number of related recommendations for the Board's consideration and action. It also integrates within the narrative the learning that has occurred to date and the changes that have been implemented as a result, which have improved the Board's recent performance in the delivery of the seasonal flu programme.

2. CONTEXT

2.1 The <u>Chief Medical Officer's letter</u> summarising the eligible groups for the adult seasonal flu vaccination programme was issued on 7 August 2020. This detailed an extended national programme of vaccination to all over 65s, plus the households of those who have been shielding, social care staff who deliver direct personal care and all those aged 55-64 years old. Further cohorts of those aged 50-54 would be included at later dates if vaccine supply allows. The total eligible cohort within Fife of 235,151 was estimated to be c.50,000 in excess of that in the previous year 2019/20, with a target to reach c.75% of the eligible cohort (*paper to Remobilisation Oversight Group, 7 July 2020*).

2.2 The Scottish Government has identified the seasonal flu programme as a Ministerial priority and immunisation preparation a key clinical priority of Boards and Health & Social Care Partnerships. The CMO letter stated that a whole system response was required if a successful programme was to be delivered, noting that GPs would not be playing as significant a role as previously due to the need to practice good infection control and implement physical distancing. Health Boards across Scotland would have varying approaches to the programme's delivery as a result of the MOU for the new General Medical Services contract and local phasing of the implementation of Vaccination Transformation Programme (VTP), under which, by 2021-22 all vaccination activity should be removed from Primary Care. Whilst the direction of travel is clearly set nationally by the CMO, the only variation within individual Health Boards is on the model of delivery, based on each Board's individual stage of implementing the VTP.

2.3 Issues with Fife's planned model for the 2020 seasonal flu programme were experienced immediately on its launch in mid-September 2020. Following the issuing by Public Health Scotland on 18 September of letters to the over 65s age population (a cohort of c.77k individuals), it became immediately apparent that the Communications Hub set up to manage the booking of patient appointments was not adequate to cope with the significant and instantaneous demand from the public, with no contingency plans in place to deal with greater than expected demand. In parallel, it was identified that further reactive measures have continued in respect of nursing workforce availability, with rotas being initially managed on a week-by-week basis, highlighting further risk to the delivery and sustainability of the programme overall. There have also been concerns about some of the clinic sites and their suitability, particularly with regard to patient access and ease of social distancing measures.

2.4 Numerous complaints have been raised publicly by individual patients and members of the public, Board members, elected officials of Fife Council, MSPs and MPs. These relate largely to the booking process and some aspects of the logistics and environment at individual clinic venues. This has resulted in a public apology being given by the Board Chair and Chief Executive via the media and NHS Board meeting on 30 September 2020, for the distress and anxiety caused to patients, with resultant detrimental reputational impact on NHS Fife.

REVIEW FINDINGS

3. **Organisational management of the seasonal flu programme: clarity of structures, roles & responsibilities** (see sections 1 and 9 of the review's remit)

3.1 It has been recognised within the review that the operational structure and reporting lines for immunisation in Fife are different to other Boards, and that these arrangements are largely historic in nature. A review of public health governance processes was undertaken in 2017/18, to provide assurance that there was a clear line of sight across all areas of public health for which NHS Fife is accountable, recognising the significant cross-over and potential for duplication with the H&SCP. In February 2018, the Executive Directors' Group approved a paper clarifying the assurance processes, including those around immunisation governance. It was agreed that Public Health, under the Executive leadership of the Director of Public Health, had accountability and governance oversight for immunisation at Board-level. This is acknowledged as being the appropriate accountability and governance role for the Director of Public Health by the CMO and also is in line with the arrangements in place within other Health Boards.

3.2 A Fife-wide Immunisation Steering Group was to be re-convened, which included a whole-system input from all parts of NHS Fife (H&SCP, Acute Services and Public Health) to cover the full range of national programmes delivered, chaired by the Director of Public Health. An integrated immunisation report is submitted annually to the Clinical Governance Committee to provide Fife NHS Board with oversight across all programmes. This report is appraised firstly by the Public Health Assurance Committee, which has input from the H&SCP Senior Leadership Team (via the Associate Director of Nursing) and submitted also to the IJB's Clinical & Care Governance Committee for information.

3.3 Operational delivery for immunisation is largely organised via the H&SCP. A multi-specialty delivery group was set up following the above review to implement the national Vaccine Transformation Programme, of which the new flu model was part. This group has been chaired by the Business Change & Immunisation Programme Manager, who sits organisationally in the Child Health management team within the Partnership (since the majority of Board-led immunisation in the past has been concerned with children). That role however also encompasses responsibility for the non-staff adult flu programme. The Deputy Director of Public Health has provided consultant-level input from Public Health in their own role as the NHS Fife Immunisation Co-ordinator, though this has historically only had oversight of delivery of the staff programme.

3.4 As highlighted in the 2017/18 review, joint working arrangements were to be established between these two key roles, to ensure that operational information flows through to Public Health as the accountable lead. However, the limited formal linkage between the operational role of the Immunisation Programme Manager (within the H&SCP) and the Immunisation Co-Ordinator accountable for immunisation (within Public Health) was highlighted to the review as being anomalous compared to other Boards. Specifically, it would not be normal practice for the key operational role within the Partnership, of the Immunisation Programme Manager, to sit organisationally outwith Public Health. There is no suggestion that working relationships are not - and have not - been constructive, but the separation in reporting and escalation lines was highlighted as being unhelpful, with a sense that staff have previously 'muddled through' in previous years when there has been a lack of clarity.

3.5 The review noted that the criticality of the H&SCP's contribution to the effective delivery of the seasonal flu programme is not well defined at Executive-level within the Board. Whilst the Director of Public Health remains professionally accountable for the assurance and governance of

immunisation, the clarity of that role in conjunction with the delivery responsibility held by the Director of Health & Social Care is largely undefined and has the potential for misunderstanding and lack of clarity in terms of governance. This leads to a possible lack of ownership over the delivery arm of the programme and also potential doubt as to where any resultant issues should be escalated for action.

Recommendations:

3.6   **One:** A single lead Executive Director (as Senior Responsible Officer) should be identified to hold overall responsibility for the governance, planning and operational delivery of the flu immunisation programme. Clarity should also be provided on the key linkages with other Executive Director portfolios. These should be well defined in terms of the parameters of those linkages and the expectations around flow of information to the lead Executive Director (e.g. regular updating / communication arrangements and a simple process for the escalation of any issues etc.)

3.7   The review provided the ability for those interviewed to describe the reflective learning process that they had gone through as a result of the initial issues encountered with the seasonal flu programme. A continual theme emerged, which was the lack of clarity around who held ultimate responsibility for the delivery phase of the vaccination programme. Reference was also made to the criticality of learning from this, so that the same risk in the delivery of the Covid-19 vaccination programme is fully mitigated against.

3.8   **Two:** It is recognised that the Director of Pharmacy & Medicines has been identified as the Executive Director lead on Covid-19 vaccine preparations. It will be beneficial for the Board to be assured that the responsibilities and accountabilities of the Director of Pharmacy & Medicines for this programme are well defined and appropriately documented (i.e. does their lead role come to an end when the overall strategic planning arrangements are finalised and agreed and are the linkages to other Executive Directors' portfolios clear in this planning phase?) In addition, and perhaps more importantly, when this programme moves to the implementation phase of delivery, that the responsible Executive Director is clearly defined and understood by everyone involved, in order to avoid any potential for confusion arising again.

3.9   **Three:** As this review is seeking to enshrine clear accountability and governance arrangements for the delivery of vaccination programmes going forward, it may also be beneficial to use any revised arrangements agreed upon as the framework for the implementation phase of the Covid-19 programme, plus future seasonal flu programmes. (This would be expected to be the Director of Public Health with overall Board accountability for immunisation and the Director of Health & Social Care for the implementation and delivery phase).

4.   Governance Structure (see sections 1,5, 6 and 11 of the review's remit)

4.1   The governance arrangements for flu within the Board are an intricate landscape, evolving over the lifecycle of this year's programme (which has added to the complexity), and a reflection of the scale and unaligned activity then happening at the time. This offered a number of challenges to the reviewers in clearly understanding the overall groupings and structures in place, both historically and in the year of reporting. The descriptions below are based on our best understanding, following a review of key documentation and material garnered through fieldwork interviews. It is recognised that the rationalised governance structure now implemented is considerably simpler in design.

4.2   The Board's Seasonal Influenza Vaccination Group in preceding years has focused largely on the staff seasonal flu programme, with a minor part of its agenda community vaccinations, since GPs

previously led the delivery of adult and children's programmes. A meeting of this Group in May 2020 noted that planning for this year was at an early stage and no discussions had then taken place with GPs as to their proposed input. With the Covid-related changes to the model of delivery in Fife, a Short-Life Working Group for flu vaccine delivery was established in June 2020, to review the possible models and assess their clinical safety. It was reported to the review that no Terms of Reference were written for this group and, anecdotally, agendas were unwieldy and meetings unproductive. Models then under discussion still involved Primary Care led clinics and patients being given scheduled appointments, with an alternative date option if required.

4.3   In mid-July 2020, a new overarching governance structure was proposed to join up the two existing groups who were working on flu. This involved the formation of a new 'Joint Fife HSCP & NHS Fife Flu & COVID-19 Vaccination Oversight Group' to provide strategic oversight of planning for the delivery, risk management, monitoring and evaluation of the seasonal flu programme for all eligible groups, including health and social care staff. The chairs of the two existing groups (the Deputy Director of Public Health and the Associate Medical Director of the H&SCP) were to co-chair the new group and membership of the oversight group was to be largely drawn from participants of the existing two groups (with gaps, such as a finance representative, to be filled).

4.4   Reporting into the group were a number of individual workstreams - initially seven strands, which had grown to nine (as per the structure chart given in the paper submitted to EDG on 23 July) and then to 13 by September 2020 (included as **Appendix 2**). The workstreams were a way of trying to reflect the scale of the programme, the different cohorts it had to cover and the interlinking connections between each (such as IT, training requirements, cold chain arrangements, finance, workforce etc.). Much of the detailed planning was expected to take place via these groups. It is apparent that the workstreams grew organically, with similar individuals involved across several different groups, and the number added additional complexity to an already busy structure. There were considerable risks that there were too many workstreams over which to have effective oversight, particularly for one Programme Manager (without formal Project Management Office support) to control. The number of competing groups also risked diluting the nursing oversight and professional input.

4.5   The governance structure also lacked clarity on where decision-making could be quickly and effectively made and this compounded the issue that there was no clear lead at Executive level on who was responsible for the effective delivery of the full programme. The review noted that the Immunisation Programme Manager had a clear route of line-management escalation to the senior manager within Children's Services only for issues related to the children's immunisation programme, and that this was not replicated for the adult programme, where the escalation route (as they understood it) was via the co-chairs of the Vaccination Oversight Group.

4.6   Given the significant differences in the delivery of the seasonal flu programme this year, the review noted that the programme should have been treated as if it were a major transformational change project, with widespread support from across the organisation and the resultant investment in resource. Instead, at core, it could be considered that the programme was seen as business-as-usual, in that it ran every year with routine reporting via the managerial and governance structure. It is understood that requests for both IT and Project Management Office support was sought in the planning phase, but that staff from both areas were not able to be released due to working on other priorities.

4.7   The revised Command structure of the flu response group (included as **Appendix 3**), which has now been implemented, has considerably slimmed down the governance reporting lines, with a senior Chair in place (the Director of Health & Social Care), a clear path of escalation and the

ability to make agile decisions. This revised structure is working well and the operational delivery is benefitting from enhanced Project Management Office support, led by colleagues from Digital & Information. Should such a structure have been in place at the outset, the review considers that a number of key problem areas in delivery would not have developed.

<u>Recommendations</u>:

4.8 **One:** Robust processes for the early identification of programmes requiring formal Project Management or technical IT support should be created, to ensure that such workstreams benefit from specialist expertise and fully staffed PMO support. A common project management model should be followed that enhances reporting, assurance and decision-making through the governance structure.

4.9 **Two:** The Board should consider whether the internal Project Management resource, which is small, remains fit for purpose, given the level of transformational change underway, both in new workstreams and, with the impact of Covid-19, in the often radically changed delivery of 'business-as-usual' programmes. This should give strong consideration to a single coordinated project management resource across all health and care services in Fife, to avoid confusion between NHS Fife and Fife Health & Social Care Partnership resources and ensure strategic oversight at Executive Director level.

4.10 **Three:** The prioritisation of technical IT support, expertise and advice to programmes should be considered strategically and with frequent Executive Director input, to ensure that limited resource is allocated appropriately, following a risk-based approach. Such support should reflect the need to translate technical solutions into clear delivery processes, as part of the implementation of programme plans.

5.   Reporting through the governance structure (see sections 2, 11 and 12 of the review's remit)

5.1 In normal circumstances, reporting to the Board on the seasonal flu programme is usually considered as part of overall winter planning and it is largely seen within that context. It is clear, however, that this year's programme was significantly different to previous years, both in the amended format of its delivery and the expanded cohort of those eligible to receive the vaccine, made more acute when considered against existing pressures caused by the Covid-19 pandemic.

5.2 A number of written reports and papers relating to the seasonal flu programme were considered by various Executive-level and Board-level governance groups as below:

- NHS Fife Remobilisation Oversight Group (ROG), 7 July 2020 - *2020/21 Flu Vaccination Programme Delivery During COVID-19 Pandemic* (this outlined the expected delivery model for the broader population programme, but also referenced elements of the staff vaccination programme. Limited information provided on workforce needed and risks to its delivery. No Public Health input is apparent in its authorship).
- EDG Gold Command, 16 July 2020 - *Seasonal Influenza Vaccination – Equipment Required* (this detailed the additional cold storage requirements for the Vaccine Holding Centre and included as an appendix the ROG paper from 7 July).
- EDG, 23 July 2020 - *Delivery of influenza vaccination for health and social care workers in Fife* (this provided a brief review of the 2019/20 flu season and outlined proposals for delivery of influenza vaccination to health and social care workers in NHS Fife).

- EDG, 23 July 2020 - *Financial & Governance Overview of Seasonal Flu Vaccination 2020/21* (provided an overview of the financial requirements and proposed governance arrangements for the delivery of seasonal flu vaccination across Fife in 2020/21).
- EDG Flu Gold Command, 25 August 2020 (this was a special meeting called to consider the emerging risk of insufficient workforce to deliver the programme).
- Clinical Governance Committee, 7 September 2020 - *Enhanced Seasonal Flu Vaccination Programme 2020/21* (provided a high-level overview of the delivery plans and governance arrangements for the enhanced seasonal flu vaccination programme. Draft of this paper considered by Public Health Assurance Committee on 11 August and similar paper considered by the IJB's Clinical & Care Governance Committee in September also).
- EDG Gold Command, 21 September 2020 - *Extended Flu Programme: Workforce Required* (report summarised the then gaps in the clinical workforce required to deliver seasonal flu vaccination programme in Fife).
- EDG Gold Command, 28 September 2020 - *Flu Programme Update* (provided a staffing update and gaps in rotas for flu clinics that week).
- EDG Gold Command, 5 October 2020 – *Flu Programme Update* (provided details on action taken to address problems on launch of the seasonal flu programme).

5.3   On review of these papers, it is apparent that a number of key risks to the programme were not escalated appropriately or on a timely basis in the reports supplied to senior management. Part of the reason for this was the model was continually in development and national guidance was still to be issued, requiring a reactionary approach. For instance, in the paper to ROG on 7 July, limited detail was provided on the risk profile, including the intended operation of the Communications Hub and how this was expected to deal with the number of telephone calls expected from patients, which in previous years had been naturally filtered through individual GP practices. Nor was it made clear in the reports that letters to individual cohorts of patients would be issued nationally en masse with one single contact point, thus requiring a significant infrastructure put in place to manage the immediate demand through a call centre.

5.4   Equally, given the pressures on the Board overall in dealing with the pandemic and remobilisation of services, a lack of time for scrutiny, consideration and reflection of the information provided might also be identified, given the pace and amount of business coming through the governance structure at this time. It was reported to the review that when matters had been escalated (as an example, a lack of workforce to EDG on 25 August), this did not trigger the expected urgent response, such as the mandated release of staff. The pressures of having to remobilise, plus the clear lack of ownership of the delivery of the seasonal flu programme at the highest level, can be thought to have contributed to this.

5.5   It is apparent that the report provided to the Board's Clinical Governance Committee, on 7 September, did not adequately highlight the significant changes to the delivery of this year's seasonal flu programme, to make clear this was not 'business as usual' activity. Nor did it outline the developing challenges to the operational implementation of the programme, such as might risk patient delay, anxiety or ultimately reputational risk to the Board, which should also have prompted escalation to both the Chief Executive and Chair of the Board, as accountable officers. The Clinical Governance Committee is an important source of independent challenge to the Executive via Non-Executive scrutiny, but that necessarily depends on the information provided to it. Assurance was taken from the report, based on its content, but this did not adequately reflect the risks at the time.

5.6   In reference to the major risk of insufficient workforce being available to deliver the vaccines and provide administrative support, reporting and escalation of this was also reactionary in nature. A stark example of this was related to the planning of the flu clinics scheduled for the launch day of Monday 28 September. At 6.40pm on Friday 25 September, a shortage of c.17-20 registrants was identified for the clinics starting on the Monday, requiring sustained and immediate attention at Director-level over the weekend before the launch, particularly around key operational matters such as rotas, appointments scheduled and practicalities about the operational of clinics. It was reported to the review that these issues were compounded by a lack of readily-available, centrally-held documentation on rotas, established risk registers etc., with at least three mailboxes in operation for staff to express interest in staffing a clinic role to be sifted through. A significant amount of senior time was thus required to gain personal assurance around the operation of the programme.

5.7   Workforce had been flagged as a key risk at the EDG Gold Command meetings on Tuesday 25 August and Monday 21 September, a week before the programme's launch. On 21 September, EDG was asked to 'decide urgently a targeted resourcing plan to effectively resource the cluster clinic programme starting 28 September, and to authorise changes to remobilising services that may be required as a consequence'. However, the meeting concluded with limited detail on how the gap could be effectively closed, beyond managers being asked once again to release staff and further work being undertaken for review of the administration planning. No potentially difficult decision was made to pause any clinical service to provide the requested staffing resource. The review heard that the expectation from the Immunisation Programme Manager, upon escalation to EDG, was that staff would be mandated to be released. This did not happen immediately, though was an action taken on the weekend prior to the launch, when the scale of gaps within the rotas became clear. Community Pharmacy provided a large amount of this capacity, which however was only a temporary fix.

5.8   The above information is provided to illustrate how the complexity of the reporting lines, an absence of a dedicated risk register that could capture and track the risks to the programme, and a lack of clarity on roles and responsibilities impeded the escalation of immediate risks and then delayed or confused necessary action when this was required.

        Recommendation:
5.9   **One:** Related to the earlier recommendation made under Section 4 on utilising a common project management model, reporting methodology for significant Board-wide programmes should be enhanced and standardised, particularly around the escalation of risks to key groups such as EDG, the Board and its committees, plus the Chair of the Board, Chair of the Clinical Governance Committee and Chief Executive individually. It is noted that the revised governance structure now in place for the seasonal flu programme has mitigated some of the concerns outlined above.

6   Planning assumptions (see sections 1, 3, 7 and 8 of the review's remit)

6.1   Under original plans for the implementation of the Vaccination Transformation Programme within Fife, 2020 would have seen a pilot established for the new model of Board-led delivery, before the full programme was implemented the following year 2021. It was reported to the review that planning for the intended pilot (which would have considered delivery in care homes only) was halted in February 2020 due to the immediate impact of the Covid-19 pandemic.

6.2   Planning did take account of the experience of healthcare systems in the Southern Hemisphere for managing seasonal flu vaccination, though an approach widely used there for drive-thru clinics

was rejected, due to the differences in weather, autumnal day length and the need to have awareness of overall clinical safety (such as adrenaline supplies etc.).

6.3   One of the most fundamental differences in this year's seasonal flu programme has been the change from offering drop-in clinics, which have been a successful delivery model utilised by GP practices over many years. This limited the potential for learning operationally from previous campaigns led by Primary Care, with limited experience within the Board of vaccine delivery in a community setting at scale. Another fundamental difference was the significantly reduced impact of the GP workforce into the programme, both clinically and administratively (i.e. via Receptionist and Practice Manager time in co-ordinating communications with patients and scheduling clinics).

6.4   The GP input of 20% was decided nationally, with local engagement via the LMC and GP and Practice Manager input on the Vaccination Oversight Group. The impact of the reduced GP resource to the delivery of the programme has been significant, but the review heard details of lack of clarity as to how this would affect the chosen delivery model and be thus addressed, particularly around the administrative workforce. Whilst staff available via the Friends & Family (returnees) programme were one potential source for this (though anecdotally such staff preferred less hours and on a difficult-to-manage piecemeal basis), the competing priorities of staffing the Test & Protect programme, also being led by Public Health, was potentially not fully recognised or accounted for. The same staff would have been available for that programme also.

6.5   Early drafts of the model considered whether appointments should be provided to the relevant cohorts, with a contact option only to change the suggested date should this not be suitable (as per the usual process for Outpatients appointments). There was uncertainty nationally about the systems to be used for appointments, with adaptions to the Scottish Immunisation Recall System (SIRS) for children being considered by use by other Boards, though rejected by Fife due to the size of its SIRS service.

6.6   Consultation with Health Records, particularly around the use of Trakcare for appointments, was also only sought very late into the process, at the recovery phase, when issues with managing demand had brought senior staff into the operational processes. Health Records also then assisted with the organisation of clinics, including review of whether enough nurses were assigned and appropriate breaks included in the rotas. The lack of planning administratively, particularly around the use of Trakcare, has also impacted on the processes for input of data on immunised patients into the Primary Care EMIS system, resulting in a large backlog of forms developing and an impact on national flu data reporting for Fife (this being drawn from the EMIS system). The backlog of data input remains an issue being addressed at the time of writing.

6.7   Significantly, the planning for the operation of the central call centre failed to anticipate the considerable demand for appointments, though it is likely that even a more robust model for the call centre would have experienced issues with the immediate levels of contact from patients. The number of planned call handlers was informed by the number of bookings required to meet the appointment target. The time for handling each call (number of calls answered per hour, total per day) were calculated based on past experience with the children's programme, which has been transferred to the central team from Primary Care. Staff numbers (of eight) within the plan were also not fulfilled in the actual delivery period, with gaps in resource. In order to deal with the significant call volume (of 126k calls in total on 21 September alone), the original staffing cohort for the call centre has had to be expanded to 40, with an additional 40 email & text handlers brought in from other services such as Health Records and Medical Secretaries, with overtime working to clear the large backlog. This is stark increase on the resource anticipated in the planning phase.

6.8   Prior to launch of the programme, the Board's flu plans were independently assessed by KPMG, appointed by Scottish Government to oversee all Boards' flu plans across NHS Scotland, and no issues were raised. The review noted the potential that senior management took false reassurance from KPMG's findings, which would have been one route by which the delivery model could have been independently challenged and tested.

Recommendations:

6.9   **One:** It is anticipated that by providing more robust Project Management support and formal reporting methodology (as previously recommended), the resultant requirement for a more detailed implementation plan (to include effective risk management and completion and regular revision of risk registers) will largely mitigate against the issues raised above regarding a lack of effective planning. However, in addition to this, it is crucial that all key stakeholders, at all levels - including Executive Directors' Group and formal governance groups with a responsibility for immunisation - continue to exercise a high level of challenge and 'curiosity' over their colleagues, not only from the perspective of their own portfolios but also from the wider corporate perspective. This would be expected to include the regular review and challenge of delivery plans, as these evolve and adapt to meet present circumstances.

6.10   **Two:** Decisions about the use of specific software for large scale programmes of this nature (such as that used for appointing patients) have strategic input from a variety of services, so that the potential benefits and disadvantages can be widely understood and the risks mitigated against as far as possible.

7   Workforce (see sections 1, 3, 7 and 9 of the review's remit)

7.1   It has been the case that the previous model of delivery for flu vaccination programmes has been able to be implemented successfully with the traditional staffing model in place, which has been based upon the release of 'borrowed' staff from other areas of the Board as appropriate. This includes substantive registrants, bank staff, part-time staff and others released from other services etc. No one person has had ownership over this and the risks around such a model are high, despite the relatively short-term (three-month) concentrated activity of the seasonal flu programme. This year, the scale is considerably bigger (with GPs only to provide 20% of the required workforce). The added impact of staffing the Test & Protect programme, which has often made use of the same individuals, has had another negative effect on staff availability. It is clear that the delivery safely and effectively of a larger scale vaccination programme, at pace, whilst providing a positive patient experience, required the implementation of a different staffing model.

7.2   In addition, as described elsewhere in this report, the model and required workforce numbers appear to have been changing on a regular basis, due to uncertainty about key factors such as GP input. The exact clinical workforce numbers being sought were not identified until late in the process. In addition, these numbers had to be revisited again, when it became apparent that demand was going to 'outstrip' the workforce levels that had been identified.

7.3   It also has to be recognised that, during the same flu planning period, the Board was also in the process of implementing their remobilisation plans for services, as instructed by Scottish Government. Given the normal staffing model of 'borrowing staff' to support the flu vaccination programme, it was inevitable that staff could be pulled back from this to their normal roles. This is due to the inherent tensions that exist for Boards in balancing Scottish Government instructions to prioritise the enhanced seasonal flu programme, whilst at the same time being instructed to restart services that had been paused due to the pandemic. As described in the recommendation

below, in order to provide the required workforce, it may be necessary for a clinical decision to be made about what services may need to be ceased temporarily to deliver the seasonal flu programme. It is clear that this level of decision is well beyond the delegated authority of the operational lead of the Immunisation Programme Manager and would require clear discussion, support and direction from the Chief Executive and Executive Directors' Group.

Recommendation:

7.4 **One:** That a substantive workforce be identified to support large-scale immunisation programmes going forward. This approach would mitigate against the risk of cancellation of appointments at short-notice due to other service needs and would also provide a consistent team with a robust knowledge base of the programme, and dedicated advice and guidance being provided to patients. This substantive workforce could be constituted of new fixed-term or annualised hours' appointments or a combined model with existing workforce, subject to consideration of the issues that follow.

7.5 **Two:** It is recognised that all Boards are facing clinical workforce challenges at this time and, if it is necessary to continue to use this model in conjunction with use of existing workforce due to an inability to recruit the additional workforce required, then it is essential that this is managed centrally in terms of defining and filling the rotas required in advance. In addition, it would be necessary to ensure that the workforce allocated are not pulled back into their substantive posts due to other competing demands. This would require the Board to consider what other services may have to be temporarily reduced to support the vaccination programme in the manner outlined.

8   Communication (see sections 4 and 12 of the review's remit)

8.1 The review noted that there was little patient consultation or advance communication on the new flu model to be introduced across Scotland and locally in Fife for 2020, and how this would differ significantly from previous years. News about changes to the seasonal flu programme within Fife was largely not centrally led – awaiting agreed national communications – and was often provided by individual GPs, via information available on their own websites. This appears also to have been the case nationally, and other Boards have experienced similar issues within their areas about inadequate advance information provided to the public on the changed model for flu vaccination delivery. Should this have been provided, it would have been an important factor in managing the message about demand for appointments and staggering contact by patients. This is a significant learning point in the context of a potential Covid vaccine programme being implemented.

8.2 Other Boards also chose a different model to that of a centrally-managed booking system run directly by the Board. It should be recognised that other models have not been without issue, though the infrastructure required to successfully implement a central call centre was not appropriately accounted for in the Fife model, with only for eight WTE call handlers to deal with appointment requests (by phone, email and text message, to a single contact for each).

8.3 The review noted that the Immunisation Programme Manager did seek input from Digital & Information colleagues earlier in the planning phase of the model (May / June), principally around the call handling requirements that were to be put in place, but this request was not prioritised when considered against ongoing work (around Office365 rollout, HEPMA and support for Test & Protect). Input from Digital & Information was thus not provided until mid-August, when engagement took place around the telephony requirements and the means of the appointment booking system. Decisions around the latter seem to have been made particularly late in the planning.

8.4 The text for the first tranche of letters to the over 65s was supplied to Public Health Scotland on 17 July 2020, and this detailed the contact information (phone number for calls and texts, plus email address) that patients should use to book their appointment. The over 65s letter is sent out en masse every year, though the usual action on receipt is for the patient to contact their GP practice directly for an appointment. It is significant that this contact information was supplied whilst the delivery model was still very much under development and with limited clarity as to the planned operation of the central call centre to be established to field appointment enquiries. Additionally, since clinic venues were still to be decided at this stage, fixed appointments could not be given via the letter. The review heard that, after the July submission of Fife's letter options, there was no opportunity to change or alter the contact information provided, as per the guidance received from Public Health Scotland. Any concerns, however, were not apparently escalated to Director-level, where further input could have been sought and additional contact made with external parties to resolve (as was successfully done later in the programme, after the Chief Executive's input).

8.5 The second tranche of letters issued on 8-9 October, to the under 65s 'at risk' cohort (c.53k individuals), were different to the first inasmuch as the instruction to patients seeking a flu vaccination appointment was to consult NHS Inform for the specific process. The change to the original letter format was recommended by the Silver Command Group, as part of one of the immediate recovery actions, and facilitated by the Chief Executive's contact with Public Health Scotland. A holding message was initially posted on the website. On 19 October, the website was amended to explain that patients should telephone the given number on particular days, depending on their initial letter of their surname, thus managing the immediate demand on phone line capacity. An important benefit of the information being held on a website rather than provided by letter is that this information can be updated timeously and on an ongoing basis, should the need arise to change initial instructions. The second tranche of letters again were issued en masse by Public Health Scotland (despite assurances that these would be batched - an apology has been provided to the Chief Executive), but the impact of the immediate demand has been greatly mitigated by the staggered approach of patient contact as outlined above.

8.6 The third cohort of letters, to those aged 55-64 and not otherwise eligible due to qualifying health conditions or employment (c.50k individuals) are due be sent out mid-November, and planning is underway to manage a third peak in demand.

Recommendation:
8.7 **One:** The review recommends that the Board ensure that any internal communications issued out to key stakeholders are clear in terms of the content and any actions that may be required by the individual. Such communications should be fit for purpose in terms of the infrastructure in place to support the programme, to successfully manage patient expectations and deliver the required access and quality of the patient experience.

8.8 As further detailed in the next section, the review also recognises the effect of the communication approach adopted by Public Health Scotland and how this impacted on the situation that arose within Fife. This relates to the wording of the letter (which was noted to be particularly alarmist in reference to the risks to the patient of non-uptake of the vaccine whilst Covid-19 is circulating) and timing of their issue, with no apparent recognition or anticipation of the unprecedented uptake once individuals received their letters, or the potential for phasing of issue to mitigate this risk arising. A further recommendation relating to communications is thus:

8.9 **Two:** That those involved in representing the Board in national discussions with Public Health Scotland, such as those relating to communications with patients, are key individuals who are

empowered to challenge at these meetings and make decisions on behalf of the Board. Also, that the Board's representatives are supported by having clear channels of escalation, if it is the case that they feel that any challenge is not being recognised or acted upon.

9   Liaison with External Parties (see sections 1, 4 and 10 of the review's remit)

9.1   As detailed within this report, many other Boards across Scotland have experienced significant issues with the delivery of the 2020 flu vaccination programme, despite implementing a number of different models of delivery to that chosen in Fife. Demands has clearly been exceptional across Scotland. As has been noted, however, advance communication on a national basis to the public about changes patients should expect to this year's flu vaccine programme has been minimal. Going forward, particularly when taking account of the potential levels of demand for a Covid vaccine, a clear understanding amongst the public of the prioritisation of clinics and the likely role of Primary Care in the delivery of programmes will be vital.

9.2   The national CMO letter detailing the expanded adult programme of seasonal influenza vaccination was issued on 7 August, late into the planning for Fife's programme, despite the programme beginning two weeks' earlier than the previous year (with letters to the over 65s being issued w/c 14 September). The review heard that lack of clarity on the expanded programme caused difficulties in the detailed planning, particularly as the model was untried. In addition, the provision of Fife-specific information for inclusion in the letters was required by Public Health Scotland in mid-July, without clarity then in place as to the delivery model to be used and its effective implementation. The internal view was that, once provided to Public Health Scotland, the letter text could not then be amended or altered, and that fact alone should have prompted consideration of a more flexible approach, such as pointing patients to a website address, that could have been readily updated once further clarity had been achieved about the delivery model.

        Recommendation:
9.3   **One:** That formal feedback should be provided to Public Health Scotland, by the Chief Executive or Director of Public Health, on behalf of the Board, to recognise the need to undertake more effective advance communication with the public, particularly in liaison with individual boards in respect of any Covid vaccination programme. This is seen as not only being a potential benefit for Fife, but also for all other NHS Scotland boards, as any learning from this situation can only be beneficial in ensuring that any large-scale Covid immunisation programme is delivered as effectively as possible, for the populations of both Fife and Scotland as a whole.

10   Vaccine Supply (see section 5 of the review's remit)

10.1   The review noted that there has been no issue with the supply chain of the flu vaccine, and the holding of the majority of stock at Queen Margaret Hospital has worked well, with good visibility centrally over remaining supplies. The review heard that allocations can be shifted to meet demand on an as-needed basis (i.e. from cluster clinics to community pharmacies). It was noted, however, that the initial demand for the vaccine from the over 65s has greatly exceeded expectations, and future supply issues (as have been experienced by other Boards) might result should demand from other cohorts also outstrip core planning assumptions.

        Recommendation:
10.2   **One:** That demand vs supply is continually reviewed, in order that any future supply issues are identified, these are escalated as appropriate and any identified remedial actions are taken.

11   Clinic Locations / Appointments / Infection Prevention & Control (see section 6 of the review's remit)

11.1   The review found that the identification of clinic locations was informed by the existing seven GP clusters, and that initial planning was for clinics based centrally in these areas. Additional clinics were however added to account for the particular geography within North East Fife. Further ad-hoc clinics have been planned to support SIMD 1 and 2 areas, as detailed in the KnowFife dataset. Their nearest cluster clinic would be the first default choice of appointment for each patient, but individuals unable to travel to that location would be able to book an appointment at a hub clinic (involving smaller, more local venues). Triage was also in place for anyone considered housebound. Patient choice could also be factored in by appointments available at other clusters (for instance, if they worked in a specific area), via a hub clinic or community pharmacy.

11.2   The number of appointments were based on the 75% uptake target - 135,360 eligible adults (excluding pregnant women and staff), over a period of 12 weeks: 144,000 appointments in total, which would allow for DNAs and cancelations and some movement if actual demand was greater than the anticipated target.

11.3   The review heard that each proposed clinic site was visited and a walk through conducted to check for disabled access, one-way routes and suitable spacing of pre- and post-waiting areas. Further consideration was given to the suitable spacing of clinicians; car parking and ease of commuting by public transport; waste management; staff facilities and cold chain storage. A checklist was completed for each venue to assess suitability, and there has been reflection that disabled access should have been a more prominent consideration. Some locations initially chosen for clinics were not ideal, resulting in potential access issues to patients, difficulty of entry to clinic staff (i.e. access to keys) and lack of facilities for storage of clinical waste etc. Where this has occurred, locations have now been moved, to better accommodate these needs.

Recommendation:
11.4   **One:** That disabled access and facilities-related issues are given more prominent consideration within the standard checklist template in future programmes, to avoid unnecessary movement of clinics at a later date and negative reputational impact.

12   LESSONS LEARNED

12.1   The review team has noted the strong willingness of staff to learn from this year's seasonal flu programme and implement any necessary changes going forward. These have been articulated within this paper as the conclusions and final recommendations. It is recognised that the governance changes to the programme, implemented after launch issues were first experienced, have been robust and effective, and staff have invested considerable time in turning around what has been a very difficult situation. These changes have included, from 28 September, the identification of a Senior Responsible Officer (the Director of Health & Social Care), formation of a Silver Command structure, and the establishment of a Project Management Office and Bronze Command working group support structure from 1 October. Daily situation reporting is in place, utilising MS Teams as a central repository, covering workforce resource, operational support, pharmacy progress, communications and national considerations, to ensure appropriate delivery of the programme across all areas. A daily briefing is provided to the Chief Executive and routes of escalation are clear, to enable timely resolution of any operational issues.

12.2   As a result, as at w/c 26 October, 60,000 appointments have been booked, and 45,000 vaccines delivered, with a target of delivering 2,500+ appointments per day. Calls to the communications

hub have fallen to an average of 3.3k per day, with limited numbers of unanswered calls and much reduced answering waiting times. Positive feedback has been received from patients about the distancing and safety measures in place at clinics.

12.3 Preparations are now being made for the issue of letters to the 55-64 cohort in mid-November. As the surge of initial demand slows, planning is underway for more proactive measures around appointments and delivery methods, 'sweep up' of existing cohorts to ensure all appointments have been scheduled, and a renewed focus on the data input of immunised patient records, to clear the current backlog. The health & social care staff seasonal flu programme is significantly ahead of previous year's performance, with a strong early start in delivery of the vaccinations, building upon established processes for peer vaccination and occupational health input.

12.4 The review considers that the importance of learning lessons from this year's seasonal flu programme are critical, given that in 2021 future delivery will transfer in its entirety from Primary Care to the Board, as per the expectations of the GMS contract. The interdependencies with planning and preparations for any potential Covid vaccine are thus also clear. Learning should also include the mechanism for engaging with Public Health Scotland to influence, if possible, their approach to communicating with the general population and encouraging full engagement with Health Boards in as informed a manner as possible. This relates to the practical arrangements that need to be in place to deliver what is being promised to the population within agreed Scottish Government Policy, which could help mitigate against any unintended delivery consequences, as occurred in this instance. Also, the Board must create a new model of delivery, under which responsibilities are clear and unambiguous; resources (including clinical and support workforce, project management and IT support) must be provided as appropriate to ensure success; and a robust governance structure must be put in place to allow for clear oversight and assurance.

12.5 It is considered that the learning that has already effected change, along with the implementation of the recommendations made under this review, will help to mitigate against any future negative patient experience or reputational issues arising for the Board.

Dr Gillian MacIntosh   *Barbara Anne Nelson*
Head of Corporate Governance & Board Secretary   *Independent Reviewer*

30 October 2020

NHS Fife

**Review into the Governance and Planning Arrangements for
the Delivery of the Seasonal Flu Programme 2020**

October 2020

Incident Description and Consequences

The seasonal flu programme across Fife commenced in September 2020.

Prior to the programme commencing, issues in respect of workforce risks were escalated to EDG in late August, specifically relating to the availability of staff to support delivery of the immunisations within clinics. A Gold Command meeting was established to address these issues and a plan agreed with Directors.

During September, following the issue of letters to the over 65 age population, it became immediately apparent that the communications hub set up to manage the booking of appointments was not adequate to cope with demand. In parallel, it has been identified that further reactive measures have continued in respect of nursing workforce availability, with rotas being managed on a week by week basis, highlighting further risk.

Numerous concerns have been raised publicly by individual members of the public, Board members, elected officials of Fife Council, MSPs and MPs in respect of the booking process and some aspects of the logistics and environment at individual clinics.

TERMS OF REFERENCE

1. **PURPOSE**

1.1. The purpose of the review is to examine the planning, governance and delivery arrangements of the seasonal flu programme and to consider the set of circumstances associated with the incident. The review process should identify opportunities for learning, and areas where improvements might be required which could help prevent similar incidents from occurring.

2. **MEMBERSHIP OF REVIEW TEAM**

2.1. Formal membership of the Review Team shall comprise of:

- Gillian MacIntosh, Board Secretary and Head of Corporate Governance
- Barbara Anne Nelson, Professional Advisor

2.2. The Team may co-opt additional external experts to provide specialist knowledge / skills if required.

3. ACCOUNTABLE TO:

Executive: Chief Executive Officer

Non-Executive: NHS Fife Clinical Governance Committee; Fife NHS Board Chair; Fife NHS Board

4. SCOPE

4.1. The scope of the review will include consideration of the planning and governance arrangements for the seasonal flu programme 2020 with a focus on prioritising lessons learned.

5. REMIT

5.1. Assess the clarity of roles and responsibilities of those involved, from planning to delivery, including the overall governance model

5.2. Review the chronology of reports and papers considered taking cognisance of individuals and groups involved

5.3. Assess the robustness of planning assumptions for booking of appointments and delivery of vaccines

5.4. Assess the effectiveness of communication before and during the seasonal flu programme, including issue of invite letters

5.5. Assess the governance and assurance mechanisms in respect of supply chain (for vaccine)

5.6. Assess the governance and assurance mechanisms in respect of infection, prevention and control at clinics/hubs

5.7. Review the delivery model to assess the balance of risk in respect of location of clinics / hubs and extent of patient choice

5.8. Review the extent of any reflection or learning from previous years

5.9. Review the effectiveness of clinical and managerial leadership

5.10. Learn any lessons that might help to prevent any further incidents

5.11. Assess the current escalation process for concerns through public health, nursing and management route

5.12. Improve the reporting and investigation of similar events in the future

5.13. Escalate to the SRO any immediate concerns regarding patient or workforce safety

6. TIMESCALES & REPORTING

6.1. The final report will be submitted to the CEO by Friday 30th October 2020 and onwards thereafter to the Chair of the Clinical Governance Committee. The report will be considered by the Clinical Governance Committee at its meeting on Wednesday 4th November 2020 and onwards to the NHS Board thereafter.

Appendix 2

Governance Structure, September 2020

Solid arrow / grey boxes = direct line of governance reporting for quality assurance
Thick black arrow = Approval for strategic direction (EDG)
Dashed arrow = reporting for information and cross-assurance
Red arrow = Financial approval / consultation

NHS Fife Board	Fife Integrated Joint Board

Scottish Government Flu expansion & COVID Vaccination Programme Board

NHS Fife Clinical Governance	Fife HSCP Clinical & Care Governance Committee		Scottish Government Health & Social Care Directorate	Scottish Immunisation Programme Group (SIPG)	Scottish Gov Primary Care Leads Group

Area Drug & Therapeutics Committee

Public Health Assurance Committee

GMS

Fife Area Partnership Forum & Staff Governance

NHS Fife Executive Directors Group

Fife LRP Strategic COVID sub-group

GP Sub / CPF

Fife Primary Care Remobilisation group

MCIP

Area Immunisation Steering Group

Joint Fife HSCP & NHS Fife Flu & COVID-19 Vaccination Oversight Group

WORKSTREAMS

Cluster Clinics	Community Hubs	Community Pharmacy	Home Visiting Team	PV & OH	In-patient	Coordination Hub	Vaccine Supply & Cold chain	IT, data, monitoring & evaluation	Workforce	Training	Finance	Comms

Version 1 Sept 2020

Appendix 3

Response Group Silver Command structure, October 2020

EDG Gold Command — EDG

General Practice Public Health

Flu Programme Silver Command — SRO & Bronze Leads

PMO — Finance Risks & Issues

Pharmacy & Medicines Bronze Command

Nursing Bronze Command

Operational Support Bronze Command

SEASONAL FLU REVIEW ACTION PLAN   **APPENDIX**

		RECOMMENDATION	LEAD DIRECTOR	ACTION	TIMESCALE
Organisational Management					
1.		A single lead Executive Director should be identified to hold overall responsibility for the governance, planning and operational delivery of the flu immunisation programme. Clarity should also be provided on the key linkages with other Executive Director portfolios.	Director of Public Health	The Director of Public Health holds responsibility for all Immunisation Programmes for the Board. With the agreement of the Chief Executive, the DofPH will delegate responsibility for planning or operational delivery to another member of the Executive Team as appropriate. Overall responsibility however remains with the Director of Public Health and onwards to the Board via the Clinical Governance Committee.	Complete
Governance Structure					
2		Robust processes for the early identification of programmes requiring formal Project Management or technical IT support should be created, to ensure that such workstreams benefit from specialist expertise and fully staffed PMO support. A common project management model should be followed that enhances reporting, assurance and decision-making through the governance structure. The Board should consider whether the internal Project Management resource, which is small, remains fit for purpose, given the level of transformational change underway, both in new workstreams and, with the impact of Covid-19, in the often radically changed delivery of 'business-as-usual' programmes. The prioritisation of technical IT support, expertise and advice to programmes should be considered.	Director of Finance	Strategic planning and resource allocation process is currently under development. Scoping work to be undertaken to determine the additional staffing / skillset required to support the PMO and prioritisation of other support from across the organisation.	31 January 2021
Reporting					
3		Reporting methodology for significant Board-wide programmes should be enhanced and standardised, particularly around the escalation of risks to key groups such as EDG, the Board and its committees, plus the Chair of the Board, Chair of the Clinical Governance Committee and Chief Executive individually.	Director of Nursing (as Exec Lead for Risk Management)	Risk registers to be shared in full with EDG and governance committees.	Ongoing in line with timeline for individual programmes of work

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SEASONAL FLU REVIEW ACTION PLAN   **APPENDIX**

		RECOMMENDATION	LEAD DIRECTOR	ACTION	TIMESCALE
Planning Assumptions					
4		It is anticipated that by providing more robust Project Management support and formal reporting methodology, the resultant requirement for a more detailed implementation plan for programmes of this nature (to include effective risk management and completion and regular revision of risk registers) will largely mitigate against the planning issues that affected the seasonal flu programme. In addition to this, it is crucial that all key stakeholders, at all levels - including Executive Directors' Group and formal governance groups with a responsibility for immunisation - continue to exercise a high level of challenge and 'curiosity'.	Chief Executive	Under the current command structure in place during the pandemic period, the Silver command groups report to Gold Command (EDG) for operational matters and to the Public Health Assurance Committee for clinical governance on any matters related to immunisation. At Board level, the Clinical Governance Committee will receive formal assurance on both the operational and clinical governance aspects of immunisation programmes. Reflective discussion at EDG and with the Chair of Clinical Governance Committee to consider detail of information required and extent of review. Individual Directors encouraged to challenge in the context of collective leadership and mutual support.	Complete
5		Decisions about the use of specific software for large scale programmes of this nature (such as that used for appointing patients) have strategic input from a variety of services, so that the potential benefits and disadvantages can be widely understood and the risks mitigated against as far as possible.	Medical Director (as Exec Lead for Digital & Information)	Linked to Action 2 above.	31 January 2021

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Workforce				
5	A substantive workforce should be identified to support large-scale immunisation programmes going forward. This substantive workforce could be constituted of new fixed-term or annualised hours' appointments or a combined model with existing workforce. If it is necessary to continue to use this model in conjunction with use of existing workforce due to an inability to recruit the additional workforce required, then it is essential that this is managed centrally in terms of defining and filling the rotas required in advance, and to ensure that the workforce allocated are not pulled back into their substantive posts due to other competing demands.	Director of Workforce	Workforce planning mechanisms for new programmes of work to be enhanced and embedded as a core component of the refreshed strategic planning and resource allocation process currently under development (see also Action 2 above).	31 January 2021
Communication				
6	The Board should ensure that any internal communications issued out to key stakeholders are clear in terms of the content and any actions that may be required by the individual. In addition, that those involved in representing the Board in national discussions relating to communications with patients are key individuals who are empowered to challenge at these meetings and make decisions on behalf of the Board, supported by clear channels of escalation, if it is the case that they feel that any challenge is not being recognised or acted upon.	Director of Public Health	Further input into the specific wording and timing of issue of letters issued nationally to patients to be in place for Covid vaccination programme, and this is being considered as a core part of the programme's planning, with senior input and oversight.	Ongoing in line with timeline for individual programmes of work
Liaison with External Parties				
7	Formal feedback should be provided to Public Health Scotland (PHS), on behalf of the Board, to recognise the need to undertake more effective advance communication with the public.	Chief Executive	Feedback provided to PHS and SG.	Complete
Vaccine Supply				
8	Demand vs supply of vaccine should be continually reviewed, in order that any future supply issues are identified, these are escalated as appropriate and any identified remedial actions are taken.	Director of Pharmacy	Mechanisms in place to monitor, with regular feedback to EDG; no concerns raised in respect of local supply.	Complete
Clinic Locations				
9	Disabled access and facilities-related issues should be given more prominent consideration within the standard checklist template in future programmes	Director of Estates & Facilities	Equality Impact Assessments to be completed for future programmes delivered by the Board.	In line with roll out of future programmes

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NHS Fife

NHS SCOTLAND

Meeting:	**Fife NHS Board**
Meeting date:	**25 November 2020**
Title:	**Update on NHS Fife Board Assurance Framework**
Responsible Executive:	**Helen Buchanan, Director of Nursing**
Report Author:	**Pauline Cumming, Risk Manager**

1   Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction
- Local policy

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The Board Assurance Framework (BAF) identifies risks to the delivery of NHS Fife's strategic objectives and priorities, including the NHS Fife Strategic Framework, the NHS Fife Clinical Strategy and the Fife Health & Social Care Integration Strategic Plan. The BAF integrates information on strategic risks, related operational risks, controls, assurances, mitigating actions and an assessment of current performance. This report is an update on the last report to the Board on 29 July 2020.The Board is asked to review and approve the BAF.

2.2   Background

This paper fulfils the requirement to report at least bi - annually, to the Board on the status of the BAF and on any relevant developments.

2.3   Assessment

The BAF currently has 7 components.

- Financial Sustainability
- Environmental Sustainability
- Workforce Sustainability
- Quality & Safety
- Strategic Planning
- Integration Joint Board (IJB)
- e- Health - Delivering Digital and Information Governance & Security

The risk levels and ratings are summarised in Table 1.

Table 1 - Risk Level and Rating over time

Risk ID	Risk Title	Initial Risk Level & Rating LxC	Likelihood (L)	Consequence (C)	Current Level & Rating April / May 2020	Current Level & Rating June / Jul 2020	Current Level & Rating Aug/Sept 2020	Current Level & Rating Oct/ Nov 2020
1413	**Financial Sustainability**	High 16	Likely 4	Major 4	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High
1414	**Environmental Sustainability**	High 20	Likely 4	Extreme 5	20 (4x 5) High	20 (4x 5) High	20 (4x 5) High	20 (4x 5) High
1415	**Workforce Sustainability**	High 20	Almost certain 5	Major 4	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High
1416	**Quality& Safety**	High 20	Likely 4	Extreme 5	15 (3x 5) High	15 (3x 5) High	15 (3x 5) High	15 (3x 5) High
1417	**Strategic Planning**	High 16	Likely 4	Major 4	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High
1418	**Integration Joint Board**	High 16	Likely 4	Major 4	12 (3 x 4) Mod	12 (3 x 4) Mod	12 (3x4)) Mod	12 (3x4)) Mod
1683	**eHealth - Delivering Digital and Information Governance & Security**	High 20	Possible 3	Major 5	N/A	N/A	15 (3x5) High	15 (3x5) High

Since the last report to the Board, the BAF risks have been considered at the governance committees in September 2020 with the exception of the Quality & Safety BAF, and all during the October / November reporting cycle. This update summarises the key points from the most recent reports to the committees. The BAFs are provided separately as appendices.

Key points

Financial Sustainability BAF

The Director of Finance reported on the BAF to the Finance, Performance & Resources (FP&R) Committee on 10 November 2020. At that point, the BAF current score remained High, with the target score remaining Moderate. The current score recognised the ongoing financial challenges facing Acute Services in particular, as well as the pressures within Health & Social Care Partnership, specifically in relation to social care budgets and the ongoing work to review the risk

share arrangement. It also reflects the level of challenge and uncertainty associated with the mobilisation and remobilisation activity in relation to COVID -19 and the challenge in delivering the Board efficiency savings target as a consequence of the impact of COVID - 19. Since the last report to the Board, one previously high linked risk relating to Test and Protect has reduced its risk level to moderate and is no longer on the BAF.

Environmental Sustainability BAF
The Director of Estates, Facilities and Capital Services reported on the BAF to the FP& R Committee on 10 November 2020. There has been no change to the status of this risk. Both PFI providers at St Andrews and the VHK continue with the flexible hose replacement programme.

Workforce Sustainability BAF
The Director of Workforce reported to the Staff Governance (SG) Committee on 29 October 2020 that there were no significant changes to the BAF, with risks remaining relating to the National Shortage of Radiologists and Medical Staff Recruitment and Retention. Since the last report to the Board, 2 previously high linked risks, one relating to Test and Protect, and the other to Workload resulting from deterioration in mental health, reduced their risk levels to moderate and are no longer linked to the BAF.

Assurance was given that NHS Fife has the systems and processes in place to ensure the right composition of the workforce, with the right skills and competencies deployed in the right place at the right time.

Quality & Safety BAF
The Medical Director reported on the BAF to the Clinical Governance Committee (CGC) on 4 November 2020. Following review, there has been no change to the overarching BAF risk or linked operational risks. The risk level remains high. He provided assurance that there are systems and processes in place to monitor quality and safety, and work relating to managing the risks continues.

Strategic Planning BAF
The Medical Director reported on the above risk to the CGC on 4 November 2020 and to FP&R on 10 November 2020.The current risk level remains high. It was reported that the Integrated Transformation Board (ITB) established in 2019, continues to provide strategic oversight of all of the NHS Fife, Fife IJB and Fife Council health transformation programmes.

A full review of the Transformation Programme and Strategic Planning has been undertaken in line with the Clinical Strategy and Remobilisation Plan. The remobilisation of services after phase 1 of COVID -19, identified lessons learned, including service redesign and transformation delivered at pace during the mobilisation phase. Due to the COVID-19 Emergency Planning Measures in place until 31 March 2021, the transformation work has been paused but will recommence when appropriate to do so.

eHealth - Delivering Digital and Information Governance & Security
The Medical Director reported on the above risk to the CGC on 4 November 2020. The risk remains high. Since the last report to the Board, seven new high risks have been linked to the BAF:

- Lack of a central IT location to store guidance documents

- Risk of not meeting Software as a Medical Device (SaMD) full compliance
- Deliberate unauthorised access or misuse to email by insiders(staff, contractors etc
- Deliberate unauthorised access or misuse to email by outsiders Hackers etc
- Inability to audit nhs.scot mail accounts
- User error (including those supporting system) resulting in data breach
- Network connection failures

The Committee was assured that systems and processes are in place to monitor D&I performance and work continues to manage the risks. This BAF is being reviewed as part of the assurance mapping process outlined below.

Integration Joint Board (IJB)

The last report to the Board indicated that a review of the integration scheme had recommenced which would include clarifying the delegation of functions to the IJB and specifically, the implications for risk management, governance and assurance. There have been no changes to the IJB BAF in the interim.

Developments
The risk mapping work reported previously to the Board is ongoing. Following a pause to focus resources on the pandemic effort, the exercise to test the application of assurance mapping principles to the Digital & Information BAF has resumed and is currently being taken forward by the Risk Manager with Digital and Information, and Internal Audit colleagues.

Learning from this exercise will inform the approach taken to applying these principles to the development of the BAF specifically, and to strengthening our overall systems for internal control and assurance. Following the approval of the updated Risk Management Framework, and in light of COVID -19 and other challenges, work has started to review the Board's overall risk profile.

In the first instance, the Risk Manager has initiated meetings with Executive Directors to take forward this work; the focus will be on the connection between risks and the delivery of objectives, whether risk coverage is appropriate, the effectiveness of controls and supporting evidence, and the validity of risk scores. The meetings will provide an opportunity to introduce the principles cited above, which when embedded, will increase the level of assurance and confidence that can be taken from the BAF and other risk management reports.

2.3.1 Quality/ Patient Care
Risks to quality and safety are detailed in Appendix 4.

2.3.2 Workforce
Risks to workforce sustainability are detailed in Appendix 3.

2.3.3 Financial
Risks to financial sustainability risks are detailed in Appendix 1.

2.3.4 Risk Assessment/Management

Risk management is a key component of the Board's Code of Corporate Governance, a core part of each Committee's individual remit and intrinsic to the BAF.

2.3.5 Equality and Diversity, including health inequalities

It is expected, that the assessment of equality or diversity implications is intrinsic to the analysis of the BAF risks and thus reflected in the content of the appendices.

2.3.6 Other impact

Appendices 2, 5, 6 and 7 describe impacts relating to Environmental Sustainability, Strategic Planning, Integration Joint Board, and e Health: Digital & Information.

2.3.7 Communication, involvement, engagement and consultation

This report and the appendices reflect the iterative process involving Executive Directors, their teams, Non Executives and other stakeholders.

Content within this paper has been informed by the following groups:

NHS Fife Board Governance Committees

2.3.8 Route to the Meeting

Content within this paper has been previously considered by Helen Buchanan, Director of Nursing / Deputy Chief Executive on 16 November 2020 and circulated to EDG members.

2.4 Recommendation

The paper is presented for decision. The Board is asked to approve the BAF.

3 List of appendices

The following appendices are included with this report:
- Appendix 1, NHS Fife BAF Financial Sustainability - FP& RC 101120
- Appendix 2, NHS Fife BAF Environmental Sustainability - FP& RC 101120
- Appendix 3, NHS Fife BAF Workforce Sustainability - SGC 291020
- Appendix 4, NHS Fife BAF Quality & Safety - CGC 041120
- Appendix 5, NHS Fife BAF Strategic Planning - CGC 041120 & FP&R 101120
- Appendix 6, NHS Fife BAF Integration Joint Board (IJB)
- Appendix 7, NHS Fife BAF e Health Delivering Digital and Information Governance & Security - CGC 041120

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Financial Sustainability

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)													Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	
1413	Sustainable	31.10.2020	30.11.2020	There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Current financial climate across NHS/public sector. This risk must now be considered in the context of managing the financial impact of the COVID 19 pandemic.	Director of Finance	Finance, Performance & Resources (F,P&R) Chair: Rona Laing	*Ongoing actions designed to mitigate the risk including:* 1. Ensure budgets are devolved to an appropriate level aligned to management responsibilities and accountabilities. This includes the allocation of any financial plan shortfall to all budget areas. This seeks to ensure all budget holders are sighted on their responsibility to contribute to the overall requirement to deliver breakeven. 2. Refreshed approach established for a system-wide Transformation programme to support redesign; reduce unwarranted variation and waste; and to implement detailed efficiency initiatives. Lessons will be learned from the successes of the medicines efficiency programme in terms of the system-wide approach and use of evidence based, data-driven analysis 3. Engage with external advisors as required (e.g. property advisors) to support specific aspects of work. In addition, appoint external support to accelerate a programme of cost improvement across Acute Services.	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value. 2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations. 3. Continue to scrutinise and review any potential financial flexibility. 4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB *prior* to the application of the risk share arrangement	Director of Finance / Chief Operating Officer / Director of Health & Social Care	Ongoing / Director of Finance 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 response to the COVID 19 pandemic required the organisation to focus all our efforts initially on mobilising the response plan and then on remobilising services, the next challenge will be winter and the potential second COVID 19 peak. The financial impact of COVID 19 is significant however we have now received full funding for 2020/21 Q1 addtional costs and 70% of the forecast costs to the year-end. There is a signficant challenge remaining however regarding undelivered savings as as a consequence of COVID 19 and the IJB Risk-Share arrangement.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Financial risks will always be prevalent within the NHS / public sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.

Environmental Sustainability

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
1414	Sustainable, Clinically Excellent	18.08.2020	18.11.2020	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Director of Estates, Facilities & Capital Services (E,F &CS)	Finance, Performance & Resources (F,P&R) Chair: Rona Laing	*Ongoing actions designed to mitigate the risk including:* 1. Operational Planned Preventative Maintenance (PPM) systems in place 2. Systems in place to comply with NHS Estates 3. Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding. 4. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance. 5. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually. 6. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on.	Nil	1. Capital funding is allocated depending on the E&F risks rating 2. Increase number of site audits	Director of Estates, Facilities & Capital Services — Ongoing as limited funding available / Estates Quality Manager — Ongoing		1. Capital Investment delivered in line with budgets 2. Sustainability Group minutes. 3. Estates & Facilities risk registers. 4. SCART & EAMS 5. Adverse Event reports	1. Internal audits 2. External audits by Authorising Engineers 3. Peer reviews	None	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 - Remote - Can't believe this event would happen	5 - Extreme	5	Low	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.

NHS Fife Board Assurance Framework (BAF)

Workforce Sustainability

Field	Value
Risk ID	1415
Strategic Framework Objective	Exemplar Employer
Date last reviewed	30.09.2020
Date of next review	31.12.2020
Likelihood (Initial)	5 - Almost Certain - Expected to occur frequently - more likely than not
Consequence (Initial)	4 - Major
Rating (Initial)	20
Level (Initial)	High
Likelihood (Current)	4 - Likely - Strong possibility this could occur
Consequence (Current)	4 - Major
Rating (Current)	16
Level (Current)	High
Owner (Executive Director)	Director of Workforce/ Director of Health & Social Care Partnership
Assurance Group Standing Committee and Chairperson	Staff Governance — Chair: Margaret Wells
Responsible Person	Director of Workforce/ Director of Health & Social Care Partnership
Likelihood (Target)	2 - Unlikely - Not expected to happen - potential exists
Consequence (Target)	2 - Minor
Rating (Target)	4
Level (Target)	Low

Description of Risk

There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy

Rationale for Current Score

Failure in this area has a direct impact on patients' health. NHS Fife has an ageing workforce with recruitment challenges in key specialities. Failure to ensure the right composition of workforce with the right skills and competencies gives rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety of care provision; and staff engagement and morale. Failure would also adversely impact on the implementation of the Clinical strategy.

The current score reflects the existing controls and mitigating actions in place.

Current Controls (What are we currently doing about the risk?)

Ongoing actions designed to mitigate the risk including:

1. • Implementation of the Workforce Strategy 2019 - 2022, to support the Clinical Strategy and Strategic Framework.
2. • Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 - 2022.
3. • Implementation of the NHS Fife Strategic Framework particularly the "exemplar
4. • The Brexit Assurance Group which was established to consider the impact on the workforce with regard to these arrangements once they are known has been disbanded, however, organisational support is still being provided and publicised.
5. An Assurance Group has also been established which will link to existing resilience planning arrangements - now disbanded but as above.
6. • Implementation of eESS as a workforce management system within NHS Fife
7. •A revised approach to nurse recruitment has been taken this year, enabling student nurses already in the system to remain in post at point of registration, to maintain service delivery.
8. •Work continues to strengthen the control and monitoring associated with supplementary staffing to identify and implement solutions that may reduce the requirement and costs associated with supplementary staffing. NHS Fife currently has a COVID-19 supplementary staffing resource deployed to support the substantive workforce where the need is greater thereby reducing any external costs on staffing.
9. • NHS Fife's participation in regional and national groups to address national and recruitment challenges and specific key group shortage areas, e.g. South East Region Transformation Programme Board and International Recruitment.
10. Review of risks related to Mental Health recruitment with Risk owners
11. • NHS Fife Promoting Attendance Group and local Divisional groups established to drive a range of initiatives and improvements aligned to staff health and wellbeing activity,
12. • Well@Work and staff HWB initiatives continue to support the health and wellbeing of the workforce, facilitate earlier interventions to assist staff experience and retain staff in the workplace, along with Health Promotion and the OH and Wellbeing Service. This has been expanded to take account of COVID-19 HWB
13. • The iMatter 2020 cycle has been paused during the COVID-19 pandemic. Staff engagement activity is being evaluated to reflect the impact of the pandemic.
14. • Staff Governance and Partnership working underpins all aspects of workforce activity within NHS Fife and is key to development of the workforce.
15. • Training and Development
16. • Development of the Learning and Development Framework strand of the Workforce Strategy
17. • Leadership and management development provision is constantly under review and updated as appropriate to ensure continuing relevance to support leaders at all levels.
18. • Improvement to be made in Core Skills compliance to ensure NHS Fife meets its statutory obligations
19. • The implementation of the Learning Management System module of eESS to ensure all training and development data is held and to facilitate reporting and analysis
20. • Continue to address the risk of non compliance relating to TURAS Appraisal.
21. • Utilisation of the Staff Governance Standard and Staff Governance Action Plans (the "Appropriately trained" strand) is utilised to identify local priorities and drive local actions
22. • The development of close working relationships with L&D colleagues in neighbouring Boards, with NES and Fife Council to optimise synergistic benefits from collaborative working

Gaps in Control: Nil (all rows)

Mitigating actions - what more should we do?

- Implementation of the Workforce Strategy and associated action planning to support the Clinical Strategy and Strategic Framework. Actions are currently being reviewed with a view to updating priorities following the impact of COVID-19.
- Implementation of proactive support for the workforce affected by Brexit. Early renewal of UKVI Sponsor Licence and successful increase in numbers of Certificates of Sponsorship to support future recruitment activity as required. Full implementation of eESS manager and staff self service across the organisation to ensure enhanced real time data intelligence for workforce planning and maximise benefit realisation from a fully integrated information system.
- Strengthen workforce planning infrastructure ensuring a co-ordinated and cohesive approach is taken to advance key workforce strategies. The Director of Workforce has now convened a Strategic Workforce Planning Group which will be complemented by an Operational Workforce Planning Group. These groups will take account of recent SG guidance on integrated Workforce Planning.
- Continue to support the implementation of the Health & Wellbeing Strategy and Action Plan, aimed at reducing sickness absence, promoting attendance and staff health and wellbeing. Lessons to be learned from COVID-19 health and wellbeing activities and initiatives and the continuation of these supports in the long term.
- Optimise use of iMatter process and data to improve staff engagement and retention. As agreed Nationally, a Pulse Survey will be run instead of iMatter in September 2020, Directorate and Board level reports will be available in November 2020, but will not include team reports.
- Continue to implement and promote Staff Governance Action plans and staff engagement, through the Pulse Survey in 2020.
- Implementation of the Learning and Development Framework strand of the Workforce Strategy. Increased utilisation of virtual learning opportunities.
- Review of L&D processes, planning and resources to ensure alignment of priorities.
- Full roll out of learning management self service
- Continuing implementation of the KSF Improvement and Recovery Plan throughout the Board, led by EDG.

Timescale

1. Regular performance monitoring and reports to EDG, APF & LPF, Staff Governance Committee
2. Delivery of Staff Governance Action Plan is reported to EDG, APF & LPF and Staff Governance Committee

Assurances (How do we know controls are in place and functioning as expected?)

1. Use of national data
2. Internal Audit reports
3. Audit Scotland reports

Sources of Positive Assurance on the Effectiveness of Controls

Full implementation of eESS will provide an integrated workforce system which will capture and facilitate reporting, including all learning and development activity

Gaps in Assurance (What additional assurances should we seek?)

Overall NHS Fife has robust workforce planning and learning and development governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, especially the Workforce strategy supporting the Clinical Strategy and the implementation of eESS should provide an appropriate level of control.

Rationale for Target Score

Continuing improvement in current controls and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk from moderate to low.

Quality & Safety

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
1416	Person Centred, Clinically Excellent	02.11.2020	14.01.2021	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4 - Likely – Strong possibility this could occur	5 - Extreme	20	High	3 - Possible	5 - Extreme	15	High	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	Medical Director	Clinical Governance Chair: Dr Les Bisset	Ongoing actions designed to mitigate the risk including: Implementation of: 1. Strategic Framework 2. Clinical Strategy 3. Clinical Governance Structures and operational governance arrangements 4. Clinical & Care Governance Strategy 5. Participation & Engagement Strategy 6. Risk Management Framework 7. Governance arrangements established to support delivery of the UK Coronavirus (COVID-19) action plan 8.Processes established for reporting and escalation of COVID-19 related incidents & risks 9. Remobilisation plan for clinical services These are supported by the following: 10. Risk Registers 11. Integrated Performance and Quality Report (IPQR), Performance reports dashboard data 12. Performance Reviews 13. Adverse Events Policy 14. Scottish Patient Safety Programme 15. Implementation of SIGN and other evidence based guidance 16. Staff Learning & Development 17.System of governance arrangements for all clinical policies and procedures 18. Participation in relevant national and local audit 19.Complaints handling process 20.Using data to enhance quality control 21.HIS Quality of Care Approach & Framework,Sept 2018 22. Implementing Organisational Duty of Candour legislation 23.Adverse event management process 24.Sharing of learning summaries from adverse event reviews 25.Implementing Excellence in Care 26. Using Patient Opinion feedback 27.Acting on recommendations from internal & external agencies	1.Reviewing together of patient experience, complaints, adverse events and risk information to provide an overview of good practice, themes, trends,and exceptions to the norm. 2.Weaknesses in the process for recording completion of actions from adverse event reviews incl evidence of steps taken to implement and share learning from actions . 3.Weaknesses in related oversight and monitoring processes. 4.Risk Management Framework requires update.	1. Give due consideration to how to balance the remobilisation of clinical services and manage staff and public expectations, while dealing with the ongoing COVID-19 pandemic. 2.Continually review the Integrated Performance and Quality (IPQR) to ensure they provide an accurate, current picture of clinical quality / performance in priority areas . 3. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose. 4..Review the coverage of mortality & morbidity meetings in line with national developments and HIS workshop on 09/12/19. 5.Review and refresh the current content and delivery models for key areas of training and development e.g. corporate induction, in house core, quality improvement, leadership development, clinical skills, interspecialty programmes. 6.Review annually, all technology & IT systems that support clinical governance e.g. Datix, Formic Fusion Pro, Clinical Effectiveness Register. 7. Establish a short life working group to begin to assess our position against the Quality of Care Framework and understand our state of readiness. 8.Further develop the culture of person centred approach to care. 9. Only Executive commissioning of reviews as appropriate e.g.	Medical Director	31.12.2020	1. Assurance statements from clinical & clinical & care governance groups and committees. 2. Assurances obtained from all groups and committees that: i. they have a workplan ii.all elements of the work plan are addressed in year 3. Annual Assurance Statement 4. Annual NHS Fife CGC Self assessment 5. Reporting bi annually on adequacy of systems & processes to Audit & Risk Committee 6. Accreditation systems e.g.. Unicef - Accredited Baby Friendly Gold. UKAS Inspection for Labs. 7.External agency reports e.g. GMC 8..Quality of Care review	1. Internal Audit reviews and reports 2. External Audit reviews 3. HIS visits and reviews 4. Healthcare Environment Inspectorate (HEI) visits and reports 5. Health Protection Scotland (HPS) support 6. Health & Safety Executive 7. Scottish Patient Safety Programme (SPSP) visits and reviews 8. Scottish Govt DoC Annual Report 9.Scottish Public Service Ombudsman (SPSO) 10. Patient Opinion 11. Specific National reporting	1.Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable. 2.We require additional assurances that there is a system in place for oversight of actions from a variety of sources e.g. audit, adverse events, SPSO. 3.We require additional assurances that there are systems in place for oversight of operational risks.	Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.	2 - Unlikely	5 - Extreme	10	Moderate	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.

NHS Fife Board Assurance Framework (BAF)

Strategic Planning

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
1417	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable	29.10.2020	01.01.2021	There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost. **Key Risks** 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Integrated Transformation Board has been in place after the review of transformation in 2019. Following period of COVID-19, transformation planning is being revised and new structure being put in place following transformation workshop planned for 3 September 2020. New programme management approach	Chief Executive	Clinical Governance	*Ongoing actions designed to mitigate the risk including:* 1. Establishment of Integrated Transformation Board (ITB) in 2019 to oversee transformation programmes across NHS Fife, Fife IJB and Fife Council to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy. 2. Establishment of programme management framework with a stage and gate approach. 3. 3 of the 4 key strategic priorities are being taken forward by the H&SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and	JSTG not performing role adequately and replaced by the newly formed Integrated Transformation Board. but transformation programmes being progressed.	Leadership to strategic planning coming from the Executive Directors Group. Clinical Strategy workstream update has been produced to reflect progress against recommendations. Establishment of ITB should provide assurance to the committees and Board that the transformation programme has strategic oversight and delivery. Senior Leadership for Transformation is being reviewed and revised .	Chief Executive	31.03.2021	1. Minutes of meetings record attendance, agenda and outcomes. 2. New governance in place with newly formed Integrated Transformation Group meeting every 6 weeks. 3. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all	1. Internal Audit Report on Strategic Planning (no. B10/17) 2. SEAT Annual Report 2016 3.Governance committee oversight of performance assurance framework	Business cases have been developed in support of the transformation programmes which address issues such as resource implications, workforce and facilities redesign. Standardised documentation will introduce a consistent	Current challenges associated with delivery of our strategic objectives include the focus on the 4 strategic priorities (Acute Transformation, Joining Up Care, Mental Health Redesign and Medicines Efficiencies), the interdependencies of workplans (NHS Fife/H&SCP/ Region) in terms of the whole system oversight of operational plans, delivery measures and	Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce. WILL BE REVIEWED AFTER COVID19 PERIOD

Integration Joint Board

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
1418	Sustainable	31.01.2020	31.03.2020	There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Issues raised by auditors, acknowledged at year end 2016/17 that need to be addressed.	Director of Health & Social Care	NHS Fife Board Chair: Tricia Marwick	Ongoing actions designed to mitigate the risk including: 1. IJB reviewed its Integration Scheme in March 2018 to reflect the implementation of the Carers (Scotland) Act 2016 as required by the Scottish Government. 2.. The revised NHS Fife Code of Corporate Governance was approved by the NHS Fife Board in March 2018. 3. A Code of Corporate Governance for the IJB was approved in June 2018. The IJB Code of Corporate Governance forms part of a consolidated governance framework, including an action plan and assurance map. This will ensure all risks, responsibilities and other appropriate matters are understood by all parties and considered effectively for ongoing assurance and the annual Governance Statement. 4. A Governance Manual, bringing all relevant governance information in to one reference document for all IJB members and officers is currently being finalised. 5. Key recommendations and proposals from the Audit Scotland report of November 2018 and the Ministerial Strategic Group review of February 2019 were considered by the IJB and its partners. An integration stocktake self assessment was submitted to the Scottish Government in May. Subsequently an action plan was produced to drive forward changes. This was submitted to the Scottish Government in August 2019. The Action plan sets out actions to improve governance arrangements including initiation of discussions with partners to provide further clarity on the Integration Scheme. The action plan covers the period to July 2020 6. A group, including representatives from NHS Fife, Fife Council and the HSCP, has been set up to review the Integration Scheme. This review will focus on governance arrangements and take into account the actions from the Ministerial Strategic Group action plan and also the Scottish Government's Model Scheme for Integration. The review is now in progress with agreed timescales. Following the review of the Integration Scheme the IJB will undertake a further review of its Governance Framework and structures. 7. A development session for officers and IJB members was held in Nov 2019. This was facilitated by David Williams, Director of Delivery, Health and Social Care Integration, Scottish Government and focussed on Governance. Further development sessions will be planned in 2020	Nil	Nothing more to be done than the ongoing actions set out.	Director of Health & Social Care		1. Through regular updates to SLT and EDG about the progress of the reviews. 2. Updates to Audit & Risk Committees, the Integration Joint Board (IJB) and NHS Fife.	1. • The views of auditors will be the key independent assurance mechanism around this risk. We will involve them in the work to clarify governance arrangements as it progresses. 2. • Scottish Government will also provide useful advice and an independent perspective on the work to be carried out.	None	The problem should be largely resolved with the action taken.	1 - Remote - Can't believe this event would happen	4 - Major	4	Low	Once resolved and given effect to in IJB integration scheme and NHS Fife corporate governance arrangements, the issue should largely be resolved. But given maturity of relationships and dynamics around regional approaches a remaining risk will remain.

NHS Fife Board Assurance Framework (BAF)

eHealth - Delivering Digital and Information Governance & Security

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)													Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	
	Person Centred, Clinically Excellent, An Exemplar Employee, Sustainable	16.10.2020	16.02.2021	There is a risk that due to failure of Technical Infrastructure, Internal & External Security, Organisational Digital Readiness, ability to reduce Skills Dilution within eHealth and ability to derive Maximum Benefit from Digital Provision, NHS Fife may be unable to provide safe, effective, person centred care.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	3 - Possible	5 -Extreme	15	High	Failure in this area could have a direct impact on patients care, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.	Medical Director & SIRO	Clinical Governance - Chair: Dr Les Bisset FP&R - Chair: Rona Laing	*Ongoing actions designed to mitigate the risk including:* 1. Implementation of the NHS Fife Strategic Framework and Clinical Strategy 2. Operational Governance arrangements 3. Risk Management Framework. The risk management framework is underpinned by Robust Policy & Process, Asset Management Controls, Monitoring and Detection, Defence in Depth security measures and technology; all of which are receiving a higher percentage of budget allocation. 4. Robust Internal and External Audit reports. 5. Working towards General Data Protection Regulation (GDPR), Directive on security of network and information systems (NIS) & Cyber Essentials Compliance 6. Corporate and eHealth policies & Procedures: GP/A4 Acceptable Use Policy GP/B2 eHealth Remote Access Policy GP/C10 Clear Screen Clear Desk Policy GP/D6 Data Encryption Policy GP/E7 Non NHS Fife Equipment GP/H6 eHealth Equipment Home Working Policy GP/I3 Internet Policy GP/I4 eHealth Procurement Policy GP/I5 Information Security Policy GP/M5 Mobile Device Policy GP/P2 Password Policy GP/M4 Media Handling Policy GP/E6 Email Policy GP/S8 eHealth Incident Management Policy GP/D3 Data Protection and Confidentiality Policy GP/I6 IT Change Management Policy GP/V2 IT Virus Protection Policy This is supported by the following: 7. eHealth Risk Register (incl Programme/project risks) 8. Performance reports and availability of data through dashboards 9. Performance Review 10. System for writing and reviewing all policies and procedures 11. Participation in national and local audit 12. Work to improve the resilience of key digital systems and develop robust technical recovery procedures and regular failover (DR) testing. 13. Commitment to ensure appropriate implementation of Cyber Defence Measures, including support of national centralised cyber incident reporting and co-ordination protocols. 14. Staff Learning & Development, both eHealth staff and the wider organisation including leadership skills. 15. Robust Business Case development to include costed resilience by design and ongoing support activities. 16. Enhancing monitoring of our digital systems. 17. Working towards strong governance and procedures following ITIL professional standards 18. Development and Implementation of the NHS Fife Information and Digital Technology Strategy 2019 -	The organisation is not consistently fully compliant with the following key controls: GDPR/DPA 2018 NIS Directive Cyber Essentials Plus. Compliance is at 'a point in time' , Risks identified, linked and recorded. The organisation is also lacking in training resource to ensure our staff are digitally ready.	1. Improving and maintaining strong governance and procedures following Information Technology Infrastructure Library (ITIL) professional standards 2. Ensure new systems are not introduced without sufficient skilled resources to maintain on an ongoing basis. 3. Work to become fully compliant with GDPR, DPA 2018, NIS Directive, Information Security Policy Framework and thereafter maintain compliance.	Head of eHealth - Lesly Donovan	31.03.2021	Second Line of Defence 1. Reporting to eHealth Board, Information Governance & Security Group (IG&SG), clinical & clinical & care governance groups and committees. 2. Annual Assurance Statements for the eHealth Board and IG&SG. 3. Locally designed subject specific audits. 4. Compliance and monitoring of policies & procedures to ensure these are up to date. 5. Reporting bi annually on adequacy of risk management systems and processes to Audit & Risk Committee. 6. Monthly SIRO report 7. SGHSCD Annual review 8. SG Resilience Group Annual report on NIS & Cyber compliance 9. Quarterly performance report. 10. Accreditation systems. 11. Locally designed subject specific audits. 12. From June 2019 Annual - Digital Maturity Assessment	Third line of Defence: 1. Internal Audit reviews and reports on controls and process; including annual governance review / departmental reviews. 2. External Audit reviews. 3. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans. 4. Cyber Essentials/Plus Assessments. 5. NISD Audit Commissioned by the Competent Authority for Health.	1. Well developed reporting, which can highlight potential vulnerabilities and provide assurances (including assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained). 2. Implementation of improvements as recommended in Internal and external Audit Reports and an internal follow-up mechanism to confirm that these have addressed the recommendations made 3. Improvements to SLA's (in line with 'affordable performance') 4. Output from national Digital maturity due late 2019	Overall, NHS Fife ehealth has in place a sound systems of 1. Governance 2. Reasonable security defences and risk management as evidenced by Internal Audit and External Audit reports 3. Attainment of the ISO27001 standard in the recent past and the Statement of Annual Assurance to the Board. 4. Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network.	2 - Unlikely	5 - Extreme	10	Moderate	1. Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles. 2. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures. 3. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness. 4. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place. Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.

AUDIT & RISK COMMITTEE **(Meeting on 19 November 2020)**
No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed
MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON 19 NOVEMBER 2020 AT 2PM VIA MS TEAMS

Present:

Mr M Black, Chair	Ms S Braiden, Non-Executive Member
Ms J Owens, Non-Executive Member	Ms K Miller, Non-Executive Member

In Attendance:

Mrs C Potter, Chief Executive	Ms P Fraser, Audit Scotland
Mrs M McGurk, Director of Finance	Ms A Clyne, Audit Scotland
Mr T Gaskin, Chief Internal Auditor	Mr A Mitchell, Thomson Cooper Accountants
Mr B Hudson, Regional Audit Manager	Mrs R Robertson, Assistant Director of Finance
Dr G MacIntosh, Head of Corporate Governance & Board Secretary	Mrs C Leitch, Financial Planning, Projects and Costing Accountant
Ms F McLeary, minutes	Ms O Notman, NHS Lothian

1. **Welcome / Apologies for Absence**

    The Chair welcomed Trish Fraser and Alison Clyne, from Audit Scotland, and Alan Mitchell, from Thomson Cooper Accountants, who were attending the meeting to speak to various agenda items.

    Apologies were received from Cllr David Graham and Helen Buchanan.

2. **Declaration of Members' Interests**

    There were no declarations of interest made by members.

3. **Minute of the last Meeting held on 17 September 2020**

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

4. **MATTERS ARISING**

    There were no matters arising.

5.   PATIENTS' PRIVATE FUNDS – ANNUAL ACCOUNTS 2019/20

Mrs McGurk highlighted the importance of ensuring that NHS Fife has effective management reporting and control arrangements to support funds that they hold on behalf of patients. She invited Alan Mitchell, from Thomson Cooper Accountants, to take the Committee through work they have done and to give his opinion on the year-end financial statements.

Mr Mitchell presented the audit completion memorandum to the Audit & Risk Committee, which highlighted the key audit risk areas. These were the security of the patients' private funds, the assets that NHS Fife hold and the compliance with the financial operating procedures that are put in place for the receipt and payments of the funds. He reported that the audit was carried out in June 2020, and this was followed up with selected ward visits in September. The audit completion memorandum reports that there were no significant issues identified during the audit.

There were a number of minor items listed where there was non-compliance with the financial operating procedures. However, none of these were significant and will be addressed by management.

Overall, the Committee were invited to note that there were no significant issues or weaknesses identified. Mr Mitchell was happy to report that there were no restrictions in the scope of the audit and, on that basis, a clean audit report was given in respect of these accounts.

In response to a question raised by Mr Black around follow-up of the minor issues of non-compliance found in the audit, Mrs McGurk agreed to look into these and would report back to a future meeting of the Audit and Risk Committee.

Action: MM

The Audit & Risk Committee:
- **reviewed** the Patients' Private Funds Accounts; and
- **recommended** that the accounts are approved by the NHS Board.

6.   ENDOWMENT FUND ANNUAL ACCOUNTS & REPORT 2019/20

Mrs McGurk reported that the Endowment Sub-Committee has reviewed the Annual Accounts of the Fife Health Board Endowment Fund on 2 October 2020 and recommended approval to the Board of Trustees, who formally approved the accounts on 28 October 2020. These accounts have been submitted to the Audit and Risk Committee for noting as part of the governance process.

The Audit & Risk Committee **noted** the approval of the Endowment Fund Accounts by the Board of Trustees at their last meeting in October 2020.

7.   SERVICE AUDITOR REPORTS ON THIRD PARTY SERVICES

Mrs McGurk reminded the Committee that each year audits are undertaken on behalf of NHS Fife by auditors appointed by NHS National Services Scotland (NSS) and NHS Ayrshire & Arran, for services on behalf of all NHS Scotland Boards. There are three

reports that form part of the overall assurance to support this Committee's consideration of the annual accounts.

Two out of the three audits this year received qualified opinions. The scrutiny around the findings of these reports and the assessment of management responses have been considered in full at either the NSS Audit & Risk Committee or at the same Committee within NHS Ayrshire & Arran.

NSS Practitioner Payments and CFS Service Audit
This full report has been prepared by KPMG, as Independent Service Auditors for NSS. The auditors have provided a qualified opinion, having identified weaknesses that prevented them from being satisfied that three of five control objectives set out in the report had been evidenced.

NSS IT Services
The auditors provided a qualified opinion, having identified weaknesses that prevented them from being satisfied that three of six control objectives set out in the report had been evidenced. This included a lack of documentation and evidence to corroborate that the necessary checks have been performed.

There was quite a detailed assessment completed by NSS, supported by the NSS external auditor, to understand what level of assurance NHS Fife and the other boards could take from these reports. This information has been outlined in the summary provided.

The NSS Director of Finance has advised that there were no findings related to payment transaction processing, and their external auditor has determined that there is no need for further testing. The Committee can take assurance that there is no impact upon the Board's financial statements.

It is important to note that NSS do have a piece of work to do to ensure that the necessary improvements in the control environment are progressed and evidenced, and a detailed management response has been provided for each finding. An improvement plan has been established and this will be monitored by the NSS Audit & Risk Committee. Mrs McGurk suggested that an update should be provided to the NHS Fife Audit & Risk Committee in March 2021, to give assurance that the plan is progressing. It was agreed that this request should be made by the Director of Finance for the March meeting.

Action: MM

NHS Ayrshire & Arran Financial Ledger Services
The auditors provided an unqualified opinion and reported no critical or significant risk findings.

The Committee discussed the three reports. In response to a question raised by Ms Miller around the qualified opinions and whether these were in consequence of new auditors in place, Mrs McGurk advised that these were new issues that had been picked up. She advised that the NSS Audit & Risk Committee have put significant pressure and challenge on the management team of NSS to make sure these actions are addressed and to progress the necessary improvement plan.

The Audit & Risk Committee **noted** the reports and audit opinions of the independent service auditors in 2019/20 for each of the services hosted by NSS and by NHS Ayrshire & Arran on behalf of NHS Fife.

8.   INTERNAL AUDIT ANNUAL REPORT 2019/20

Mr Gaskin highlighted that this report had been to the previous Audit and Risk Committee in September, in draft form, and had now been finalised, with a completed action plan, management responses and appropriate timescales.

He reported that there had been one minor change since that the last meeting, and this was in reference to the planned audit of remobilisation activities. This has been impacted by the current pandemic and the impact on services restarting. Internal Audit is however having discussions with the Director of Finance and Chief Executive around the lessons learned from the initial remobilisation period, welcoming the fact that NHS Fife is presently revising its strategic planning and resource allocation approach.

In response to a question raised by Ms Braiden around assurances relating to Information Governance, Mr Gaskin advised that this was a complex area. He has held discussions with the Medical Director around where the improvements are needed on reporting through the governance structure, particularly to the Clinical Governance Committee. In order to avoid a potential disclosure in the next year, it would be important that this be improved.

The Audit & Risk Committee **approved** the final draft of the report, as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

9.   ANNUAL ACCOUNTS

9.1   Audit & Risk Committee Annual Statement of Assurance

The Audit and Risk Committee **noted** the Chair's signed approval of the Committee's final version of its Assurance Statement.

9.2   Draft Annual Accounts for the Year Ended 31 March 2020

Rose Robertson, Caroline Leitch and Olga Notman were thanked for attending this meeting, principally for this agenda item. Mrs McGurk drew attention to the cover paper, particularly to Section 2.1, and reminded the Committee that there were three statutory financial targets that have to be met every year. She reported that NHS Fife had met these targets for 2019/20.

She highlighted that the application of IFRS16, to introduce leases onto the balance sheet, had been further deferred for one year and will now be effective from financial year 2021/22. As a consequence of the Covid-19 pandemic, the valuation of property in 2019/20 was impacted to the extent that most valuers have caveated their valuation statements. As at the valuation date, they considered that they could attach less weight to previous market evidence for comparison purposes, to inform opinions of value.

Given the unknown future impact that Covid-19 might have on the real estate market, they have recommended that valuation of property is kept under frequent review.

The Director of Finance noted that, in accordance with IAS 28 Investments in Associates and Joint Arrangements, the primary financial statements have been amended for the additional disclosures required to reflect the interest of Integration Joint Boards. None of these changes impact on the financial statements.

The key areas of focus were discussed. Section 2.1.6 reports that Audit Scotland intend to issue an unqualified opinion on the accounts with inclusion of the Emphasis of Matter to draw attention to the material uncertainty declared by NHS Fife's valuer as above. Mrs McGurk reiterated that it was highlighted to the Audit & Risk Committee at its September meeting that there were significant challenges this year in delivering the annual accounts, due to capacity issues within the Finance team. A support team was established to help with the process, and this was welcomed by Audit Scotland.

Net expenditure for the year (p.35) shows a £54m (7%) increase on 2018/19, with an increase in pay costs of £38m and increase in other health care expenditure (excluding contributions to IJB) of £18m being the main drivers of this increase. Section 2.1.12 provided more detail on the £38m pay costs. £16m was due to a 6% increase in superannuation contribution. The remaining £22m is largely due to the Agenda for Change pay award agreed in July 2018.

Section 2.2.15 related to the consolidated statement of the financial position and shows an overall increase in the value of net assets. There was a net increase in the value of Property, Plant and Equipment.

In response to questions raised by Ms Braiden around Finance capacity issues and the recurring failure to meet saving targets within Acute Services, Mrs McGurk advised that departure of key staff during 2020 led to issues in completing the annual accounts. At the point of these departures, the pandemic also hit, which impacted on the ability to recruit to address the gap. She was pleased to report that a new post for a Head of Finance and Procurement has been advertised and interviews will be held in December.

In relation to the recurring savings question, Mrs McGurk advised that she had been working with the Chief Executive and the Executive Directors' Group and had held a full session to look at the Strategic Planning and Resource Allocation process. This is a formal assessment that will be done on an annual basis and will inform a medium-term financial, organisational and workforce plan for NHS Fife. This will look at the areas that will need to be addressed through a new approach. The next step will be briefing the NHS Board and the Finance, Performance & Resources Committee. Mrs Potter added that the Deloitte report on Acute Services produced last year made a number of recommendations, some of which were being taken forward and some of which were being challenged. The impact of Covid on this work has however been significant.

In relation to a question raised by Mr Black around the potential effects of EU exit, Mrs McGurk advised that an EU Exit Group had been re-established and is being chaired by the Director of Estates & Facilities, who will work with the Scottish Government and NSS particularly around the issues of the supply chain.

9.3   Annual Audit ISA260 Report for the Board of NHS Fife and Auditor General for Scotland / draft Letter of Representation (ISA560)

Ms Fraser advised that the ISA250 report includes a summary of significant findings from the audit for Committee members to consider, prior to approving the accounts for signing. This includes a letter of representation that provides the draft audit opinion on the accounts. A copy of the letter of representation requires to be signed and returned to Audit Scotland.

The letter confirms to members of the Committee that the audit work undertaken is now substantially complete and, following final checks on the accounts, it is anticipated that Audit Scotland will be issuing the audit certificate and opinion next week after the NHS Fife Board meeting. She was hoping to issue the annual audit report in advance of the meeting next week.

She referred to papers and noted that there are two significant findings for members to consider: the first matter is the uncertainty over valuations obtained for the non-current assets. She has included an 'emphasis of matters' paragraph in our audit certificate to draw attention to it. This is not however a qualification or modification.

The second issue is around the calculation of the annual holiday pay accrual. This has been raised on previous occasions and is raised on the basis that the calculation varies each year. She reported that this year the estimate is fair and reasonable, but she would recommend that a review of the calculation process be put in place going forward.

Appendix 1 set out Audit Scotland proposed audit opinion for the annual accounts. Ms Fraser was pleased to report that there are no qualifications or modifications to be brought to attention of the Committee. Appendix 2 showed the draft letter of representation. This is a standard letter providing Audit Scotland with assurances in relation to various aspects of the accounts.

In response to a question raised by Ms Braiden around holiday pay accrual, Ms Fraser advised that more work was needed in this area. It would be helpful to have a system brought in for calculating the accrual, which would be consistently applied each year. Mrs McGurk agreed that NHS Fife would review the process. She added, for the Committee's awareness, that the holiday pay accrual is likely to be a significant issue in the Annual Accounts for 2020/21 and, because of deferred leave, that the holiday pay accrual is likely to be higher again in 2020/21. The Corporate Finance Network who support the NHS Board Directors of Finance group is considering this issue.

9.4   Annual Assurance Statement to the NHS Board

The Audit & Risk Committee approved the Annual Assurance Statement to the NHS Board as it stood, without the addition of any areas to be escalated from the internal or external annual reports.

The Audit & Risk Committee;

- **reviewed** the draft Annual Accounts for the year ended 31 March 2020, endorsing the content of the Corporate Governance Report and the Governance Statement from the Chief Executive;
- **considered** the content and assurances to be taken from the External Auditor's Annual Audit ISA 260;
- **recommended** that the Board adopt the Annual Accounts for the year ended 31 March 2020;
- **recommended** that the Board authorise the designated signatories (Chief Executive and Director of Finance) to sign the Accounts on behalf of the Board, where indicated in the document;
- **approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health and Social Care Directorate; and
- **noted** that the accounts are not placed in the public domain until they are laid in Parliament.

10. ISSUES FOR ESCALATION TO NHS BOARD

There were no issues of escalation to be highlighted from the current meeting.

11. ANY OTHER BUSINESS

Mr Black thanked the Finance Team especially for all their hard work and effort in producing the annual accounts against a challenging background.

Date of Next Meeting: 19 January 2021 at 10am within The Boardroom, Staff Club, Victoria Hospital (location TBC)

NHS FIFE CLINICAL GOVERNANCE COMMITTEE

(4 November 2020)

No issues were raised for escalation to the Board.

Fife NHS Board

UNCONFIRMED

NHS Fife

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD VIA MS TEAMS ON 4 NOVEMBER 2020

Present:

Dr Les Bisset, Chair	Martin Black, Non-Executive Member
Sinead Braiden, Non-Executive Member	Wilma Brown, APF Representative
Cllr David Graham, Non-Executive Member	Rona Laing, Non-Executive Member
Dr C McKenna, Medical Director	Dona Milne, Director of Public Health
Janette Owens, ACF Representative	John Stobbs, Patient Representative
Margaret Wells, Non-Executive Member	

In Attendance:

Lynn Barker, Associate Director of Nursing, H&SCP (for Helen Buchanan)	Lynn Campbell, Associate Director of Nursing ASD
Dr Rob Cargill, AMD ASD	Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of ASD	Scott Garden, Director of Pharmacy & Medicines
Andy Ballantyne, Clinical Lead (Item 8.3)	Ben Johnston, Project Manager (Item 8.3)
Barbara Anne Nelson, Independent Reviewer (Item 8.1)	Helen Woodburn, Head of Quality & Clinical Governance
Catriona Dziech, Note Taker	Gillian MacIntosh, Board Secretary

Dr Bisset opened the meeting by noting the Committee's ongoing appreciation to staff and partners for their commitment and hard work during this period. With the increase in Covid activity, staff were being asked again to work extra hours, sometimes outwith their normal environment. It is thus important to record thanks for all the hard work and dedication and for all the work they continue to do.

Dr Bisset apologised to the Committee for the various changes to the agenda, along with the issue of a number of late papers. This was a result of the change of priorities for the Executive Directors, linked to the increase in Covid activity and clinical demands. Dr Bisset agreed to take up the issue of late papers with Dr McKenna and Carol Potter, noting that this was not satisfactory.

It was reported that the paper on the Seasonal Flu Programme Review 2020 (Item 8.1) has been issued separately, as the paper and its content are not for discussion outwith the Committee until Board members have had the opportunity to consider further at the Board meeting on 25 November 2020. The Committee were asked to respect the confidentiality of the paper and not circulate it wider.

1. Apologies for Absence

Apologies were noted from members Helen Buchanan and Carol Potter and attendees Dr Helen Hellewell and Alan Wilson.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Meeting held on 7 September 2020

The note of the meetings held on 7 September 2020 was approved subject to the following amendment:

Item 51. Risk 1652 – Lack of Medical Capacity in Community Paediatric Service Paragraph 2

It was important to reflect appropriately in the Committee minute that assurance was given that the service would (and will) continue to meet its statutory responsibilities despite the ongoing recruitment challenges.

4. Action List

All outstanding actions were discussed and will be updated on the separate rolling Action List.

5. MATTERS ARISING

5.1 Review of Integration Scheme

Nicky Connor advised she had given a previous update on the progress with the review. It had been hoped to conclude this by the end of March 2020, but this was delayed due to the impact of the pandemic. SGHD has been informed that there will be delay in completion.

Currently significant progress is being made, as review meetings have resumed. Discussions have taken place around the clinical and care governance elements, which was one of the outstanding issues. Management of risk has also been discussed, with a way forward being found. The matter of the risk share continues to be worked on by the Directors of Finance, with the Chief Executives of both the Health Board and Council being sighted.

The timeframe for completion is end of December 2020, with this then to go through both the Health Board and Council structures for approval and onward submission to SGHD.

5.2 Acute Services Division Preparedness for Covid-19

Claire Dobson advised that this report outlines the key plans in place within the Acute Services Division in preparation for future waves of Covid-19.

The paper outlines the Care Pathways in place in the hospital in terms of managing flow of patients. The Critical Care Escalation Plan sets out how to double and treble ICU capacity as required. This gives assurance around PPE, equipment and

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workforce. Workforce is a live issue and requires significant input in securing the workforce we require. The paper also highlights Scheduled Care and how care is prioritised within ASD, with weekly meetings to discuss.

Claire Dobson highlighted the hospital control arrangements are back in place over a 24 hour period as from 3 November 2020.

Claire Dobson advised the plan does not sit in isolation and is very much based around how the ASD works in partnership with H&SCP and other bodies to ensure that we are ready and prepared.

In taking comment it was noted that, although the plan was written for a second wave coming, there are now a significant number of Covid positive patients within the hospital and a large cohort of patients across ICU. Red ICU capacity has doubled and an Amber ICU has been established with a recovery area, so there are considerable pressures at this time.

Dr Cargill advised that we are currently sitting at Stage 3 of escalation, as set out in Appendix 1 of the report. This remains under daily review, with the situation changing quickly particularly in relation to ICU capacity.

A detailed plan is in place for remobilising staff. The adapted model has been agreed nationally. There are still some elective cases that are priorities 1 and 2, which will be maintained. Elective procedures are clinically prioritised.

Dr Mckenna noted that it was important to understand that as an acute service we are currently where we were at the peak of the Pandemic in the spring but attempting to deliver an enhancing critical care service and in-patient services to look after Covid patients. This is in addition to a hospital which is full (at the time of the peak of Pandemic it was half empty). We continue to attempt to deliver an effective elective programme, albeit one that is clinically prioritised.

There is concern that the tier of restrictions (Level 2) Fife is sitting in may not be appropriate for the activity being seen in the hospital. This is due to be reviewed shortly by SG.

In closing, Dr Bisset noted this was a fluid situation but he was confident the report gives the Committee confidence that the situation is constantly under review and can be responded to. The Committee endorsed the report.

5.3 Update on Wellesley Unit, Randolph Wemyss Hospital

Nicky Connor advised that the previous actions given in relation to the closure of the Wellesley Unit around ensuring appropriate care for the patients within the Unit and supporting the staff have taken place. Nicky Connor gave assurance that these have both now been concluded.
The next piece of work is to look at the future of the Unit and the site as part of the wider Community Hospitals strategy. This work is in progress and will likely be challenged in terms of the timescales due to the current pressures of Covid. An update will be brought back to the Committee in due course.

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6   COVID-19 UPDATE

6.1   Laboratory Testing Update
Discussed earlier in the meeting at Action List, Item 184.

6.2   Test and Protect

Dona Milne gave a verbal update on the Test & Protect overview as at 4 November 2020. The slides will be circulated to the Committee after the meeting.

Highlights from the slides were:
- Numbers in community are not presently concerning.
- Test positive rate for Fife is 4.7% compared to 7.3% for Scotland. The majority of the cases are within the Central Belt.
- Confirmed cases – cumulative total is 2551.
- The number of cases in the older age group continues to increase with a rise in Care Homes.
- EDR rate back down to 1.
- Contact Tracing – 1253 contacts identified.
- Significant number of Public Health Situations dealt with in September and October.

7   REMOBILISATION OF CLINICAL SERVICES

Dr Mckenna advised that the majority of services in Fife had been successfully remobilised beyond what had been achieved in many other Health Boards. This is now being reviewed on a daily basis, to see what is achievable and how we align staffing to meet the greatest needs, particularly with the increase in Covid cases.

7.1   Redesign of Urgent Care

Dr McKenna referred to his presentation at the Board Development Session on 28 October 2020, which had members a chance to discuss in detail.

Dr McKenna gave a summary of his slides to the Committee, as follows:

Primary Concept – by scheduling attendances or offering a digital attendance we will be able to reduce footfall at our Emergency Department, hence reducing the risk of overcrowding.

Secondary Concept - by offering an enhanced professional-to-professional conversation, we will be able to ensure every patient get to the right place at the right time with the right clinician, hence reducing duplication of work.

Flow Navigation Centres – this will allow us to take the call from NHS24, remove clinical responsibility from NHS24 and manage locally.

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Flow Charts for In Hours and Out of Hours – calls will be sent via Adastra to the Health Board Flow centre. A Clinical Response is required.

NHS Fife Gold Command – sets out leads for all pathways, which are being clinically led with support from managerial colleagues.

Timescale and Community – Ayrshire & Arran are currently running pilot site, with rest of Scotland to follow from 1 December. There will be an announcement by the Cabinet Secretary with SGHD leading on the communications strategy. Local participation and engagement will be important.

Local Readiness – Weekly submissions to the SGHD, with programme support from transformation and change team and digital programme support. Financial input with a significant additional monies to deliver. Workforce requirements have been assessed and plans to initiate recruitment are in place. A risk register has also been established.

Risks and Challenges – these are principally around Workforce, multiple competing demands, time to recruitment on non-trained staff. Training needs assessment being undertaken. Digital is dependent on national solution for certain aspects.

In taking comment, it was noted that getting the message out to the public would require considerable communication and engagement and this will take time.

Dr McKenna was thanked for his presentation.

8   REQUESTED PAPER

8.1   Seasonal Flu Programme 2020 Review

Barbara Anne Nelson joined the meeting for the discussion on this item.

Dr Bisset introduced the paper, noting this was an excellent report. The tone of the review and the professional way it was carried out has allowed the important issues to be highlighted in detail. The recommendations are comprehensive, with many already being actioned.

Dr McKenna advised that, in Carol Potter's absence, he would speak to the report. It was recognised that the open and honest way we handled the situation, and the rapid ability to do the lessons learned investigation in a short space of time, was important. It is a testament to the Board's willingness to be open, honest and to accept we did not get something as right as we could have. It was also important to acknowledge that what was required to be undertaken in terms of the flu this year was unparalleled. We should not lose sight that a lot of the things we are doing right now we are doing for the first time. Mistakes may happen and the culture should be one of forgiveness and learning. This report was written with that in mind.

In taking comment, it was noted that KPMG had been appointed as an independent body to review the systems and processes in place for the planning for flu. It was

questioned what the value was in this, as they provided no meaningful feedback. Drs McKenna and Bisset agreed to discuss further with Carol Potter.

Action: LB/ CMcK/CP

Dr Bisset agreed to consider the wider issue of boundaries between governance and operational issues with Carol Potter, to see if this needed to be explored in more depth in the relation to the role of Non-Executives. This could perhaps be discussed further a Development Session of the Board.

Action: LB/CP

Scott Garden advised that, in relation to the Covid-19 vaccine, all Boards are being asked to have plans in place and begin immunisation by 2 December 2020. He gave assurance that the details in the report around lessons learned is being actively applied at the moment for that programme.

It was noted that the high-level plan for vaccinating the first cohort for Covid has to be with the SGHD by 11 November 2020. Scott Garden advised that, although working on very limited information at the moment, work progresses and he gave assurance this is being carried out with the lessons learned from flu at its centre. There is not a lot of time and the action planning will be important. There is an element of programme management versus operational sustainability as we go forward with adult immunisation and there is a lot of good learning we need to apply. Dr Bisset advised the Committee would be interested to have some indication of our readiness and asked that any paperwork or plans that could be shared with the Committee was circulated in advance of the next meeting in January 2021.

Action: SG

It was noted that KPMG are also supporting with the planning for Covid and a standardised template is to be submitted to SGHD. This should be completed by next week and Scott Garden is meeting with Carol Potter this week to look at how we ensure the Governance Committees and Executive Team are sighted on this. Scott Garden agreed to bring the Plan back, once he has met with Carol Potter.

Action: SG

In closing, Dr Bisset said he would expect an Action Plan to be developed from the flu review, taking account of the recommendations, timescales and clear leadership responsibilities for the next meeting. This would give assurance that all of the recommendations have been carried out and would also give confidence for any future immunisation programmes.

The Committee noted the report, thanking Dr Gillian MacIntosh and Barbara Anne Nelson for completing the thorough report in such a short timescale and giving the Committee full assurance on the topic.

8.2   Enhanced Flu Vaccination Programme

Nicky Connor thanked all her Executive Director colleagues for the team effort in getting this programme back on track. Thanks too were offered for all those involved in the wider organisation in terms of the support for the command structure, generation of the workforce and all of the operations that have been required to support delivery.

Nicky Connor advised that this report builds on the detailed report and presentation provided to the Board Development Session the previous week, which outlined the background of what the challenge was and the actions taken forward to support delivery.

Fife are now in a good position, with 67,0000 vaccinations booked, 66,000 people have received a vaccination, which includes the childhood programme (14,000 children, 13,000 of which have been delivered by community pharmacy). Significant progress has also been made with delivery of the staff vaccination programme, with over 4,400 staff vaccinated, which is around 50% of our workforce in a matter of weeks. This exceeds the progress made last year.

Contained within the report there is an overview of the delivery model and an update of the command structure. This covers the challenges around workforce and all the other issues. We are now in a position where we have caught up with appointment enquiries, with significant capacity within the phone lines and only a small number of emails and text messages to follow up. The next phase is to be pro-active in relation to promotion, to ensure anyone who has missed the opportunity for a vaccine can be captured.

The Committee noted the report and the progress made.

8.3   Orthopaedic Elective Centre Full Business Case

In Alan Wilson's absence, noting that he was due to shortly leave the organisation to take up a post at NHS Highland, Dr Bisset thanked him for all his hard work in leading various projects in Fife. The fact we have reached this stage with this project is testament to Alan's contribution and he will be sadly missed.

Dr Bisset welcomed to the meeting Andy Ballantyne, Clinical Lead, and Ben Johnston, Project Manager and Alan Wilson's replacement as Director of Capital Planning in NHS Fife.

Dr McKenna advised that the Committee would have seen previous iterations of this Business Case, which acknowledges the importance of this project for NHS Fife. The Full Business Case has been submitted to the Scottish Government Health & Social Care Directorate Capital Investment for approval at their meeting in November 2020.

Dr McKenna noted it was important to recognise from a clinical perspective that our current facility is out-of-date and the new facility is world class in terms of design, technology and equipment. It is an exciting prospect for Orthopaedics in Fife, for recruitment, research and development and raising the already high profile of our Orthopaedics department at a national level. There has been some slippage in regard to timescales because of the Pandemic, but if the finance is approved by the SGHD building work will begin early next year.

It was noted that the FP&R Committee will consider the slippages in relation to finance at their next meeting.

Andy Ballantyne reiterated Alan Wilson's personal contribution to this massive piece of work and the development of the Full Business Case, which was multi-disciplinary, involving all specialties.

In opening up for comments, it was noted that water safety in the new build was being considered through a local Water Safety Group, who had been involved with the project from the start. There is also an NSS Quality Assurance Group, who are external consultants, and have been brought in to review all of the external design and provide an extra layer of review to satisfy the SGHD and Board. The risk of flooding has been incorporated and discussed with Scottish Water regarding drainage at the site.

The impact of Covid would not delay the start of the project and it is planned to proceed in January 2021, with completion by mid-2022. The layout of the building can be flexed to accommodate Covid-related requirements, such as physical distancing etc.

No other services had been compromised, with the deviation of the introduction of out-patients in pre-assessment in Radiology.

In closing, Dr Bisset acknowledged the excellence of the business case, which will make a huge difference to provision of services to the people of Fife. The Committee strongly supported the approval of the Business Case by the Board.

9 QUALITY, PLANNING AND PERFORMANCE

9.1 Integrated Performance & Quality Report

Dr McKenna advised there were no significant red flags from a quality perspective to raise. Complaints performance is improving.

In relation to SABs, there were no concerns. Regarding CDiff, the previous issue highlighted has settled down. It was felt the issue had been an anomaly around a couple of individuals with recurrent episodes rather than new cases.

It was noted the issue around HSMR figure for QMH had been actioned by Dr Hellewell. Dr McKenna agreed to check this.

Action: CMcK

The Committee noted the data within the IPQR.

9.2 Winter Plan 2020-21

Claire Dobson gave the Committee a verbal update, building on the detailed presentation given at the Board Development Session the previous week.

The Plan describes the arrangements in place to cope with increased demands over the winter period. This year this also includes the challenges around Covid. Planning priorities had been spoken to at the Development Session and these are contained within the SBAR and also within the plan. There is also detail of what all the priorities are. Claire Dobson emphasised joint planning is critical to this and there is a commitment from both Acute Services and the H&SCP to work together for the

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creation of the plan and delivery. The patient care element is also critical and needs to ensure the patient gets the right care, at the right place and time.

Nicky Connor and Claire Dobson have discussed the Escalation and Preparedness Plan and there is no doubt the workforce requirements are significant and remain a live issue. There is a command structure in place around this and Helen Buchanan chairs a weekly Silver Command along with Nicky Connor, Susan Fraser and Claire Dobson to look at the operational delivery and any issues that have been escalated.

Nicky Connor added that workforce elements are being looked at again to support and address whole system working, recognising that many of the actions are in the community to support a home-first approach to support the sustainability of acute services. There is an absolute commitment to work together on this.

In taking comment, it was noted that the staffing and financial implications of the Test and Protect, Seasonal Flu and Covid 19 Vaccination Programmes are not included in this plan and will potentially be on the same staff cohort and system. Could assurance be given that while dealing with this it is brought together and dealt with as a whole system? Nicky Connor confirmed this would be considered by a whole system hub to understand the pressures have them escalated, identify if they can be responded to, and then escalate to Gold to look at prioritisation across the organisation.

It was noted that the impact on health inequalities and those with poor digital access should be considered. These needed to be mitigated, monitored and built into local equality impact assessments. Nicky Connor advised that this is work in progress and recognised that while we may have the technology to do things differently, it may not always meet the needs of the people we serve.

Dr Bisset noted this is a complicated situation, but it is evident there is close partnership working being carried out to support and help consider the issues that arise.

The Committee noted the report.

10 PUBLIC ENGAGEMENT AND CONSULTATION

A paper had not been provided for the meeting. Dr Bisset will ask Helen Buchanan to provide an update at the next meeting.

Action: LB/HB

11 DIGITAL AND INFORMATION

11.1 HEPMA Business Case

In November 2019, the Fife NHS Board approved the Outline Business Case and progression to Full Business Case for the implementation of Hospital Electronic Prescribing and Medicines Administration System (HEPMA) for NHS Fife. The Clinical Governance Committee are asked to support the FBC for implementation of full HEPMA in NHS Fife, to be supplied by EMIS Health.

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Scott Garden highlighted that HEPMA is a transformative piece of work that will touch all clinicians and patients across Fife as they come through our hospital system. There will be a full HEPMA implementation, which will reach in-patients, out-patients and day cases. The functionality of support and integration across a range of clinical systems aim to make it as seamless and efficient as possible.

It was noted that NHS Fife have chosen a different supplier to all other Boards in Scotland. This has been considered in terms of the risks but the tender process was very robust. There will be ongoing training and support for clinicians coming into the organisation who may have previously used other systems. Prepping will begin now, with fully implementation in April 2021.

In taking comment it was highlighted there was currently no opportunity to add either Mental Health or Women's Services to the system and was this something that could be added later. It was noted this was in relation to the current eImmediate Discharge Letter (eIDL) system we have in place, which will be replaced by the HEPMA System. Currently this is not available through Mental Health and in Women's Services and is a risk but will be addressed.

It was noted that view only rights would be available to those working in the community. This was important as the new GP contract allows a wider team of people to deal with individual patients such as AHPs. EMIS has the advantage that it is currently the main provider of GP system in Fife, so the opportunity for integration and one single product is available. All clinicians who require access to deliver care will have it regardless of setting.

The Committee noted the report, recommended the implementation of full HEPMA provided by EMIS Health and supported progression of the FBC through FP&R and NHS Fife Board.

12 GOVERNANCE

12.1 Board Assurance Framework – Quality & Safety

Dr McKenna advised that there were no significant updates or changes to associated risks. Dr McKenna and Helen Buchanan would look further at a couple of high-level risks and update the BAF for the next meeting.

Action: CMcK/HB

The Committee approved the Quality and Safety BAF ratings.

12.2 Board Assurance Framework – Strategic Planning

Dr McKenna advised that there were no significant changes to associated risks.

The Committee approved the Strategic Planning BAF ratings.

12.3 Board Assurance Framework – eHealth

Dr McKenna advised that the main significant risk the Committee need to be aware of

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is around the risk to the infrastructure, due to the increased burden of use on the network with the increase of remote working and digital solutions. The Digital team have put the necessary improvements in place, but there remains unprecedented demand.

Following a query from Dr Bisset, Dr McKenna agreed to check if the Assurance Mapping Exercise being carried out by the Risk Manager and Internal Audit should be brought back to the Committee.

Action: CMcK

The Committee noted the comments on the above risk and approved the eHealth BAF.

13   ANNUAL REPORTS

13.1   R&D Annual Report 2019 - 2020

Dr McKenna advised that the Research & Development Strategy sets out the activities with the R&D Department and the relationships with the Universities of St Andrews, Edinburgh, Dundee, Napier, Queen Margaret and Abertay. The key priorities this year had mainly been around Covid and Covid-related studies. There has also been a lot of activity around our Research Nurses contributing to the recruitment of patients for the Recovery trial, which has changed the management of patients significantly, with the use of Dexamethasone and Remdesivir.

Frances Quirk has been appointed as the new Associate Director for R&D, who replaces Amanda Wood. Frances Quirk is exceptionally qualified and has come from Australia to take up post.

Dr McKenna advised that he has been in discussion with Frances Quirk to see how we can change these reports going forward to make them more business-like and more accessible, to sell the concepts of the Annual Report and Strategy.

Dr Bisset highlighted the good amount of work being carried out by the R&D Department, both internally and with the Universities / Primary Care under the leadership of Alex Baldacchino. It was also important to note Amanda Woods's retiral and to thank her personally for all the good work she has carried out over the years to build up the Department and help make it what it is. This also includes the present support to Covid research.

In taking comment, it was noted that partnership working with staff has had a lesser uptake in training available during the Pandemic and, as a result, some of the actions from last year have not changed much. This is a challenge - as a smaller Board getting staff involved due to their clinical burdens can be difficult. It is hoped the new Associate Director will bring a fresh set of ideas on how to do things differently and engage staff.

The relationship with St Andrews University and the potential status of the Board as a teaching health board is changing. Hopefully, within the next six months, this will lead to a different place in terms of research in Fife. Dr McKenna will update the Committee in due course.

Action: CMcK

There are also opportunities with the new Elective Orthopaedic Centre, with the orthopaedic surgeons being very interested in developing research further within their Department.

There has been a decrease in commercially funded projects and the number of research publications but this is not a cause for concern. Covid research has been good this year, but it means other research projects have been put on hold and that does have an impact on the commercial aspect and the income this brings. This will impact on the budget for this year.

Dr McKenna highlighted that there had been an MHRA inspection last year and outcome had been very positive. The R&D Team had put in a huge amount of effort and work in to preparing for the Inspection. The fact there were only minor recommendations is testament to quality of work in the R&D Team.

The Committee noted the reports.

13.2 R&D Strategy Review 2019 - 2020

Covered in discussion of 13.1 above.

14 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

Dr Bisset advised that all items under this section would be taken without discussion, unless any particular issues were raised.

   14.1   Acute Services Division Clinical Governance Committee
   14.2   Fife Area Drugs & Therapeutics Committee
   14.3   Fife HSCP Clinical & Care Governance Committee
   14.4   Digital & Information Board
   14.5   Health & Safety Sub Committee
   14.6   Integration Joint Board

15 ITEMS FOR NOTING

15.1 Letter from CNO – Covid-19 Mobilisation Plans Reducing Risk of Nosocomial Covid-19

Noted.

15.2 HAIRT Report

Noted.

16 ISSUES TO BE ESCALATED

There were no issues for escalation to the Board from this meeting's agenda items.

17 AOCB

There was no other competent business.

In closing, Dr Bisset took the opportunity to advise Members this was Helen Woodburn's last meeting of the Committee, as she leaves the organisation. He warmly thanked her for all the work she has done for NHS Fife over the years and members joined in wishing her well for her future in Australia.

18   DATE OF NEXT MEETING

Thursday 14 January 2021 at 2pm via MS Teams.

Finance Performance and Resources Committee

Meeting on 10 November 2020

The Committee endorsed both the EOC and HEPMA full business cases for onward approval by the Board, noting that the revenue and capital consequences for both required detailed consideration and agreement on prioritisation as part of the medium-term strategic planning and resource allocation process.

The Committee had a full discussion on the projected year-end position for NHS Fife and the significant impact of both COVID 19 and the level of financial risk associated with the projected year-end outturn for the IJB. The Committee advised that it is imperative that the NHS Fife position in relation to the IJB Risk Share agreement is confirmed and agreed no later than the end of the calendar year. The latter to be concluded as part of the current review of the IJB Integration Scheme.

Fife NHS Board
Unconfirmed

NHS Fife

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON 10 NOVEMBER 2020 AT 09:30AM VIA MS TEAMS

Rona Laing
Chair

Present:

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

In Attendance:

Mrs N Connor, Director of HSCP
Mr A Fairgrieve, Director of Estates & Facilities
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Mr J Crichton, Interim Divisional General Manager, HSCP (Item 5)
Dr F Baty, Consultant Clinical Psychologist (Item 5)
Mr L Cowie, Clinical Services Manager, CAMHS (Item 5)
Ms D Black, Project Manager, eHealth (Item 7.3)
Mr B Johnston, Project Manager (Item 7.4)
Miss L Stewart, PA to the Director of Finance (minutes)

1.   Apologies for Absence

Apologies were received from Mrs Dona Milne, Director of Public Health, Mrs Helen Buchanan, Director of Nursing, and Mr Alan Wilson, Capital Projects Director.

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Minute of the last Meeting held on 8 September 2020

The Committee formally **approved** the minute of the last meeting.

4.   Action List

1

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

It was advised that for Action 133, a date for further consideration is to be confirmed.

It was advised that for Action 138, given the rise in Covid-19 cases, the current demand for services, and the impact on EDG time, the planned Committee Development Session was agreed to be postponed until the January Meeting, and this will remain under review.

It was advised that for Action 140, a date is to be confirmed when a paper will be submitted to the Committee.

5.   MATTERS ARISING

5.1   Psychological Therapies Update

Mrs Nicky Connor, Director of HSCP, introduced the report to the Committee. Jim Crichton and Frances Baty were invited to provide an update to members.

Jim Crichton highlighted that there were three elements to this update, which include a pre-Covid trajectory until March 2020, the significant and complex impact of Covid in the months following, and the potential future impact on the service.

Dr Frances Baty advised that the paper details in depth the modelling work that was due to be undertaken earlier this year. The team were working alongside the Scottish Government Mental Health Directorate Performance & Improvement Unit. Following that, detailed modelling work was completed to understand the demand and capacity, the nature of the queue and the resource and the work which was required to meet the target. It was found that it would not be possible to meet the target by December 2020, but the work done to date allowed them to model different scenarios.

It was noted that the performance target had improved significantly during the lockdown period, however there was reduced referral activity during this time.

Future modelling shows that in order to meet the target, the service need to tackle the queue and address the needs of those who have been waiting longest, to create capacity. Waiting list work has commenced, with a significant change of direction. The team are working closely with colleagues in Adult Mental Health for patients with complex needs to find alternative routes of treatment. It is hard to quantify the impact digital therapy at this early stage. Referral rates are returning to what they were pre-Covid, and it is also hard to quantify the impact of the pandemic at this point.

The Chair queried the reduction in the number of staff available to support the waiting list. Dr Baty advised that, since remobilisation, they have worked closely with Mental Health colleagues and CMHT to look at patient pathways and have organised a training programme on how to increase skills and capacity of nursing staff to develop an alternative patient pathway. A lot of resources have been created in a digital format; this is at implementation stage but will help support the work.

It was advised that it is difficult at present to know the impact this work will have but they are optimistic the work undertaken will have a positive impact on patient care and will reduce the rates of patients coming into the service.

The Committee **noted** the update on psychological therapies performance.

5.2   CAMHS Update

Mrs Nicky Connor presented the paper to the Committee on CAHMS. Jim Crichton and Lee Cowie were invited to provide an update on this report.

Mr Jim Crichton advised that this paper shows a similar picture to psychological therapies. A lot of work has been undertaken to address how this workload is delivered throughout the pandemic period.

Mr Lee Cowie advised that Fife CAHMS has worked alongside the Scottish Government Mental Health Improvement Teams to support the workforce to work towards the targets. The focus for the last few months has been to embed a revised system to continue to provide a responsive service. The Committee were referred to section 2.1 of the report, which detailed the referral to treatment target - the chart on page 4 on referrals shows how they compare. The recovery period came over September and this is now at 71% capacity. The number of DNAs did increase significantly over the last period, perhaps due to the availability of online consultations.

There have been a number of challenges over the Covid period. Within 3-4 days of the usual service closing, the team were able to resume contact and establish a digital programme. A concerted effort was made to reduce the longest waits. Going into the Covid period 80 people were waiting over a year; this has now been reduced to 8. It has been apparent through the DNA rate that virtual appointments were however not as successful at engaging with young people as originally anticipated.

The current demand has returned to levels pre-Covid. The urgent contacts are seen on average within 7 weeks however, those who are not seen as urgent are put on a waiting list. There remain issues with the resource to support that waiting list. To address this staff have been given an opportunity to start evening and weekend clinics, but uptake of this has been limited as staff are already working at capacity. Two additional mental health workers have been introduced and a consultant psychiatrist position established. Group work has been challenging to introduce. These sessions were historically very successful, but it is hard to measure the impact given the current circumstances. During Covid, the number of low-level referrals i.e. first level anxiety, which would have been picked up by School Councillors, has flowed into specialist services.

Ms Nicky Connor advised that the HSCP senior leadership team are actively considering the recommendations made from the Scottish Government and decisions will be fed back to the Committee in March 2021 on what is possible.

The Committee **noted** the update on CAMHS performance.

6. GOVERNANCE

6.1. Board Assurance Framework – Financial Sustainability

Mrs Margo McGurk presented the report to the Committee on Financial Sustainability. It was highlighted to members that the key change is NHS Fife have now received funding allocations for Covid. Full costs have been funded for Q1 and an indicative NRAC share/or 70% funding allocation for Q2-Q4. This does not include funding for unachieved savings. Further detail will be provided to the Committee under agenda item 8.2, IPQR. The level of risk remains high.

The Committee **approved** the Financial Sustainability section of the Board Assurance Framework.

6.2. Board Assurance Framework – Strategic Planning

Dr Chris McKenna presented the report to the Committee on Strategic Planning. It was highlighted that this report was presented in detail to the Clinical Governance Committee and is with Finance, Performance & Resources Committee for noting. There has been no significant change following the last iteration of the BAF, since, due to the second peak of Covid-19, work has been paused on the transformation agenda. However, this will be a focus and priority when the Board emerges from this challenging period.

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

6.3. Board Assurance Framework – Environmental Sustainability

Mr Andy Fairgrieve presented the report to the Committee on Environmental Sustainability, and it was advised that there had been no significant change to the previous version considered at the last meeting.

The Committee **approved** the Environmental Sustainability section of the Board Assurance Framework.

6.4. Review of General Policies and Procedures

Dr Gillian MacIntosh presented the bi-annual report to the Committee on the ongoing review and updating of General Policies and Procedures.

It was advised that, due to the impact of Covid across services, policy review had been paused. However, 15 policies are now currently out for review, which will make an impact on the backlog of out-of-date documents. Discussions had taken place at previous committee meetings on introducing a digital system for policy management. .

Mr Eugene Clarke asked if national systems were in place, to introduce national policies i.e. on a Once for Scotland basis. Some of this work is underway for HR policies. However, it was clarified that at present each Board utilise their own system and manage their review in many different ways, with no one solution being used consistently.

It was highlighted that the current process of policy review and follow-up is very labour intensive. It is important to consider the financial impact of introducing an electronic system

alongside the productivity improvement. Availability of up-to-date policies for staff was also vital. Therefore, all options should be considered, especially an organisation-wide approach.

Mrs Carol Potter advised that this conversation will be taken back to EDG to progress further.

The Committee **noted** the update on the review of General Policies and Procedures. A further update will be provided to the Committee in six months.

7.   PLANNING

7.1.   Winter Plan

Mrs Claire Dobson introduced the Winter Plan to the Committee. It was highlighted that this was discussed in detail at the Board Development Session the previous week.

The Winter Plan describes the actions which are in place going into the winter period. It considers Covid pressures alongside usual Winter pressures. It is important that each patient gets the right care in the right place this Winter. It will be very challenging with the ongoing programmes, including Seasonal Flu Vaccine, Covid Vaccine and the Test and Protect work. There is a Bronze and Silver Command structure in place to ensure decisions are made efficiently.

Mrs Rona Laing advised that Appendix 7 was a helpful addition to the plan, as it will be helpful to monitor performance. The Committee were guided to Appendix 5. The Committee questioned the financial information, as in previous years the figure was significantly higher to compared to the funding received. Mrs Margo McGurk confirmed that this year it is more complex due to the plans in place for Covid. It is important to understand that the worst-case scenario costs have been shown in this plan. The Scottish Government are currently reviewing the funding to cover Winter spend alongside Covid.

Mrs Wilma Brown highlighted that there is a lack of detail around the Staffing Plan. It may be challenging to recruit the number of staff required, which will cause shortages and pressures in key areas. Mrs Nicky Connor emphasised that the position will be carefully monitored. If it is required, they plan to reprioritise staff, as the support from Bank and Agency staff may not be enough. This will be undertaken with full clinical advice.

The Committee **noted** the update on the Winter Plan.

7.2 Payroll Consortium Outline Business Case

Mrs Margo McGurk introduced the Outline Business Case. It was advised that it was discussed at Staff Governance Committee earlier in the month and will be considered again by that committee in January 2021, with the SBAR presented today.

Chief Executives decided to introduce a Programme Board several years ago, to identify how to support development and the resilience of payroll on a regional basis. The proposal is to build a single employer, with multiple bases, to ensure the service is fit for the future. Staff are engaged and are fully aware of this. Staff within NHS Fife do have an emotional concern around no longer working for NHS Fife, as staff would go through a TUPE process and will be recognised as employees of NSS. It may be worth proposing to the Consortium to implement this in a more phased approach as the timing of this may not be most appropriate.

Mrs Wilma Brown emphasised that staff are fully aware of the direction of travel, and this has gone through a huge consultation process. Staff do feel they have loyalty towards NHS Fife and are anxious about being transferred to NSS. However, staff would still fall under the same NHS Scotland terms and conditions.

Mr Eugene Clark questioned whether the consortium would experience the same challenges of recruitment nationally as NHS Fife do locally. It was advised that Payroll and financial services roles are generally easier to recruit to in the central belt and larger cities. A key benefit of the proposal is there will be more staff around to ensure the service is efficient and sustainable.

Mrs Margo McGurk highlighted that, at present, the NHS Fife payroll team are very stretched and regularly work weekends to meet the demand. The Head of Payroll has returned for 18 months, following initial retirement, to continue to support the service.

Mrs Carol Potter advised that this is a critical service within the Health Board. Staff do need to be paid on time, therefore it is very important to ensure we have a resilient service.

The Committee **considered** the recommendations and **agreed** to support the key benefits, recognising the importance of this project moving forward. The Committee also **considered** the timing of this proposal and supported the Director of Finance initiating a discussion with NSS on a more phased approach.

7.3 HEPMA Full Business Case

The Chair highlighted that it is positive that this paper is getting to this stage where the Full Business Case can be considered. The clinical aspects of this report were discussed in detail at Clinical Governance the previous week.

Mr Scott Garden, Director of Pharmacy introduced the Business Case to the committee. Debbie Black, Project Manager, joined the meeting for the discussion.

It was highlighted that the Outline Business Case was approved in September 2020. Following that, a mini competition took place. Following a robust evaluation process, a preferred supplier was identified.

The Committee discussed the capital and revenue consequences of the Full Business Case in detail. This also included a discussion on the change to the revenue charging model and the extended length of contract.

A key risk to note is that NHS Fife has taken a different approach compared to other boards. NHS Fife is the only Board in Scotland who has appointed this company. However, we are confident that that we have selected the most appropriate supplier for Fife.

Mr Les Bisset questioned why NHS Fife have gone for a 7-year contract compared to 5 years. Mrs Margo McGurk highlighted that this investment would be unlikely to cease after 5 years whether it was with the preferred supplier or an alternative one.

Mrs Margo McGurk advised that the capital and revenue consequences of the FBC would require to be considered as part of the medium-term financial plan.

The Committee **endorsed** the Full Business case.

7.4   Orthopaedic Elective Project Full Business Case

The Chair highlighted that it is positive to see the Full Business Case being presented. A significant amount of work has been undertaken to get the Business Case to this stage. Mr Alan Wilson was thanked for his hard work on this project and wished well in his new role at NHS Highland. Ben Johnston was congratulated on his new appointment as Director of Capital Planning.

Margo McGurk was invited to present the report to the Committee. It was noted that the Committee has been close to this business case as it has progressed through the programme board. It was noted that, in terms of a financial overview, there has been an increase in the capital costs, which equate to just over £1m. A proposal will be made that the Scottish Government fund this additional cost, as NHS Fife would not be able to support this from their formal capital allocation. Tracey Gardiner, Capital Accountant, is working with Alan Wilson to examine the costs profile in detail. The additional revenue costs are not expected to impact Fife until 2025. The last year of the medium-term financial plan will require a level of provision for the Elective Centre, but the exact level will depend on the progress of the build. There will therefore be an additional revenue consequence associated with this. This will be prioritised in the financial plan moving forward. The Fife Orthopaedic Centre has progressed well, and Scottish Government are keen this project continues to move forward.

NHS Fife members are being asked to present the Business Case at the Scottish Government Capital Investment Group meeting on 11 November. The group provided Fife with a detailed list of questions, and a response has been issued. Mrs Margo McGurk highlighted that it will be important to explore the wider use of digital within this project. This could release productive opportunities and could potentially support future developments.

Dr Chris McKenna emphasised the initial project was ambitious due to future proofing. The impact of Covid on the ability to deliver the current elective programme will take several years to recover. This project will expand the capacity to deliver orthopaedic care, which will be significant for Fife, but it may also be efficient for the region to deliver a modern orthopaedic centre. How NHS Fife brings in research, development and digital innovation to enhance the service will be key.

Mrs Carol Potter advised that this project will bring a very positive reputational impact for NHS Fife both locally and regionally. The ongoing work and development put into this project so far has been tremendous so far.

The Committee **endorsed** the Business Case for onward submission to the Board.

8.   PERFORMANCE

8.1 Procurement Lessons Learned Report – PPE / Supplies

Mrs Margo McGurk presented the report to the Committee. It was advised that this report was identified as a suitable agenda item following on from consideration of the Internal Audit Governance Checklist.

The Committee discussed the report and took assurance from the learning during the initial stages of the pandemic which will be critical in supporting the supply of PPE as we go into winter.

The Committee **noted** the findings in the Lessons Learned report and took assurance from that.

8.2 Integrated Performance & Quality Report

Mrs Claire Dobson was invited to provide an update on Acute Services performance. The Committee were advised that this report shows figures for August, but the situation does feel different in Acute now it is November. The 4-hour access performance was positive and above the Scottish average. There was some improvement in Patient TTG but there are still a significant number of patients who are waiting. However, actions are in place to address this. There was improvement in new outpatients in August. Work was done to improve face to face contact and how to manage the outpatient flows. There was increased activity in diagnostics to improve waiting lists. Cancer services is a priority - there were a few breaches in August, but work is being undertaken to address that as a priority.

Mrs Claire Dobson was asked if it would be possible for a performance figure to be introduced to track the length of time for the diagnostic work to be reported back to the patient. It was confirmed that it would be a good performance indicator; however, as most follow ups with patients are done through conversations, this is not monitored. An indicator could be provided on when the report is provided to the clinician, which would be considered.

Mrs Nicky Connor was invited to provide an update on Health and Social Care Performance. The Committee were advised that the delayed discharge position was important to highlight - this continues to reduce and stabilise. This will become more challenging as we move into winter. Smoking cessation activity has been a challenge during the pandemic and alternatives are being explored, such as digital technology, to provide support. A number of vacancies have arisen due to staff applying to support Test and Protect, but there is active recruitment to engage additional staff.

Mrs Margo McGurk was invited to provide an update on Financial Performance. It was highlighted to the Committee that, in terms of the revenue position, funding for the first six months now has greater certainty; however, there are risks in relation to the second half of the year. NHS Fife have received an allocation for £33.5m to support Covid. This allocation represents either an NRAC share or 70% of the costs of Q2-4 and 100% of the costs for Q1. The Scottish Government continue to hold a level of contingency. NHS Fife's requirement may also require to be adjusted as we move into winter and if cases increase. The additional funding covers the expansion of our ICU capacity, test and protect, digital and information technology support for remobilisation of staff, public health expansion, laboratory expansion, seasonal flu and redesigning of urgent care.

The Finance team were thanked for their hard work in managing and reporting both the core and Covid financial impact which has been very challenging.

Mrs Margo McGurk took the Committee through a detailed review of the financial position to September 2020 and also the current forecast year-end position. For the first 6 months NHS Fife are reporting an overspend of £1.9m, which is made up of three aspects which include the run rate on core spend, core unmet savings and Covid related unmet savings.

Specific discussion was held in relation to the performance with the level of deliverable in-year savings, the treatment of offsetting costs and the remaining challenge in relation to the level of savings now deemed undeliverable in-year as a consequence of the pandemic. Mrs Margo McGurk advised that Scottish Government will not confirm their position on the funding available to support the undeliverable savings in-year until January 2021. Assuming no further funding is received for the latter and that the offsetting costs can remain with NHS Fife, a forecast year-end overspend is projected of £2.3m. Additionally however NHS Fife will require to recognise the current risk share agreement with the IJB, which could be an additional £7.2m, this would take the total forecast overspend to £9.5m. Mrs Carol Potter emphasised that the IJB share is a risk, but discussions are taking place between NHS Fife and Fife Council and they are hoping to reach an agreement which can be feedback to the Committee in January 2021.

Mrs Margo McGurk advised that the Capital Position is positive, the full allocation will be spent in line with the agreed plan by the end of the financial year. NHS Fife have also received confirmation of additional funding for MRI / Mammography equipment.

The Committee **noted** the contents of the report, with specific focus on the measures and performance relevant to Operational Performance and Finance.

9. ITEMS FOR NOTING

9.1. Internal Audit Report B17/20 – Operational Performance Management

The Committee **noted** the findings of Internal Audit Report B17/20.

9.2. Minutes of the IJB Finance & Performance Committee, 11 September 2020

The Committee **noted** the minute of the above meeting.

10. ISSUES TO BE HIGHLIGHTED

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

The Committee endorsed both the EOC and HEPMA full business cases for onward approval by the Board, noting that the revenue and capital consequences for both required detailed consideration and agreement on prioritisation as part of the medium-term strategic planning and resource allocation process.

The Committee had a full discussion on the projected year-end position for NHS Fife and the significant impact of both COVID 19 and the level of financial risk associated with the

projected year-end outturn for the IJB. The Committee advised that it is imperative that the NHS Fife position in relation to the IJB Risk Share agreement is confirmed and agreed no later than the end of the calendar year. The latter to be concluded as part of the current review of the IJB Integration Scheme.

11. Any Other Business

There was no other business.

Date of Next Meeting: 12 January 2020 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

STAFF GOVERNANCE COMMITTEE

(29 October 2020)

The Chair highlighted items to be escalated:

- The progress in relation to staff absence, noting the current level of improvement.
- The investment in Occupational Health including Mental Health Nursing to add to measures taken to address mental health and anxiety as a key reason for staff absence.
- On Whistleblowing Standards, the implementation date for new standard is 1st April 2021 and that the Scottish Public Services Ombudsman will host the national helpline from 1st November 2020.
- On EU Withdrawal, to note that arrangements are in place to provide workplace information and support to staff who are EU citizens, e.g. gaining settled status.
- The Committee encourages attendance at partnership forum meetings, recognising the challenge of demanding jobs but the importance of participation at these meetings.

Fife NHS Board

NHS Fife

(UNCONFIRMED) MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 29 OCTOBER 2020 AT 10AM VIA MS TEAMS

Margaret Wells
Chair

Present:

Margaret Wells, Non-Executive Director (Chair)
Wilma Brown, Employee Director
Helen Buchanan, Director of Nursing
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum

Alistair Morris, Non-Executive Director
Carol Potter, Chief Executive
Christina Cooper, Non-Executive Director
Andy Verrecchia, Co-Chair, Acute Local Partnership Forum

In Attendance:

Bruce Anderson, Head of Staff Governance
Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Linda Douglas, Director of Workforce
Rhona Waugh, Head of Human Resources

Audrey Crombie, PA to Linda Douglas
Kevin Reith (SAS)

The Chair welcomed members and attendees to the meeting and introductions were made The Chair welcomed A Crombie and thanked her for taking the notes of the meeting and advised the echo pen was being used. The Chair also welcomed Kevin Reith of Scottish Ambulance Service who has been appointed Deputy Director of Workforce for NHS Fife commencing 30th November 2020.

The Chair confirmed that the NHS is still on an emergency footing across Scotland and thanked all staff for maintaining their efforts.

01.   Apologies for Absence

Apologies were received from attendee Gillian Macintosh. Head of Corporate Governance & Board Secretary, and Katy Miller, Non Executive.

02.   Declaration of Members' Interests and Chair's Opening Remarks

There were no declarations of interest made by members related to any of the agenda items.

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03. Minute of the Previous Meetings held on 03 July 2020

The minutes of the previous meeting were formally **approved** as an accurate record.

04. Action List

Nothing to report, noted as it stands.

05. Matters Arising

W Brown raised the point S Fevre made last meeting on the difficulty locating information on Staff Link and asked if there was an answer to that? Kirsty McGregor from communications team had agreed to speak with S Fevre offline and Communications is a standing item on the APF agenda. S Fevre advised that he has since had help but recommended that we put a simple message on Staff Link to advise people how to access information on StaffLink.

Action: LD/KM

R Waugh advised that hard copies of the Return to Work Guidance tool were distributed by the workforce directorate. W Brown asked where they had been sent to as some enquiries have come to her on where to find the guidance. R Waugh advised that hard copies were sent to all areas using the managerial distribution list.

06. COVID-19 UPDATE

06.1 Workforce Update

L Douglas provided the workforce update under 4 priority headings:

- Test & Protect
- Flu Vaccination
- Redesign of Urgent Care
- Winter Planning

Test & Protect
The workforce requirement in Test and Protect has grown significantly over a short period. This demand is being met through a number of actions (redeployment of current staff, successful external advertising – 45 successful applicants and the first group currently in training. The recruitment processes used during the COVID Friends and Family campaign have been utilised again to good effect. We will continue to increase recruitment activity until we meet our full complement. The immense effort made by Public Health and the HR/Recruitment team was noted and their effort recognised.

Flu Vaccination/Preparing for COVID
The flu vaccination programme this year is greater than programmes previously undertaken, covering an extended cohort of recipients. The consequential challenges of a larger programme than in previous years have been met by the H&SC team, with the programme lead by Nicky Connor. Again, the workforce requirement has in the main been met by reassigning existing staff and recruits of the Friends and Family campaign from earlier this year.

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Scheduling of Unscheduled Care
This project currently designing the workforce plan and considering issues including skill mix and a numbers and types of role to deliver the outcome. The workforce impacts are likely to be met from our existing workforce, but this will be kept under review.

Winter Plan
The Winter Plan has an associated workforce plan attached to it. This year is a different proposition and we are paying particular attention to testing and ensuring that we have all the right plans in place. Plans reflect recruitment, redeployment and training requirements.

Staff Wellbeing will be a continuing focus of attention. We have received confirmation of funding for the work that the Occupational Health Team undertake to support staff and, it was noted that a request is being considered by the Endowments Fund for staff wellbeing support.

M Wells thanked L Douglas for the comprehensive outline that is taking place and asked that the slides be sent round to the committee after the meeting.

Action: LD/BA

W Brown acknowledge all the actions being taken and noted increased concern around wellbeing of staff over the winter. Staff dealt well with 1st wave of COVID as the hospital was emptied to allow to deal with it, however they don't have that luxury this time round. We don't' have a contingency in the system for staff.

A Morris asked, on staff numbers, where we were on compliment, what percentage of vacancies do we have, and what percentage are critical? H Buchannan advised that numbers are starting to increase into the organisation as we are recruiting in a way we have never done before. Agreed we don't have the availability we had in the 1st wave in that we were able to employ e.g. 204 student nurses were available earlier in the year. L Douglas advised there is work being undertaken to ensure we have the workforce available to us, e,g, the Nurse bank has been recruiting regularly.

M Wells acknowledged that some areas are flagged within the Board Assurance Framework but there may be others that emerge and asked for clarification on what the mechanism that connects these? L Douglas described the regularly review of workforce risks as part of the overall risk management approach taken. The mechanisms are there, and we continue to review risks and workforce plans within our workforce planning groups.

S Fevre discussed that NHS Fife coped with COVID due to the ability to redeploy staff and that as things eased, we were able to deploy those staff back to their posts. We also have staff redeployed to Test & Protect, potentially to the COVID Vaccine and the natural winter surge. It would be helpful to pull together some workforce statistics and to communicate to staff that we have additional staffing being recruited via the briefings that we send out.

The Committee **noted** the presentation.

Action: LD/SR

07. QUALITY, PLANNING & PERFORMANCE – COVID-19

07.1 Integrated Performance and Quality Report

L Douglas presented one information relating to Sickness Absence and noted absence has been lower during this period. The figures are separate from the COVID related leave

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categories. Several improvement actions have been completed and the updates are within the Report. Review and Improvement Panels have resumed, and she thanked colleagues who participate in the panels.

W Brown was disappointed that all that is measured in terms of staff performance is staff absence and highlighted that there are many others measures that highlight positive performance of staff, such as care opinion. She advocated that other measures should be considered by the Committee. M Wells agreed that it would be good to headline some of the positives on our agenda going forward and asked L Douglas to respond. L Douglas highlighted the routine reporting on wellbeing matters, on training and performance reviews, and iMatter which offer the Committee additional information. This can be reflected in future reports to the Committee.

M Wells commend the level of sickness absence.

The Committee **noted** the report and proposed to escalate this point to the Board.

Action: BA

07.2 Staff Health & Wellbeing (incl. Promoting Attendance) Update

R Waugh presented the report and highlighted that the review of the Health and Wellbeing Strategy has commenced with a workshop with representation from the NHS Fife Well at Work Group and COVID Staff Health and Wellbeing support group. The workshop was positive, and the contributions will be taken forward to inform our future strategy.

S Fevre highlighted the absence figures and the fact that the figures are going in the right direction we should be satisfied that the extra Health and Wellbeing support we are offering staff is making a difference, it should be seen as a good news story and not dismissed.

The Committee **noted** the update.

The Chair agreed to consider agenda item 7.4 next

7.4 South East Payroll Services Consortia Business Case

M McGurk presented the report, describing the history since 2016 when the Boards Chief Executives group established a Payroll Services Programme Board. The main driver in the case is to develop a more sustainable service, 7 boards are participating in this proposal. No decision has been made by NHS Fife the ask of this committee is to give consideration around whether there is a case to support the Consortia Programme Board decision. The main benefit is the long-term resilience that a consortium arrangement would deliver. The proposal is to create a single employer, multiple base arrangement. C Potter advised that this project has been ongoing for a number of years to look at all services to identify what can be done at a Regional or on Once for Scotland basis.

The Committee **asked** for a further report setting out the benefits and considerations of the proposal, the governance route and the recommendations.

Action: MM

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07.3   Youth Employment Update

B Anderson presented the report highlighting the progress made last year and advised that in the current climate a number of initiatives on youth employment activities have been paused. M Wells welcomed the report noting that opportunity's for young people could not come at a better time.

The Committee **noted** and welcomed the content of the youth Eeployment section of the Workforce Strategy.

07.5   Workforce Planning Guidance Update

L Douglas introduced the item and referred to the letter appended to the report setting out the revised workforce planning guidance. Section 2.3 sets out the new time frame for the next iteration of the Workforce Strategy which will cover period 2022 to 2025. This document being published by 31 March 2022. Initial scoping work to update the Workforce Strategy has been initiated. Regular updates on the strategy's development will be provided to the Committee.

The Committee **noted** the content of the paper and also noted the revised timescales for completion and publication of the next edition of the Workforce Strategy.

07.6   East Region Recruitment Transformation

L Douglas presented the paper. The Recruitment Transformation project focusses on service enhancement/resilience and career structure rather than financial savings. The paper appraises the Committee of the business case. W Brown asked for clarification on interest in being the host Board and L Douglas confirmed that NHS Lothian has express an interest.

The Committee **noted** the contents of the Business Case

07.7   Winter Plan

H Buchanan provided a verbal update on the Winter Plan explaining that the plan will follow as soon as it is finalised. The update confirmed that a Silver Command Group had been established which will oversee the plan and its implementation. There are a number of items within the plan which are slightly different this year, the first is COVID 19 Pathway Plan, we also have a surge capacity plan, the redesign of Urgent Care. Staffing has been escalated to Scottish Government given the challenges faced not only across Fife. A Verrecchia asked if there is a winter staffing plan and H Buchanan confirmed that staffing has been highlighted in the winter plan. When asked about staff side representation on this group H Buchanan invited a staff side representative onto the Silver Command group.

Committee **noted** the discussion and looked forward to receiving the plan

Action: HB

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08. GOVERNANCE

08.1 Board Assurance Framework Workforce Sustainability
L Douglas presented the regular report to the Committee. The ongoing operational risks are unchanged in terms of workforce sustainability and we have recorded the mitigations that we have so far. A more thorough review of the risks is planned in discussion with Pauline Cummings. The risks are presented for Committees' approval.

M Wells asked about the community paediatric service and the workforce sustainability risks and asked why not reflected in the BAF?

A review of the risk associated with community paediatrics will be undertaken and the workforce risk register updated accordingly.

The Committee **noted** the content of the report; and **approved** the current risk ratings and workforce sustainability elements of the Board Assurance Framework.

Action: LD

08.2 HR Policies Monitoring Update

B Anderson presented the 6-monthly update on the monitoring of HR policies in line with the requirements set out to staff governance standards. All our policies continue to be reviewed and are updated accordingly. W Brown asked about moving to the digital platform noting that generally people have adapted well but that has not been the case in all instances and sought assurance that there is direct communication to managers when things change. B Anderson agreed to review how we currently provide communications to managers and make improvements as and where necessary.

The Committee **noted** the work undertaken by the HR Policies Group in developing and maintaining HR polices and noting that the work nationally will continue from 2021.

08.3 Whistleblowing Standards Update

B Anderson highlighted the main points of the paper; the implementation date for the new Whistleblowing Standards will be 1 April 2021; and the Once for Scotland Policy will accompany the Standards; the advice phoneline will be hosted by the Scottish Public Services Ombudsman from the 1st November 2020. The DATIX system is being considered as the national recording system for NHS Scotland.

The Committee **noted** the content of the paper.

08.4 EU Withdrawal (Brexit) Update

L Douglas referred the Committee to the paper and drew attention to the work that has been successfully completed by the Board including; the early renewal of our sponsor licence for UK VI certificates for employment related visas, ongoing communication with affected staff who are progressing settled status application(s) and promotional campaigns e.g. Stay in Scotland

The Committee **noted** the update and the work that is taking place

09. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

09.1   Minute of the Area Partnership Forum dated 24 September 2020 (unconfirmed)

Noting the level of apologies, C Cooper queried if this was impacting on any of the decisions being made at these meetings. It was confirmed that this was not the case and the issue had been identified and action taken to address this.
The Committee **noted** the minutes.

09.2   Minutes of the Health & Social Care Partnership LPF dated 15 September 2020 (unconfirmed)

The Committee **noted** the minutes

09.3   Minutes of the NHS Fife Strategic Workforce Group Meeting dated 16 June 2020 and 20 August 2020 (unconfirmed)

The Committee **noted** the minutes

10.   ISSUES/ ITEMS TO BE ESCALATED

The Chair highlighted items to be escalated:

- The progress in relation to staff absence, noting the current level of improvement.
- The investment in Occupational Health including Mental Health Nursing to add to measures taken to address mental health and anxiety as a key reason for staff absence.
- On Whistleblowing Standards, the implementation date for new standard is 1st April 2021 and that the Scottish Public Services Ombudsman will host the national helpline from 1st November 2020.
- On EU Withdrawal, to note that arrangements are in place to provide workplace information and support to staff who are EU citizens, e.g. gaining settled status.
- The Committee encourages attendance at partnership forum meetings, recognising the challenge of demanding jobs but the importance of participation at these meetings.

The Chair and Director of Workforce would agree the text for submission to the Board.

Action: MW/LD

11.   ANY OTHER BUSINESS

W Wells highlighted that this was Bruce Andersons last meeting prior to his retiral on the 27th November 2020 and thanked him for his work and support to this Committee and the enormous contribution taking forward the Agenda. The Committee wished him a long and happy retirement.

Date of Next Meeting: 15 January 2021 at 10am via MS Teams.

COMMINITIES AND WELLBEING PARTNERSHIP

23 September 2020

No issues were raised for escalation to the Board.

Communities & Wellbeing Partnership
Meeting by Teams, Wednesday 23rd September 2020, 10.00-11.30am
Notes

Present: Cllr Lesley Backhouse, Archie Campbell, Mike Enston (chair), Janice Laird, Nina Munday, Kenny Murphy, Karen Taylor, Kay Samson, Tricia Spacey, Jo-Anne Valentine, Margaret Wells

Attending: Gill Musk

Apologies: Judith Allison, Ruth Bennett, Nicky Connor, Lucy Denvir, Lynn Gillies, Cllr Fiona Grant, Cllr Judy Hamilton, Dona Milne, Sgt Barry Stewart, Rona Weir

1. **Welcome and introductions**

Mike explained that Dona was involved in an urgent COVID meeting; he was chairing in her absence.

The Strategic Assessment (discussion draft 2) had been circulated with the agenda for information. Though it would not be discussed today, partners should be aware of it as this analysis underpins the review of the Plan for Fife.

Apologies were noted as above.

2. **Matters arising from meeting on 2nd July**

No matters arising not covered by the agenda.

3. **Food insecurity update – Jo-Anne**

The Fife-wide Food Insecurity Group met on 22nd Sept. Norma Philpott, who has had strong involvement from the start, has stepped down as co-chair as she retires end Sept.

Group is exploring possibility of a Test of Change around community food provision and other anti-poverty activities / other supports. Much work is already happening but could be strengthened.

A stakeholder survey of those involved in the emergency food response over recent months has been carried out. Gill reported some initial findings:

- good response rate from across Fife – public services and community groups
- much positive feedback on how communities had got into action and partnership working
- areas for improvement included better coordination of food responses, enhanced communication about the range of activities, better use of local knowledge and of existing expertise in food provision, consistent data collection to ensure accurate understanding of need and development of more dignified responses – e.g. a 'cash first' approach.

Research conducted by Karen McArdle in North East Fife, involving in-depth interviews with people who had received emergency help during the pandemic, highlighted that mental health is a significant issue. Similar research is now being carried out across all areas of Fife.

Janice noted that an accessible summary of the NEF research was in production and would be shared with the group when ready. **ACTION: Janice**

Lesley noted the need to ensure that the latest Unicef baby-friendly guidance was being used in organising food provision for families with infants. Coordination across groups to promote healthy eating is critical.

It's not yet clear how Scottish Government will review the national shielding initiative.

Mike noted that food proposals would be emerging in coming weeks and would be shared with the group.

4. Volunteering strategy update - Kenny

A strategy implementation group was set up in 2019 and a first draft of a volunteering strategy produced Jan 2020. This is a brief document, setting out broad objectives: to increase the number of people volunteering, to improve quality and ensure organisations have the capacity to give good volunteering experiences.

Work on a detailed action plan was postponed due to the pandemic but will now resume. The group will be expanded, take stock of recent experiences and revisit the way forward.

More people are now interested in volunteering, and citizens and partners recognise the contribution of volunteers during the crisis. We need to consider how we sustain volunteering but also consider safety aspects, as most volunteering during the height of the crisis was informal.

Lesley noted that many systems are already in place, e.g. through national charities.

Margaret acknowledged the tremendous effort reflected in recent and current activity.

Nina asked about the equalities dimension of the volunteering strategy. Kenny confirmed this would be built into the action plan.

Mike would like to take a report to the Council's Management Team over the next quarter, to reflect on recent informal volunteering. This is a good time to consider a more formal volunteering scheme within Council and HR are looking at this. Is this something the strategy group could help with?

Tricia noted that the volunteering which Safer Communities staff were able to do, working with FVA, was of huge benefit to communities and to staff themselves (many of whom were unable to work from home). Staff would welcome opportunity to continue doing this within their own roles.

Kenny highlighted that the complexities of organising volunteering safely can be underestimated: we must carefully risk assess what we do and what the Partnership is endorsing. FVA is keen to see more employer-supported volunteering, where organisations give staff paid time off to volunteer.

Several thousand individuals offered to help during the crisis and it was frustrating that we couldn't match them all. Not every organisation has the capacity to support and train. Volunteers are still being placed, mainly in telephone befriending support roles, to reduce social isolation.

Kenny noted that we want to make sure we have better arrangements in place so we're ready to respond to any crisis – e.g. a register of people with skills and experience, so we can mobilise people.

Mike asked that any relevant documents (strategy, group remit, workplan etc.) be circulated to the group. **ACTION: Kenny**

5. Reform and recovery priorities – Mike

The priorities have now been endorsed by Fife Partnership Board, to govern the period from crisis response to medium term – spring 2021 – and the next 3-year Plan for Fife. Aim is to look at lessons learned, how we build them into practice going forward, and consider what the next Plan for Fife should say about the priority areas.

Partnerships should focus on shaping a contribution. For C&WP, the tackling poverty and crisis prevention area is most relevant. We also need to consider role of partnerships going forward.

The scoping paper (circulated with agenda) sets out the five elements of the workplan for this area:

1) analytical work looking at impact of spend on dedicated anti-poverty work
2) food insecurity – where next and how to make this sustainable?
3) working at local area level - how to make new ways of working the new normal?
4) consultation paper to find out what worked and what we can learn
5) referral processes and connections across services.

A project group is driving work forward and a working group of elected members established.

Mike invited comments and feedback on the approach and how we might take forward the question of the role of C&WP going forward.

Kenny raised the need to ask questions across all partnership structures. During the crisis we collectively got people the help they needed – organisational boundaries didn't dominate. How do we continue to give permission, allow and support that way of working?

Lesley would like to see more empowerment of local communities. To make real differences in parts of Fife, we need to be more proactive and give people the education and tools. Educating and empowering women can change communities.

Nina noted that the women's group FCE started in March now has 456 members. We need to get better at identifying and learning from the range of good work being done – e.g. SHIELD project.

Archie highlighted WEA courses run in SWF which encourage people to get involved in communities and build confidence. Very positive feedback. Potential future delivery in NEF and Levenmouth.

Tricia noted that partnerships can be constrained by performance management systems. Strengths are information sharing, relationship building and the ability to work together towards shared goals. Mike noted that Fife Partnership Board has agreed to suspend partnership reporting until Apr 2021.

Margaret highlighted the anxieties and loss of confidence resulting from the current crisis and ongoing restrictions, and concerns for young people unable to get jobs. There's a need for visible, practical approaches to mental health and wellbeing – e.g. communications and hubs so that people have a safe place to go.

Margaret also noted a Fife Council work experience placement scheme for young people – does this still happen and how can we link in?

Kenny called for better strategic oversight and coordination of provision so that areas that are struggling have more help to stimulate and nurture activity. C&WP may need to consider what we prioritise, and step back from some areas which are unlikely to make a big difference currently

Nina noted that this applies not only to geographical areas but also to different equalities groups.

Jo-Anne fed back on the Inspiring a Fairer Fife session which recently took place, at which Dona talked about the need to change our relationships with people. Being relational rather than transactional in how we provide services can develop a sense of connection and help us deal with underlying issues – needs to be considered in the tackling poverty reform area.

Jo-Anne also asked about mental health and wellbeing in relation to our priorities over the next few years. Could a mental health and social isolation subgroup be a way forward for C&WP? Does a focus on tackling social isolation come into the work around place-based approaches?

Mike agreed we should think about how we're working and whether we form thematic groups.

Jo-Anne to find out whether Dona's presentation could be circulated. **ACTION: Jo-Anne**

Tricia noted similar discussions around relationship forming in Safer Communities, with ADP and Housing. How can we increase capacity so staff can form relationships and find out what support is really needed? Good Conversations training is helpful.

Lesley noted that services can be "faceless" but became more visible during the pandemic. We need to be more visible if we're trying to build relationships within communities.

Mike reported that the first meeting of project group takes place on 25th Sept. An issues paper drawing together lessons and thoughts from recent experience is being prepared to engage people going forward.

A partnerships survey being led by Tim Kendrick was discussed at Delivery Leads Group yesterday.

Mike proposed sharing papers with the group as they are produced, to keep partners in the loop and provide the opportunity to feed back.

The next meeting will include a fuller discussion of progress on the different strands of work and ways forward.

6. AoB

Mike highlighted a new national framework – Community Mental Health and Wellbeing Supports and Services Framework – and funding to support community supports and services for young people. This has clear linkages with Fife's Our Minds Matter Framework though it covers a wider age range (ages 5-25) and has a strong focus on community development. Gill to find out from Rona Weir what, if any, support is wanted from this partnership. **ACTION: Gill**

7. Date of next meeting

Tues 1st December, 10.00am

**Regional Cancer Advisory Group/
East Region Programme Board**

Date: Friday 04 September 2020
Time: 1300-1500
Venue: Microsoft Teams

**NHS
East
Region**

MINUTES

Present:	
C Potter *(Chair)*	Interim Chief Executive, NHS Fife
B Alikhani	SCAN Network Manager
N Berry	Director of Nursing, Midwifery and Acute Services
W Brown	Employee Director, NHS Fife
J Butler	Director of Human Resources, NHS Lothian
C Campbell	Chief Executive, NHS Lothian/Regional Implementation Lead
J Campbell	Chief Officer, Acute Services, NHS Lothian
A Carter	Director of Workforce, NHS Borders
J Crombie	Deputy Chief Executive, NHS Lothian
L Douglas	Director of Workforce, NHS Fife
S Fraser	Associate Director of Planning & Performance, NHS Fife
T Gillies	Medical Director, NHS Lothian
S Goldsmith	Director of Finance, NHS Lothian
L Hayward	Associate Medical Director, Cancer Services, NHS Lothian
S Kerr	SCAN Lead Pharmacist
E MacPherson	Project Support Officer, East Region Planning Team
J Mander	SCAN Clinical Lead
L McCallum	Medical Director, NHS Borders
J McClean	Director of Regional Planning, East Region
M McGurk	Director of Finance, NHS Fife
C McKenna	Medical Director, NHS Fife
M Paterson	SCAN Project Support Manager
R Roberts	Chief Executive, NHS Borders
J Smyth	Director of Strategic Change & Performance, NHS Borders
C Stirling	Site Director, Western General Hospital, NHS Lothian
C Whitworth	Associate Medical Director, NHS Lothian
N Waters	Diabetes Programme Manager, East Region

In Attendance:	
J Balkan	Regional Workforce Planning Manager, East Region (Rep. for D Phillips)
L Cameron	Strategic Programme Manager, Cancer Services, NHS Lothian (for Item 3)
D Calder	General Manager, Cancer Services, NHS Lothian
K Lakie	Senior Finance Manager, NHS Borders
K Lewis	Director of Finance, NHS Dumfries & Galloway (Rep. for K Donaldson)
S Tait	Child Protection Managed Clinical Network Manager, East Region

Apologies:	
J Ace	Chief Executive, NHS Dumfries & Galloway
D Cameron	Regional SACT Lead Clinician, SCAN
K Donaldson	Medical Director, NHS Dumfries & Galloway
V Gration	Deputy Head of Strategic Planning, NHS Dumfries & Galloway

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		ACTION

	A McCallum	Director of Public Health, NHS Lothian
	A McKay	Deputy Chief Operating Officer, NHS Fife
	A McMahon	Director of Nursing, NHS Lothian
	D Phillips	Director of Regional Workforce Planning, East Region
	J Stephen	Head of IM&T, NHS Borders

		ACTION
1.	**Welcome and Apologies** C Potter welcomed everyone to the meeting and noted apologies.	
2.	**Minutes of Previous Meeting held on 31 January 2020** The Minutes from the previous meetings of the Regional Cancer Advisory Group and East Region Programme Board were reviewed and agreed as an accurate record.	
3.	**Regional Cancer Centre Development - Initial Agreement** C Stirling and L Campbell provided the group with an update on the Regional Cancer Centre Initial Agreement (IA), referring to the presentation and papers circulated prior to the meeting. R Roberts asked what the Scottish Government Capital Investment Group requires in terms of formal regional approval. L Campbell advised that approval through existing regional planning governance arrangements will be sufficient for the IA. M McGurk highlighted that the Directors of Finance (DoFs) had discussed the IA at their recent meeting highlighting optimism bias, incremental revenue cost change and the potential savings impact of digital solutions. The DoFs supported the IA with the economic and financial cases to be developed further. C McKenna noted that the models of service delivery vary across the boards within the region and this will need to be considered as part of the regional model, for example Haematology. Other areas which would be important to consider are the impact of digital solutions on the model of delivery and how a Diagnostic Centre would operate providing equity of access for all patients in the region. C Potter summarised the discussion with the Board agreeing to support the onward submission of the IA to the Scottish Government.	
4.	**Programme of Clinical Audit** In line with the agreed programme of Clinical Audit reporting and governance, RCAG has received reports from 4 Tumour Group QPI Summary Audit Reports. J Mander, SCAN Clinical Lead provided an overview of the reports circulated to the group prior to the meeting. These reports provide assurance to boards that areas of non-compliance with QPIs or clinical risk are being addressed. The circulated reports were presented and discussed at the Regional Cancer Planning Group on 31 July. **4.1 Melanoma** No clinical concerns were raised in relation to this QPI audit. A review of the Melanoma pathway will be undertaken with the aim of moving patients more quickly through the pathway as delays are impacting on achievement of QPIs. An option to establish a Pathway Manager role is being looked at to review pathways across multiple tumour types, commencing with Melanoma. **4.2 Head & Neck Cancer**	

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	The main area of concern from the Head & Neck QPI report relates to QPI7: Speech & Language Therapy Access. Jim Morrison, SCAN Head & Neck Lead will draft an SBAR on Speech & Language Therapy provision in NHS Lothian and NHS Borders, highlighting the issues and recommendations. The potential of joint appointments or an SLA is being explored. NHS Fife has secured a part time appointment.	
	4.3 Acute Leukaemia No clinical concerns were raised from the Acute Leukaemia QPI Report. Numbers in SCAN are low however overall showed positive results and no action plan was required.	
	4.4 Lung The biggest challenges with lung cancer QPIs is Pathology, which is affecting QPI2 (Pathological Diagnosis); QPI12 (SACT for Patients with SCLC); and QPI15 (Cytological/Pathological Diagnosis Prior to Treatment). Pathology confirmation rates are low across Scotland and a review of this QPI is underway. The RCPG has noted that the lung cancer pathway has been significantly affected by COVID-19. Access to CT guided biopsies has been reduced from 3 to 1 per week. Boards are looking at this locally, with SCAN Boards consistently performing less well than WoSCAN and NCA. This will be picked up further by the Lung Tumour Group. RCAG noted the reports and confirmed support for the actions identified.	
5.	**Regional SACT Lead Role** B Alikhani advised that with Professor D Cameron stepping down from his dual role as both NHS Lothian and Regional SACT Clinical Lead for SCAN, a discrete Regional Lead SACT role has been agreed. This role recognises the importance of supporting regional collaboration and maintaining oversight of SACT across the Network. A regional recruitment process is underway to fill the post for 3 years, 2 sessions per month. The advert closing date is 13 September and interviews will be held via Microsoft Teams on 16 October. D Cameron has agreed to continue to chair the Regional SACT Advisory Group until a new Lead is appointed. T Gillies noted that the role will be vital in progressing the recommendations from the NHS Tayside Review, and support greater harmonisation nationally as well as regionally. C Potter took the opportunity to thank D Cameron for his many years of commitment and service to SCAN on behalf of RCAG.	
6.	**Board Remobilisation Planning** **6.1 Cancer Surgical Prioritisation – SCAN approach** C McKenna introduced this item highlighting that as part of Cancer Services remobilisation and recovery efforts, the Scottish Government has requested that each regional Cancer Network establishes a regional prioritisation group in support of the Framework for Recovery of Cancer Surgery. Following discussion at RCPG and by Medical Directors, the final draft Terms of Reference were presented to RCAG for approval. The proposed membership includes SCAN Clinical Lead as Chair, with General Managers and Associate Medical Directors from each SCAN board. The group will provide a regional forum for Boards to maintain oversight of cancer surgery	

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	demand and an opportunity to highlight any challenges or issues on a more frequent basis than RCPG. SCAN Medical Directors will retain decision making in relation to either mutual aid or the movement of patients. The group agreed the ToR and supported the process set out.	
7.	**Regional Transformation Programmes** **7.1 East of Scotland Diabetes Prevention and Reversal Programme** N Waters spoke to a previously circulated paper providing a comprehensive update on the overall programme. The paper reminded colleagues of the organisational, managerial and financial arrangements in place for the Programme, with regional Transformation Funding supporting the Programme Team posts and the Whole System grants, and Scottish Government Weight Management and Children's Healthy Weight funding for Boards being coordinated and distributed by the regional programme. N Waters explained that the Employer Scope and Whole System work streams had been paused during the Covid 19 pandemic, with efforts now focussed on restarting the projects. The Weight Management and Children and Young Peoples Healthy Weight projects had been adapted by Boards to support alternative approaches to delivery during the lockdown period. Well established relationships between the Boards and their teams has led to sharing of approaches and materials. N Waters advised that the programme's original case for change remains the same as last year, with no proposal to change the work streams. The ERPB were asked to consider a number of issues including: • How to facilitate access to digital platforms to enable remobilisation and manage demand, with the programme team unable to move forward discussions due to issues with information governance and absence of digital provision pathways between Boards. T Gillies offered to connect N Waters with the Regional Innovation office to explore potential solutions. • How best to maintain stakeholder support at a time of significant change at all levels, including sponsorship, with the ERPB noting that the Chief Executive Lead for the Programme was due to retire imminently. J McClean confirmed that future leadership arrangements would need to be discussed across the Region, reminding colleagues that this Programme had been planned across Health Boards, IJBs and Councils. Future arrangements should also take into account the plans for the Programme going forward including funding and resourcing arrangements for 2021/22. J McClean confirmed that she will pick this up with appropriate leads over the next few weeks. • How best to mitigate the impact of Covid-19 in terms of time delays, priorities, and demand for services N Waters reported that Boards were beginning to remobilise their services with local governance groups starting to reconvene. N Waters sought support from Board leads to continue support for the Programme through local arrangements. Following discussion it was agreed that N Waters and R Roberts would discuss how best to support the local Borders arrangements.	

J McClean added that the as a Region, we need to consider the future of this Programme, assessing whether it remains a priority, evaluating its impact, and whether there is an opportunity to embed some of the projects in Boards services and maximise links with public health. Originally, it had been proposed that this whole system, multi-agency approach could be an exemplar for future programmes working across councils, IJBs and health with child and young people's mental wellbeing a potential area to look at, however changes in priorities and the wider system and operating context mean we need to take stock.

The ERPB were asked to note the update and agreed to give consideration to future arrangements for the programme as part of the wider regional agenda and priorities.

7.2 Regional Laboratory Programme

R Roberts spoke to a previously circulated paper setting out a proposal for future arrangements to support the Regional Labs Programme. It was highlighted that the recent meeting of East Region Laboratory Medicine Operational Board (ELMO) had agreed a reduced number of priorities for the remainder of 2020/21 in light of the current pressures on Labs services and the expanded agenda of the National Labs Programme. The priorities over the next 6 months have been confirmed as the ongoing procurement of a Managed Service Contract (MSC), implementation of the Blood Sciences MSC and participation in the national Laboratory Information System project. A further stocktake is proposed in Spring 2021 once the operating context is more settled.

ELMO has proposed that a revised governance structure is implemented which would see a more operationally focussed regional group established which could support ongoing regional collaboration and a more agile interface with the National Labs Programme.

A number of project support staff have been funded via Transformation Funds over the last 2 years, however earlier this year ERPB agreed that with reduced availability of Transformation Funds in 2020/21, other regional programmes would be prioritised for funding. The paper sets out an alternative approach to supporting the Programme, with confirmation from the Directors of Finance that funding for the procurement and implementation of the Managed Service Contract should continue on a regional basis. J McClean has agreed to look at how this might be covered by Transformation Fund slippage.

R Roberts highlighted that there remained work to do with the National Labs Programme Team to understand the interplay between national and regional work.

T Gillies noted that the National Programme still required to build relationships and the leadership in the East had been helpful in managing and shaping aspects of the national approach.

J McClean acknowledged the contribution that the Labs services have made, and continue to make, to the pandemic and noted their limited capacity to take on additional projects in the short term. A reassessment will take place in the Spring with project and admin support delivered through the core regional planning team meantime. It was highlighted that there is potential to assess opportunities for regional appointments which would support sustainability of services, with discussions planned to explore further.

ERPB agreed to support development of a revised approach to governance arrangements and bring back to a future meeting; a reduced number of priorities

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	for the remainder of 2020/21 with revised programme support arrangements and a further stocktake in spring 2021.	
	7.3 Regional Recruitment Programme

J Butler spoke to the previously circulated paper updating the Board on the regional Recruitment Programme which had paused during the pandemic however, is now restarting. J Butler explained that each Board is currently being asked to consider the Case for Change and preferred model through their own local governance processes. The next step in the process will be to identify a single employer through an agreed process commencing September 2020 with an expected conclusion in December 2020.
It is highlighted that any decision in principle to move to a new model of service delivery cannot be formally progressed until the national decision to pause organisational change is reversed.

J Duncan, Programme Director is currently assessing how the Programme could make up time and highlighted that additional funding for programme support may be required beyond the agreed January 2021. This proposal will need to be assessed as part of the overall review of the Transformation Fund spend profile for 2020/21 and take account of any potential acceleration of the delayed Programme.

Following discussion, R Roberts advised that the timescale for NHS Borders may not be achievable. J Butler commented that the timescales had been set out and agreed previously, and that a further separate discussion should be arranged to understand the issues.

L Douglas commended the collaborative work to date and noted that the approach to, and level of staff engagement had been very good.

ERPB noted the update and agreed to receive further progress reports as the work progressed. | |
| 8. | **Regional MCN for Child Protection – Annual Report and Work plan.**

S Tait joined the meeting and spoke to the previously circulated Annual Report and Work plan for the regional Child Protection MCN. Due to technical issues E Doyle, Chair of the MCN Steering Group was unable to join the meeting. It was noted that the presentation of the Work plan and Annual Report was part of the agreed regional governance arrangements.

S Tait highlighted some of the MCNs achievements over the last year, noting the impact from the Covid 19 pandemic which had seen the Lead Clinician and Manager reassigned to full time clinical duties for several months. It was highlighted that there has been an increase in referrals for non-accidental injury since children have returned to school and the MCN will monitor closely the referrals over the remainder of this year to understand the impact of school closures and lockdown.

J McClean endorsed the Annual Report and the MCNs achievements, noting the significant progress in the Region over the last 7-8 years. The current absence of the Clinical Lead is being mitigated by support from other senior clinicians across the Region and demonstrates the maturity of the relationships and collaborative working between Board teams.

J McClean also highlighted the aspiration of the MCN to start using the wealth | |

	of data collected over the last few years in support of research initiatives as well as ongoing service improvement.	
	ERPB noted the Annual Report and agreed the Work plan for the forthcoming year.	
9.	**Centre for Sustainable Delivery** R Roberts highlighted the recent move to establish a national Centre for Sustainable Delivery hosted by the Golden Jubilee National Hospital, which would see a range of national programmes such as Scottish Access Collaborative, ARCT, Unscheduled Care Programme transitioned from SG to GJNH. An Oversight Group is being established including Chief Executive representation from each of the 3 Regions. The governance arrangements and relationships between the Centre and territorial boards continue to be discussed, in particular the performance role. R Roberts reported that Jann Gardner had attended a recent Implementation Leads meeting and intends to join the Board Chief Executives meeting in September to discuss further. It was agreed that once further details were known, a regional discussion should be arranged to understand the implications for the Region. R Roberts agreed to send slides to colleagues to support further discussion with the item to be brought back to the next meeting.	**RR/JMcC**
10.	**AOB** No other business was raised.	
11.	**Next Meeting:** The next meeting is due to take place on 6th November, with the following provisional times to be confirmed: RCAG 0930-11 ERPB 11-1pm	

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INTEGRATION JOINT BOARD

(Meeting on 28 August 2020)

No issues were raised for escalation to the Board.

Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 28 AUGUST 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair)
	Christina Cooper (CC) (Vice Chair)
	Fife Council, Councillors – David Alexander (DA), Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW)
	NHS Fife, Non-Executive Members – Les Bisset (LB), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW)
	Chris McKenna (CM), Medical Director, NHS Fife
	Helen Buchanan (HB), Nurse Director, NHS Fife
	Wilma Brown (WB), Employee Director, NHS Fife
	Morna Fleming (MF), Carer Representative
	Paul Dundas (PD), Independent Sector Representative
	Debbie Thompson (DT), Joint TU Secretary
	Simon Fevre (SF), Staff Representative NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer
	Audrey Valente (AV), Chief Finance Officer
	Helen Hellewell (HH), Associate Medical Director
	Lynn Barker (LBa), Interim Associate Nurse Director
	Katherine Paramore (KP), Medical Representative
Attending	David Heaney, Divisional General Manager (East)
	Stacy Brown, District Nurse
	Norma Aitken (NA), Head of Corporate Services
	Avril Sweeney, Compliance Officer
	Wendy Anderson (WA)(Minute)
	Claire Warrender, Courier – via telephone only
	Hannah Brown, Fife Free Press – via telephone only

NO	HEADING	ACTION

1   CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the third virtual Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair congratulated our 17 District Nurses who have all had their applications approved for the Graduated Diploma in Integrated Community Nursing. The course is a 2-year part-time programme at Queen Margaret University with a focus on district nursing and integrates theory with practice.

Members were advised that a recording pen was in use during the meeting to assist with Minute taking and the media have been invited to listen to the proceedings.

The Chair then handed over to Nicky Connor for her Chief Officer's Report and an update on the protocol for the meeting.

2   CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING

Nicky Connor welcomed all Board members to the meeting and also welcomed Stacy Brown who is a student District Nurse who was shadowing Nicky as part of her development and learning about Integration and Health and Social Care.

Nicky ran through the protocol for the meeting which was being held using Microsoft Teams and outlined the agenda for the meeting. Nicky then highlighted several; key areas to the Board.

Team Fife Approach

Over the summer months Nicky has valued the opportunity to get out and about to meet with a number of teams in health, social care and social work. This has included teams in our Hospitals, Care Homes and communities across both the delegated services and our partners in the independent and voluntary sector. A commitment had been made to make weekly visits to teams over the summer months and this has been achieved. Nicky would wish to again formally record her thanks to all teams across Fife.

Development Sessions

Since the last Integration Joint Board there have been two Board Development Sessions held, which covered:

- Remobilisation and Winter.
- Directions.
- Standards Commission Advice Note for members of the Integration Joint Board.
- Annual Report Development.
- A programme of chief officer meetings with board members.
- Integration Scheme Review.
- Ministerial Steering Group Indicators for Integration.
- Future Board Development Sessions.

Pharmacy First

The National Pharmacy 1st Service launched on 29 July 2020. The service is designed to encourage the public to visit their community pharmacy as the first port of call for all minor illnesses and common clinical conditions: it replaces the existing Minor Ailment Service (MAS). Pharmacy 1st places an emphasis on patient centred clinical care by providing a framework for consultation, clinical advice, referral to another healthcare professional and treatment where appropriate (either via prescription on the NHS, or via an over the counter sale). The service is open to everyone who lives in Scotland, including care home residents, and the range of conditions which can be treated has increased from the previous MAS service. This has the potential to make care

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NO	HEADING	ACTION

2   CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING (Cont)

more accessible for our patients, for whom Community Pharmacies are available 6 or 7 days a week often without the need for an appointment. The service, by supporting self-care, will also alleviate pressure on out of hours services and GP Practices.

A patient information leaflet with further information on the NHS Pharmacy First Scotland is available.

3   CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE

Apologies had been received from Fiona Grant (FG), Steve Grimmond (SG), Carol Potter (CP) and Eleanor Haggett (EH).

4   DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5   MINUTES OF PREVIOUS MEETING 26 JUNE 2020

The Minute of the meeting held on 26 June 2020 was approved as accurate.

Discussion took place around Test and Protect, which was not on today's agenda. The number of testing requests has risen since the schools returned, there have been no positive cases in Care Home for the past two weeks and there is a new mobile testing unit in St Andrews. Nicky Connor will contact Public Health to request a briefing.

NC

6   MATTERS ARISING

The Action Note from the meeting held on 26 June 2020 was agreed as accurate.

7   REMOBILISATION UPDATE

The Chair introduced Nicky Connor who presented this report which was for noting.

Nicky advised that a commitment was made to bring regular updates to the Integration Joint Board as services remobilise. 90% of services have now submitted plans for remobilisation with close working with the staff side, trade unions, Human Resources, Finance and clinical leadership. The Partnership is working in line with complying with infection prevention and control measures and to support capacity and flow across the whole system.

A draft Remobilisation Plan has been submitted to Scottish Government which outlines priorities for:

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7   REMOBILISATION UPDATE (Cont)

- Continuing to provide a safe service.

- Preparing adequately for another COVID resurgence as well as winter planning.

- Restarting business as usual clinical care including routine care.

- Continuing redesign and transformation of services.

- Providing clinical support and supervision to care homes.

- Providing local test and protect service.

Jim Crichton confirmed that the majority of services are in the process of remobilising, in some cases with different capacity than before.

Claire Dobson has been leading on Community Health Services and plans for remobilisation. To date 66 plans have been discussed at the Bronze group meetings. Staff are embracing new ways of working eg technology and have been outstanding through the Covid-19 pandemic.

David Heaney advised that the majority of social work and social care services had continued throughout the lockdown. Day Services and Planned Respite were the two main services impacted by the national measures. Action Plans have been drafted for both services and guidance from Health Protection Scotland is imminent. Clients and staff have been kept updated on progress.

Helen Hellewell has been leading on remobilisation for the wider Primary Care sector. Community pharmacies have been open throughout. Work is ongoing to ensure there is support for the Covid Assessment Centre and Triage Hub as we move towards winter.

Lynn Barker advised that plans for Urgent Care Remobilisation have to be completed by 31 October 2020 and a Flow and Navigation Hub is being set up in Fife. There are six workstreams to support the redesign of urgent care.

Chris McKenna expressed his thanks to everyone who has been involved in remobilisation for the hard work so far, it has been a huge ask of teams. The next phase will be preparing for winter and ensuring that the upcoming challenges can be met.

Helen Buchanan updated on infection control and the main priority currently is to reduce the chance of increased Covid-19 cases, working with the reduced capacity. Staff have been working tirelessly throughout the pandemic and winter could provide significant challenges.

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7 REMOBILISATION UPDATE (Cont)

Work is now ongoing to assess what worked well during the previous few months and to get feedback on patient's experiences of the increased use of technology eg Near Me. This will help to focus on the appropriate areas going forward.

As many services remobilise there will be an element of redesign brought in as new ways of working introduced to cope during the pandemic are incorporated into everyday processes.

The Board:-

- Noted the progress being made to ensure that Health and Social Care Partnership Services have approved remobilisation plans in place.

- Noted the submission of a draft joint NHS / Partnership Remobilisation Plan to Scottish Government.

8 PERFORMANCE REPORT EXECUTIVE SUMMARY

The Chair introduced Fiona McKay who presented this report which was being brought to the Board as an Executive Summary for the first time. Initial feedback on the content and ease of reading of the report was good.

Discussion took place around the content of the report including Complaints and Freedom of Information (FOI) requests, both of which had seen increases in response times due to Covid-19. Work is ongoing with both of these and there should be a significant improvement in response times by the time the next report is produced.

Questions were raised about residential and nursing homes and the situation within Short Term Assessment and Reablement beds (STAR) / Short Term Assessment and Review Team (START). David Heaney advised that START has been under pressure as mainstream home care was needed to maintain the flow of clients, who were not moving through the system as quickly as they normally would. Regular meetings are held to discuss these situations.

Work has been ongoing with the Power BI system which allows internal and external care providers the opportunity to map the visits they currently make to inform discussions regarding demand and capacity. This means there is the chance to provide more packages whilst working more efficiently.

Paul Dundas confirmed that care at home is always challenging but external providers welcome the chance to use a whole system approach.

The number of people in care homes has reduced during the pandemic, some of it as a result of the ability for more people to be cared for in their own home during the lockdown as families were available.

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NO	HEADING	ACTION

8 PERFORMANCE REPORT EXECUTIVE SUMMARY (Cont)

It was identified that there was a gap in information between February and July 2020 for part of the Report. Fiona McKay confirmed that this would be updated in the next Report.

FM

9 FINANCE REPORT

The Chair introduced Audrey Valente who presented this report.

Audrey advised that this report reflects the June 2020 projected outturn position and it was discussed in full at the Finance and Performance Committee (F&P) on 13 August 2020. Following the Committee Audrey had updated her report to reflect F&P feedback.

Discussion took place around the actual (£4m) and projected (£27m) Covid costs, potential Scottish Government funding and unachieved savings. The Senior Leadership Team are currently looking at progressing savings and looking at alternative ways of closing the funding gap.

Claire Dobson advised that winter planning will be significantly different to previous years. An event had been held with stakeholders on Tuesday 18 August 2020 to discuss the future challenges with Covid-19 and flu, infection control, workforce resilience, unscheduled care and priorities. Feedback from this will come back to the governance committees and IJB in the future.

Audrey Valente is working with the Senior Leadership Team on the Financial Recovery Plan which will be taken to the next F&P Committee and the September Integration Joint Board meeting.

AV

The Board noted the financial position as reported at 30 June 2020 and noted and discussed the next steps and key actions.

10 WELLESLEY UNIT, RANDOLPH WEMYSS HOSPITAL

Nicky Connor advised that this in an important discussion for the Board who are being asked to make a decision in relation to the sustainability of the Wellsley Inpatient Unit at Randolph Wemyss Memorial Hospital and also to ensure that in making this decision we have a person centred approach to meeting people's needs through the reprovision of care and development of community services.

Nicky advised that as Chief Officer she fully supported the proposal and would be asking colleagues for their views from an operational, clinical and professional perspective.

Nicky Connor then advised that, as a result of ongoing discussions, she will propose a change to the Direction that is placed in front of the Board for decision today.

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10 WELLESLEY UNIT, RANDOLPH WEMYSS HOSPITAL (Cont)

The amendment Nicky proposed related to third bullet point in the Direction which she was seeking to strengthen. This would ensure a broader focus on the community services which could be offered at Randolph Wemyss Memorial Hospital. These would be investigated in line with the Joining Up Care Community Hospital Strategy. The proposed amendment to wording was:

» **"NHS Fife and Fife Council through the Director of Health and Social Care are directed to work with partners to develop community services at Randolph Wemyss Memorial Hospital in line with the joining up care Community Hospital Strategy".**

The other amendment Nicky proposed was to the Performance Monitoring Framework which added in additional specific measures to provide clarity in the Direction and assurance to the Integration Joint Board (IJB).

Assurance will be provided to the IJB:

» The Wellesley Unit has closed in line with the Direction.

» Re-provision of care has been provided that meets people's needs.

» Capacity within the social care system to both support care on an on-going basis and support the needs of older people who would have otherwise been cared for in Wellesley Unit.

» The refreshed Community Hospital Strategy will be presented for approval to the IJB including plans for Randolph Wemyss Memorial Hospital and with appropriate discussion and engagement with partners and communities.

Refreshing this strategy is only right, in light of our learning post Covid and what that means in relation to buildings-based models of care. It is also right that this is undertaken with the appropriate engagement and consultation. Nicky committed to doing that as timeously as possible ensuring the need to be open with the Board that we are balancing significant competing demands with Remobilisation and a level of uncertainty regarding COVID and Winter Resilience which may impact on timescales.

Claire Dobson advised that this is a 10 bedded, in-patient unit with 22 wte staff. The local GP practice has intimated it can no longer sustain their role as Responsible Medical Officer (RMO) and the unit cannot function without this.

Every effort has been made to source new RMO cover but this has proven impossible.   Resilience within this unit has been a challenge for a number of years and this has had an impact on patients, their families and staff.

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10   WELLESLEY UNIT, RANDOLPH WEMYSS HOSPITAL (Cont)

Chris McKenna supported Claire's introduction. He advised that the Unit has become unsustainable, newer models of care have been introduced and these would be better for the long-term care of patients in the Unit.

Helen Buchanan spoke of the extensive staffing issues the Unit has had over recent years and the difficulty in recruiting staff to a small standalone unit. The withdrawal of the RMO has brought these issues to the forefront and a decision has to be made in the best interests of patients and staff.

Helen Hellewell advised that other alternatives had been carefully considered but this was the best way to deal with this issue.

Lynn Barker said that patient safety and safe staffing levels where two big considerations. There will be opportunities to use new ways of working in the future.

Simon Fevre confirmed that the staff side have been fully involved in this process and also when issues have arisen previously. Staff have been kept fully informed of progress. Further meetings with staff are being arranged to update on today's decision and the effect this will have going forward.

All of the senior clinical, professional and operational staff who spoke on this issue fully supported the proposal to close the Unit.

The Chair thanked everyone who had spoken on this item and asked if Board members had questions they wished to raise before the decision was taken.

Discussion took place around the level of consultation which had taken place prior to the paper coming before the Board. Claire Dobson advised the decision was being taken based on clinical safety issues and to date consultation has focused on the patients, their families, carers and staff who would be directly affected by the closure. Significant work is ongoing with the Community Hospital Strategy which is being reviewed and refreshed. Consultation on the future use of the Unit will be undertaken in line with this strategy.

Questions were asked around the patients currently in the Unit, their clinical needs and where they may be moved to. Information on individual patients could not be discussed in this forum due to patient confidentiality, but future care would be provided in a more person-centred way and in a more homely setting.

Chris McKenna reminded the Board that the decision which needed to be taken today was to be made on a clinical basis, was supported by senior clinicians and managers and had to be taken quickly before the Responsible Medical Officer cover ceased.

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10 WELLESLEY UNIT, RANDOLPH WEMYSS HOSPITAL (Cont)

It was agreed that Nicky Connor's proposed change to the Directions and the Performance Monitoring Framework were both welcome and strengthened the decision-making process.

Before a final decision was taken, David Graham advised that he would like to propose an Amendment, which read

"The Integrated Joint Board accepts that the Wellesley Unit at the Randolph Wemyss Memorial Hospital cannot legally operate without a Responsible Medical Officer.

However, the ward has been in this position before and solutions have been found. Therefore I move to temporarily close the ward to allow for further investigation to take place into finding medical cover for the ward and consultation to be completed with the patients, staff and local community. A further report then being brought back to the Integrated Joint Board where a decision can then be taken on the future of the ward.

The development of the Randolph Wemyss Memorial Hospital and the medical offer that is available should continue to be developed to secure the future of the hospital in general."

As a result a decision to move to a vote was agreed.

The Motion was Proposed by Les Bisset and Seconded by Eugene Clarke.

The Amendment was Proposed by David Graham, Seconded by Jan Wincott.

A roll call call taken of each of the 15 Voting Members of the Board who were present at the meeting asking if they were for the Motion or the Amendment.

Motion (Direction) – 12 votes

Amendment – 3 votes

The Motion (Direction) to direct NHS Fife to close the Wellesley Unit and NHS Fife and Fife Council to commission care to support the needs of older people who would have otherwise been cared for in the Wellesley Unit and work with partners to develop community services at Randolph Wemyss Memorial Hospital was therefore carried. This Direction will be issued to NHS Fife and Fife Council in the near future.

11 DATE OF NEXT MEETINGS

INTEGRATION JOINT BOARD **– Friday 25 September 2020 – 10.00 am**

IJB DEVELOPMENT SESSION **- Friday 9 October 2020 – 9.30 am**

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Fife NHS Board

NHS Fife

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON 17 SEPTEMBER 2020 AT 10AM VIA MS TEAMS

Present:

Mr M Black, Chair

Ms J Owens, Non-Executive Member

Ms S Braiden, Non-Executive Member

Ms K Miller, Non-Executive Member

In Attendance:

Mrs C Potter, Chief Executive

Mrs H Buchanan, Director of Nursing

Mrs M McGurk, Director of Finance

Mr T Gaskin, Chief Internal Auditor

Mr B Hudson, Regional Audit Manager

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

Mr R Mackinnon, Associate Director of Finance

Ms P Fraser, Audit Scotland

Mr B Howarth, Audit Scotland

Ms A Clyne, Audit Scotland

1. Welcome / Apologies for Absence

The Chair welcomed Alison Clyne, Trish Fraser and Brain Howarth from Audit Scotland, who were attending the meeting.

Apologies were received from Cllr David Graham.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 13 July 2020

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

4. Action List

In reference to the outstanding action on Internal Audit Follow-Up Reporting, Mrs McGurk noted that EDG now considers the progress on outstanding internal audit actions on a quarterly basis. Directors have been reminded of the need to ensure good progress is made in clearing outstanding issues. Additionally, in reference to outstanding actions from last year's Annual Accounts Audit Recommendations, Mrs

McGurk reported that good progress is being made in relation to the outstanding actions, with all due to be complete by the end of October 2020.

The Audit & Risk Committee **noted** the update.

5. MATTERS ARISING

5.1. Clinical Governance update on Adverse Events Internal Audit report

Dr MacIntosh reported that this had been an outstanding action on the Audit & Risk Committee's rolling action list. This specific internal audit report was seen in full by the Committee in March, where the Committee had raised concern about the rating of limited assurance given therein. The Committee then agreed that they wanted further consideration of the issues by the Clinical Governance Committee. The Clinical Governance Committee reviewed the internal audit report at their meeting in July and a follow-up summary had been submitted to their meeting held last week, which outlined the detailed action points that were required by the report and progress made to address these thus far.

The Audit & Risk Committee **noted** the update and took assurance from the progress made to address the recommendations of the internal audit report.

5.2. Sharing Intelligence for Health & Care Group – Feedback letter on NHS Fife

Mrs Potter noted that the Sharing Intelligence for Health & Care Group is overseen by Healthcare Improvement Scotland and is a forum where a number of organisations come together to share information and intelligence on different aspects of the business of healthcare.

The feedback letter on NHS Fife was enclosed for the Committee's information. There were two main issues highlighted therein: the quality of the estate / buildings used to deliver care in a Mental Health setting; and the ongoing financial and governance challenges in the operation of the Health & Social Care Partnership / IJB. Positive progress was also highlighted in the letter, namely in the enhancement of medical education and training; the Board's engagement in quality improvement work; and strong partnership working in children's and young people's services. The Board's response and leadership in the context of the Covid-19 pandemic was also recognised at the recent feedback meeting. Members welcomed the useful summary.

In response to a question raised by Mr Gaskin around future reports containing information on how the actions have been taken forward, Mrs Potter advised that the report did not contain anything new, in that the Group considered data already in the public domain. In response to the original reports, all the actions are already being fully addressed through a number of individual workstreams and action plans, such as those around mental health via that stand-alone strategy.

The Audit & Risk Committee **noted** the update and the helpful feedback received from the Group.

6. ANNUAL ACCOUNTS

6.1. Annual Accounts Update

Mrs McGurk reminded the Committee that there had been significant workforce changes and capacity issues within the senior financial team, which, combined, had resulted in not achieving the 1 July completion date for the financial statements being submitted to Audit Scotland. There are ongoing regular communications with the Audit Scotland team, who have supported the Finance Department and have recognised the capacity issues.

As at the end of July, a package of data was agreed for submission the first week in August, but again delivery of the complete information could not be met. Audit Scotland therefore advised that their planned resources had to be moved to service another audit. Mrs McGurk confirmed that the full set of accounts was delivered to Audit Scotland on 17 August and their audit has now commenced. It is unlikely that the review will be finished until the end of November, with a possibility that this could be the beginning of December, which could cause a significant issue in terms of the NHS Scotland-wide consolidation of accounts. The Scottish Government have been kept up to date, along with the Chair of the Audit & Risk Committee, the Chair of the Board and Chief Executive. She added that NHS Fife has secured specialist support from finance staff in NHS Lothian, along with support from NHS Grampian, who have all been extremely helpful.

Mrs McGurk informed the Committee that good progress had been made with the audit of patients' funds accounts and, subject to a few transaction queries, these should receive a clean audit opinion. The Endowment accounts audit had also been recently completed.

Mr Howarth from Audit Scotland advised that resources within their service had all been heavily impacted by Covid; productive time is down by 16% and audits are taking longer than normal as they are relying on key staff within organisations to gather and present evidence remotely, which has led to some difficult decisions to accommodate audits within the wider timetable. NHS Fife is one of the more significant of those in terms of timing and this is having a wider effect.

Ms Fraser advised that since 17 August Audit Scotland have been working on the NHS Boards audits and in the last few week have been focusing particularly on NHS Fife. She was hopeful that good progress can be made over the next few weeks and a larger team will be made available to work on the accounts. It was however anticipated that the accounts would not be ready for Audit & Risk scrutiny any sooner that the beginning of December, and meetings would require to be arranged to fit within that overall timetable.

The Audit & Risk Committee **noted** the update on the Annual Accounts

7. GOVERNANCE – GENERAL

7.1. Update on Board Action Plan for the implementation of the NHS Scotland 'Blueprint for Good Governance'

Dr MacIntosh gave an update on progress with implementing the recommendations of the NHS Scotland 'Blueprint for Good Governance'. Whilst the Board has adopted a number of the various workstreams, such as the Model Standing Orders and agenda paper template, she advised that the national work on the remaining areas had been heavily impacted by the focus on Covid. It is expected that the next national survey of Board members will not be held until at least early 2021. The action plan provided outlines all of the actions that had been previously agreed with the NHS Fife Board and the paper gives a summary on progress with meeting these.

The Audit & Risk Committee **noted** the update and **recommended** that the report be submitted to the next NHS Fife Board meeting for assurance purposes.

7.2. Annual Review of Code of Corporate Governance

Dr MacIntosh advised that, as previously mentioned, in April 2020 the Board adopted the Model Standing Orders for NHS Boards in Scotland. Additionally, all the Board Committees have recently reviewed their remits, as part of the year-end process, and the revised Code of Corporate Governance reflects these textual changes. The update to the Code also consolidates any other minor changes, to areas such as job titles, which are reflected within to ensure the Code remains current. It was noted that Mr MacKinnon has also reviewed the Standing Financial Instructions section and has made some clarifying recommendations, which are tracked within. Mr MacKinnon summarised the changes made and rationale for those amendments, with reference to each.

In reference to the proposed addition to clause 8.3 (p.54) of the SFIs ('The Chief Executive shall establish a system of delegated budgetary authority within which budget holders shall be responsible for the engagement of staff within the limits of their approved budget *unless following successful grading appeals*'), it was agreed that the addition could be helpfully clarified with the addition of further text to ensure budgets were adhered to. The Committee agreed that, under delegated authority, the production of revised wording be remitted to the Chief Executive and Director of Finance, to produce a revised clause for final consideration by the Board.

Mrs Braiden referred to Section 6.2(e) of the Standing Orders, which mentions the Annual Operational Plan, and queried if the plan still exists or has been replaced by mobilisation plans re Covid. Mrs Potter reported that NHS Fife are required to submit an Annual Operational Plan to the Scottish Government for next year, and guidance is coming out in the next month or so. That terminology still remains relevant.

The Committee **recommended approval** of the revised Code to the NHS Fife Board, with the caveat that the wording within clause 8.3 of the SFIs be revised prior to final submission to the Board.

7.3. Corporate Calendar / Committee Meeting Dates to 2021/22

Dr MacIntosh reported that the proposed meeting dates to March 2022 have been provided, with clarity still awaited around the possibility of an annual accounts meeting in December, followed by an additional meeting of the Committee in January to catch up on business normally considered at a routine December meeting. Members will be advised of the new dates as soon as they are available and their patience is appreciated.

The Audit & Risk Committee **noted** the proposed 2021/22 Committee meeting dates.

8.   GOVERNANCE – INTERNAL AUDIT

8.1   B25/21 – Post Transaction Monitoring

Mr Hudson advised that, under the Property Transaction Handbook (PTH) regulations, the Audit & Risk Committee is charged with oversight of the monitoring of the process of property transactions. The monitoring process is a cyclical exercise and Internal Audit were requested to review all three transactions completed in 2019/20 to ensure the requirements of the PTH were followed.

The audit report assessed each transaction at grade A, i.e. transaction is properly completed, with three recommendations each risk assessed as 'merits attention', which management have accepted (two of which have now been addressed). A clean property transaction return in respect of 2019/20 can therefore be submitted to the SGHSCD by the 30 October 2020 deadline.

The Audit & Risk Committee **noted** that the requirements of the PTH have been complied with, that arrangements are in place to issue the Board's Annual Property Transactions Return to SGHSCD by the deadline of 30 October 2020, and that the return be submitted with no significant issues identified.

8.2   Draft Internal Audit Annual Report 2019/20

Mr Gaskin introduced the report, noting that there were some very important issues to be brought to the attention of the Committee. The report is currently in draft, and thus the recommendations do not have a management response at present. That allows the Committee to have the opportunity to feed into the response.

Overall, the rating of the report is that there are effective internal controls within NHS Fife. The key message of the report is that NHS Scotland as a whole is facing major issues in maintaining and planning for sustainability. Audit Scotland colleagues have produced some excellent reports on the national situation around an ageing workforce, financial sustainability and pressures on the health service as a whole, and Fife is no exception to this. In terms of recurring savings NHS Fife has not met this target in full for a number of years. As with all NHS Boards, service transformation will be an important factor in addressing this. With Covid-19 related pressures, the gradual slide in performance across Scotland has been vastly accelerated and pressures on the system have greatly increased.

It was noted that NHS Fife responded really well to the pandemic emergency and achieved in a matter of days significant areas of service transformation. Tremendous work has been delivered during this time, including improvements with the relationship with the IJB, with all parties working at pace for the population of Fife. Mr Gaskin noted further positive examples of progress with service change including the Orthopaedic Elective Centre and developing the Mental Health Strategy, and NHS Fife has shown that it can achieve transformation on a planned basis.

Mr Gaskin noted that progressing improvements in relation to Information Governance arrangements has been an issue in the Board for some time and requires continuing focus from the Clinical Governance Committee. The Information Governance programme of improvement is a priority for NHS Fife, it should be noted that without continuing progress this has the potential to be a disclosure in future years. Mr Gaskin noted he would like to thank the Chief Executive, Director of Finance and Board Secretary for their input in preparing this draft report and also to the internal audit staff who have been delivering a lot of work in difficult circumstances.

In relation to Mr Gaskin's comments on delivery of recurring efficiency savings, Mrs McGurk highlighted that the recurring gap had reduced through 2016/17-2018/19, though this had not been the case in 2019/20. In terms of achieving savings on a recurring basis, this is a major issue across all Health Boards. NHS Fife set out initial plans (pre-COVID 19) to address the delivery of efficiency savings, which linked that directly to service transformation over a realistic period of time. Mrs McGurk referenced the Board Development Session in January 2020 and February 2020 and the Finance, Performance & Resources Committee in March 2020, where a three-year medium-term financial strategy linked to the transformation was discussed. The Executive Team are focused on delivering against that medium-term strategy; however, it is unlikely that detailed planning and therefore delivery can commence this financial year given the impact of the pandemic.

Mrs Potter agreed that the planning and delivery of the Orthopaedic Elective Centre was a good example of delivering transformation. That project has been successful in getting to the current stage because the organisation understood how to put that transformation programme together, including effective clinical engagement. Mrs Potter also noted that the Mental Health Strategy has been developed and in the last month there has been the first meeting of the Mental Health Strategy Programme Board. These projects are being taken seriously by NHS Fife and there is real evidence of things beginning to progress.

More generally Mrs Potter noted that in July 2019 a workshop was held across Heath & Social Care involving NHS Board Members, IJB and members from Fife Council, which featured items from all of the strands of redesign that were happening across Fife. The workshop prioritised programmes of work, and an Integrated Transformation Board was established, with Non-Executive representation and elected members from Fife Council. The Board also appointed a Programme Director to drive this forward. The most recent meeting was held in February 2020 and we consciously paused this area of work as the pandemic hit. Until February of this year, progress was being made, a supporting infrastructure was in place and the Board were supportive of the previous Chief Executive's approach with a PMO. We are now refreshing priorities and held a workshop recently to take stock of priorities going forward within NHS Fife and

the H&SCP, and to make changes to reflect the additional demands arising as a result of Covid. The roles of key directors, such as the Nurse Director, Medical Director and the Director of Finance in particular, have never been so important, also recognising the role of the Director of Public Health and the Public Health function. It was recognised that structures we have had in the past for transformation may not be fit for purpose now, but redesign will necessarily take some time, particularly if the Covid pandemic experiences a second peak.

Ms Braiden recognised that some of these issues have been apparent for some time. Her view was that this is a difficult situation; people are tired and are now preparing for a second wave of Covid. It is important to identify what have been the main blocks in the past for transformation and what can we actually do to move things forward in a realistic way.

Mr Gaskin noted that he had used the phrase 'green shoots' in reference to the work around the Orthopaedic Elective Centre and the Mental Health Strategy. These tell you the organisation does have capacity to achieve results. What it does not tell you is whether it has the capacity and capability to do the full range of things that are needed now. Internal Audit expect to see that information captured in one place. As a Board, members would also have to accept that there will be a focus on key issues and certain things may need to have less of a priority. Officers will need to be supported on that. Internal Audit is currently undertaking an audit around the remobilisation work and this will come to a meeting early in 2021.

Mr Black noted that, as a Board member, he had seen good examples of transformation work that was effective in Fife. The complexities in the relationship with the IJB and its construct remained a real challenge, which Mr Gaskin agreed was a difficult balance.

Mrs Potter highlighted to the Committee that, as Accountable Officer, she had received a letter dated last Friday confirming that the Cabinet Secretary will maintain the NHS on an emergency measures basis until 31 March 2021. As a result, the Board is being explicitly directed from the Scottish Government on what our immediate priorities are. These are Test & Trace work, the Flu Vaccination programme and preparing for Winter. In relation to the remobilisation plan, we will be linking with Scottish Government on a monthly basis, so will have input on how we respond to that.

Mr Black thanked all members and attendees for the helpful and robust discussion. The Audit & Risk Committee **considered** the draft Internal Audit annual report and noted that a final version, with formal management responses, will be considered at their next meeting.

9.   **RISK**

9.1. **Risk Management Annual Report 2020/21**

Mrs Buchanan reported that the annual report provides a summary of all the developments over the last year highlighting the information provided in terms of the Risk Management Framework, Assurance Mapping, Board Assurance Framework,

Key Performance Indicators, Adverse Events Management, Duty of Candour and the Datix system.

The Audit & Risk Committee **noted** the annual report

9.2. Risk Management Framework Update

Mrs Buchanan reported that Risk Management Framework had been a work in progress for some time. The Framework has been updated to incorporate the approach to risk management within the organisation and the responsibilities for managing risks and processes for effective risk management. The Board's approach to risk appetite / tolerance is outlined, as are the appropriate structures to manage risk and also the governance structures that are in place to ensure that the relevant committees are aware of the risks that are in our system.

The Audit & Risk Committee **noted** the update and recommended the revised framework to the Board for approval.

9.3 Risk Management Key Performance Indicator Report

Mrs Buchanan gave a brief update, noting that Appendix 1 of the report highlights timescales of risks within the risk register and the length of time they have been there. It also looks at the Board Assurance Framework format.

The Audit & Risk Committee **noted** the report and that the development of the KPIs would be part of the implementation of the Framework as above.

9.4 Update on Risk Management Workplan

Mrs Buchanan reported that, as detailed in the paper, the 2019/20 workplan was complete as detailed within. She highlighted that 2020/21 workplan outlines the different areas that will be completed over that period by the risk management team.

In a response to a question raised by Ms Braiden, Mrs Buchanan advised that there were sufficient resources in place to fulfil the scope of the risk management work, noting however the continuing pressures of day-to-day business (such as adverse events management) on that service was significant. Tony Gaskin noted the benefits of allowing the Risk Manager to concentrate on strategic risk management initiatives, where at all possible.

The Audit & Risk Committee **noted** the proposed workplan.

10. ANNUAL ASSURANCES

10.1. Annual Assurance Statements for 2020/21
- **Clinical Governance Committee**
- **Finance, Performance & Resources Committee**
- **Remuneration Committee**
- **Staff Governance Committee**
- **Fife Integration Joint Board**

Dr MacIntosh advised that each of the individual committees had reviewed their statements as part of their meetings held in July and all had improved the content of the annual assurance statements. An assurance statement from the IJB's Chief Internal Auditor was also included within the pack.

The Audit & Risk Committee **noted** for assurance purposes the Annual Assurance Statements for 2020/21.

10.2 Draft Audit & Risk Committee Annual Statement of Assurance

Dr MacIntosh advised that this was a draft version of the Audit & Risk Committee Annual Statement of Assurance and was here for members' comments, before coming back to the Committee in final form at their next meeting. The report reflects the scope of business that the Committee has reviewed over the year, along with detailing the various training events that members have participated in.

Noting the content, the Audit & Risk Committee **approved** the draft Audit & Risk Committee Annual Statement of Assurance.

10.3 Significant Issues of Wider Interest / Draft Governance Statement

Mr Mackinnon advised that the paper provided the annual assurance letter that the Audit & Risk Committee is asked to submit to the Scottish Government. The report sets out key issues which could be of wider interest beyond NHS Fife; this year there were areas identified in the Directors' letter from Scottish Government Health and Social Care Directorate, as set out in the appendix, which the Board has responded to. The draft letter is provided within the document for consideration, which has been approved thus far by the Chair. The draft governance statement is also set out within the appendix.

The Audit & Risk Committee **approved** the Significant Issues of Wider Interest and draft Governance Statement as provided within.

OTHER

11. Issues for escalation to NHS Board

There were no issues of escalation to be highlighted from the current meeting.

12. ANY OTHER BUSINESS

In reference to the request under Item 8.2 that the draft Internal Audit Annual report be issued to the other standing committees, Mr Gaskin noted this would be good practice. A final version might be more appropriate, however, as this would contain management comments and action deadlines. Mr Black agreed to discuss initially with the Chair of Clinical Governance, as the findings related largely to that Committee's area of remit.

In reference to Item 10.2, Mr Howarth highlighted that, given the recommendations and findings of the Internal Audit annual report, whether the Committee would wish to see these reflected in the Committee's assurance statement to the Board. Mrs McGurk suggested that, since the Audit & Risk Committee had already approved the Annual Assurance Statement under the discussion on that agenda item, when the annual accounts are presented to the Board for final approval the Audit & Risk Committee usually provide at statement in support. That would be an opportunity to reflect to the Board anything that the Audit & Risk Committee would want to escalate from either the internal or external audit annual reports (the latter still to be considered). This was agreed by the Committee as an appropriate way forward.

13. POST-MEETING TRAINING SESSION

After the Committee's meeting, members attended a training session, led by Audit Scotland, on scrutiny of the annual financial accounts.

Date of Next Meeting: 19 November 2020, location TBC.

Fife NHS Board

CONFIRMED

NHS Fife

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD VIA MS TEAMS ON 7 SEPTEMBER 2020

Present:

Dr Les Bisset, Chair	Martin Black, Non-Executive Member
Sinead Braiden, Non-Executive Member	Wilma Brown, APF Representative
Helen Buchanan, Nurse Director	Rona Laing, Non-Executive Member
Janette Owens, ACF Representative	Dona Milne, Director of Public Health
John Stobbs, Patient Representative	Carol Potter, Chief Executive
David Graham, Non-Executive Member	Margaret Wells, Non-Executive Member

In Attendance:

Nicky Connor, Director of Health & Social Care	Scott Garden, Director of Pharmacy & Medicines
Dr Rob Cargill, AMD ASD	Andy Mackay, Deputy Chief Operating Officer (Acute)
Gillian MacIntosh, Board Secretary	
Susan Fraser, Associate Director of Planning & Performance	Helen Woodburn, Head of Quality & Clinical Governance
Lesly Donovan, eHealth General Manager	Dr Helen Hellewell, AMD H&SCP
Catriona Dziech, Note Taker	

1. **Apologies for Absence**

   Apologies were noted from Dr McKenna, Medical Director.

2. **Declaration of Members' Interests**

   There were no declarations of interest made by members.

3. **Minute of the Meetings held on 8 July 2020**

   The note of the meetings held on 8 July 2020 were formally approved.

4. **Action List**

   All outstanding actions were discussed and will be updated on the separate rolling Action List.

5. **MATTERS ARISING**

5.1 **Risk 1652 – Lack of Medical Capacity in Community Paediatric Service**

Members reviewed the content of the agenda paper presented by Dr Cargill, which outlined challenges in the recruitment of medical staff within the service and the resultant impact on the ability to deliver a safe and timely service for patients.

Following discussion, the Committee agreed that the report was concerning and noted the recommendations as follows:

1   They recognised the risks associated in view of the significant vulnerabilities of the Community Paediatric Service;
2   Supported a programme of improvement work to progress a full system redesign in partnership with the Health and Social Care Partnership and Acute Service Division;
3   Noted that the improvement work will be phased on short, mid and long-term plans;
4   Noted that cross system leadership arrangements will be agreed to effectively support this improvement work; and
5   Noted that the service redesign may include invest to save opportunities.

Assurance was given that the services would (and will) continue to meets its statutory responsibilities despite the ongoing recruitment challenges. Regular updates on the status and progress will be provided to the Committee. Dr Cargill will arrange for the first update for January 2021.

Action: RC

Director of Workforce to be informed of the recruitment issue and link to Staff Governance BAF in the same way recruitment issues are reflected in other clinical areas.

Action: LD

5.2   Update on Review of Fife Integration Scheme

Nicky Connor advised that a joint process to review the scheme was initiated in December 2019 and five meetings have taken place, though these were paused after 11 March 2020 due to the Covid-19 Pandemic. A meeting was held on 24 August 2020 to restart discussions and progress the review. However, to conclude the process the updated Scheme will require to be submitted to both Fife Council and NHS Fife Board for agreement and then on to the Scottish Government for formal approval.

There are two key areas of the Integration Scheme that have been the subject of focussed discussions and review remains ongoing. These are Clinical and Care Governance arrangements and Risk Share split for budgeting processes.

Although the review was not concluded by the statutory deadline of 19 August 2020, the Scottish Government has been informed. It is expected that the review will be concluded by the end of 2020 and until the successor scheme is in place, the current Integration Scheme remains in force.

The Committee noted the progress on the review of the scheme and the intention to seek partners' approval of a revised version by the end of the calendar year.

2

5.3   Audit Report B19/20 – Adverse Events Management Progress

Helen Woodburn advised that this report was originally reported at the 8 July Clinical Governance Committee. The overall rating in audit opinion for this review is limited. The review identifies several actions to address the weaknesses within the system which require to be addressed. The Audit and Risk Committee have requested further assurances to be provided to the NHS Fife Clinical Governance Committee on the progress made to address said weaknesses.

Four actions were identified, all of which are being managed through the Adverse Event and Duty of Candour Group which covers Partnership membership and the Acute Division. The Adverse Events Group has been unable to meet due to the Pandemic but the first meeting was re-convened for 18 August 2020 and an update was provided on all the actions identified. This paper outlines the progress to date, which is primarily around the number of reports which have been developed and the information which has been fed into the division / unit so people can monitor and begin to address overdue and action status. Some reporting mechanisms will be put in place to report to the group every two months, which is chaired by Dr McKenna.

In taking comment it was noted that there was no detail for Action Points 1 and 2 within the report and it would be helpful in the future to have this information provided.

The Committee noted the report with the actions that are being progressed and were content for the report to be taken to the Audit & Risk Committee with the inclusion of further details around Action Points 1 and 2.

Action: HW

5.4   Healthcare Improvement Scotland – Unannounced Inspection Glenrothes Hospital

Helen Buchanan advised that, following the unannounced inspection visit to Glenrothes Hospital between 7 and 9 July 2020, she had issued a note to members which set out the inspectors' first impressions of visit. Helen Buchanan said she felt it was important for members to see this report immediately as the initial feedback does not always match the final published report.

Health Improvement Scotland (HIS) have come back formally and the report will be checked for factual accuracy with an Action Plan being submitted. The final report will be issued on 15 September 2020. A preview will be available beforehand so members can be alerted to any issues.

The main issues to note from the report were about health and well-being during the Pandemic, noting that staff arrangements were responsive during the Pandemic and to Covid and infection control. The real achievements were infection prevention, the control environment and the cleanliness of the hospital, which were all examples of good practice. Training for Covid across the system was raised in the report along with engagement with families, carers and staff. The only area not fully compliant was the completion of documentation on food, fluid and nutrition. The person-centred care plans were also highlighted, which our senior leadership team are currently looking to develop, but this remains an issue across the whole of Scotland.

3

The Committee noted the final report will be brought to the next meeting in November 2020.

6 COVID-19 UPDATE

6.1 Shielding

Helen Woodburn advised that this report updates the Committee on the changes to Shielding initially brought in June 2020. The Board holds a list of patients identified for shielding. All these patients from 1 August 2020 have been advised they no longer need to shield and can follow the advice issued to the general population in Scotland. All Boards have been asked to maintain an active list to identify new patients and remove anyone from the list who no longer needs to shield.

The Committee noted this update until any further guidance is released from SGHD.

6.2 Testing

Andy MacKay advised it is a fluid situation across Scotland for testing and our laboratories and microbiology teams continue to react to direction issued by SGHD. The report presented to the Committee from the Scottish Microbiology and Virology Network highlights that NHS Scotland's allocation of UK Government Lighthouse Laboratory testing is changing, we are not entirely sure what this will mean at this point.

Fife normally have capacity to run 200–300 tests per day. Due to short term limitations this is currently around 100 per day due to shortage of sampling swabs. Work is ongoing nationally with National Procurement to procure an alternative source and this is expected to come online in the short term to increase our capacity back to 200-300 per day.

There has been an ask nationally to increase capacity but our restraints around this are workforce. Fife have also purchased some additional equipment in order to ensure we have sufficient resilience for Winter and Point of Care Testing for Covid and Flu.

Concern was expressed about the current situation but, as this was issued by SGHD, it was noted that there was little that could be done. Concerns were also raised about access to testing especially with the return of Universities and Colleges. This is being considered and a walk-in facility is now available at St Andrews, the first of its kind in Scotland.

Dona Milne advised there have been a number of recent changes including a new Government testing strategy and a draft business case around the Laboratories. It was agreed Dona Milne and Andy MacKay would meet to consider and prepare a short update for issue to the Committee separately.

Action: DM/ AMacK

6.3 Care Homes

4

Helen Buchanan advised that the situation remained stable. It is likely, although to be confirmed officially, that we will continue to work with Care Homes until May 2021. There is a meeting on Friday 11 September 2020 with Nurse Directors and Chief Nursing Officer, Fiona McQueen to look at how we sustain this moving forward, particularly around infection prevention and control teams. A short term and medium-term model will be considered, to decide how this can be utilised through the care homes.

Helen Buchanan advised that 99% of the assurance visits have been completed, with one outstanding.

6.4   Test and Protect

Dona Milne advised that in the last week 4780 Fife residents had been tested, with 11 cases of Covid-19 confirmed.

In the last seven days there were 14 (not 11) index cases. 8 have been completely traced and there are 6 currently in progress, which has led to 123 contacts being followed up and quarantined or isolated for a period of time.

Numbers in Scotland are starting to increase but the numbers in Fife are still relatively small in terms of confirmed cases, though the volume of work around trace / contacting is increasing.

The team is working extra hours to cover this increase along with additional recruitment. It is likely a seven-day rota (8am – 8pm) will be in effect for the next six months.

Dr Bisset thanked Dona Milne for the update and passed on thanks to her and her team for all their hard work.

7   REMOBILISATION OF CLINICAL SERVICES PLAN

7.1   Situation Report for combining of key plans and programmes

Susan Fraser advised that the paper presented today sets out how all the plans fit together and how they then fit in with our strategic direction overall. The Diagram within the paper sets out a timeline and overview of all the different plans we have. 2020 has been a different year and the reports to SGHD have also been very different from previous years.

The three-year Annual Operational Plan, which includes a medium-term financial recovery plan, was submitted in March 2020 and discussions were underway with the SGDH to agree this plan when the Pandemic began. That plan remains in draft with the Government and has now been replaced by the Remobilisation Plan, which provides a plan until end of March 2021.

Performance is not as strong as it has been previously against a number of key targets and SGHD are looking for us to maximise the capacity we have based on clinical need.

5

The Remobilisation Plan includes high level winter planning and we are in the process of creating more detailed plans. The Winter Plan will then become part of the next version of the Remobilisation Plan. Underpinning these plans are local strategies and the transformation programme, as well as Regional Planning.

Dr Bisset said he felt the paper was very good at setting out all the plans and how they need to tie together in terms of the overall agenda of transformation. Dr Bisset did not feel the Committee needed to see separate reports but asked if there was a view on how this would come together in terms of operational management and governance. Carol Potter advised that the write up from the recent workshop is being prepared. She advised this should be relatively straightforward in identifying our priorities and how this should be driven forward, but the complexities of that are we have a Strategic Plan for the IJB and a Clinical Strategy for the Health Board, so where does strategic planning for different services sit between the remit of the IJB and Health Board. This also needs to fit in with the change programme driven by SGHD in response to Covid alongside the Winter Plan. Carol Potter noted that the Committee should be reassured and assured that the Executive Directors have discussed the key priorities and how they will be delivered to fit in with the SGHD plan.

Dr Bisset asked that the Executives Directors' overview, when completed, be brought to the Committee to understand how things will be managed across the Health Board and H&SCP.

Action: SF

7.2 Acute Services Division Preparedness for future Covid-19 waves

Andy MacKay gave the Committee a verbal update and agreed to bring a paper back in response to the work that will need to be undertaken to address some of the queries around our Remobilisation Plan from SGHD.

In terms of the Remobilisation Plan and preparedness, we had been asked to specify a requirement to double ICU capacity and plans are in place to do this. In relation to staffing this can only be achieved by releasing staff from other areas, and the effect is to draw back on the elective programme. Some of the measures put in place by SGHD during Covid have allowed us to have clear clinical prioritisation for elective patients. Weekly meetings are held to go through the surgical programme and prioritise patients and adjust the theatre programme accordingly.

Some of the recent changes in infection prevention and control guidance gives a bit more clarity on the national position of testing patients pre surgery, and to have specified green areas for elective patients that we did not have previously. This will need to be included as part of the Remobilisation Plan.

The Committee noted a report will come back to the next meeting, which will include the work undertaken following the issue of the recent guidance.

7.3 Enhanced vaccination programme – Flu vaccine

6

Helen Hellewell advised that this report provides an overview of the delivery plans and governance arrangements for the enhanced flu vaccination programme across Fife in 2020/21.

The 2020/21 flu campaign is set to be more challenging than previous flu seasons. Health Boards have been instructed to plan for the unprecedented demands of a winter flu campaign within the restrictions of an ongoing pandemic, whilst simultaneously considering the requirements should a Covid-19 vaccine become available during the same period. Given the impact of Covid-19 on vulnerable groups, it is imperative that we reduce the impact of seasonal flu on those most at risk.

The CMO letter outlining the eligible groups for the adult seasonal flu vaccination programme was issued on 7 August. The Scottish Government have identified the flu programme as a Ministerial priority and immunisation preparation is a key clinical priority of Boards and Partnerships.

Dr Hellewell assured the Committee in terms of risk around the workforce that we are working closely together across the whole of the system within the Health Board, H&SCP and GP Practices to produce a population based response, with different workstreams who would look to ensure there is flexibility within the system and draw workforce from across services to give flexibility and sustainability as we go through winter.

It was noted there would be a Communications campaign, but it would be different from previous years due to the complexities of where the vaccine would be administered.

Wilma Brown expressed concern around staff who are being asked to do different things from their standard role and staff being pulled from different areas. This puts an enormous pressure on staff and it would be helpful to see what the current vacancy rates are.

The Committee noted the delivery plan and respective governance arrangements, which is extremely assuring. The Chair thanked Dr Hellewell, Esther Curnock and everyone involved in this comprehensive report.

Dr Bisset asked following Wilma Brown's comment around staff resource that a brief is brought back to the Committee in terms of whether we can sustain the staffing levels required now and in the future.

Action: DM/HH

8   QUALITY, PLANNING AND PERFORMANCE

8.1   Integrated Performance & Quality Report

Helen Buchanan advised the main issues she wished to highlight from the report were:

SABs
There had been an overall improvement in SABs and, in particular, those associated with intravenous drug users. The Team have done extremely good work over the last few months and it is looking likely they are on trajectory to meet the targets.

7

CDiff

Continues to do well. There is a slight increase but these are being looked at.

Complaints / Stage 2

Working through backlog from pre Covid, during Covid, and thereafter. The complaints are changing and the Team have been given targets to try and regain the ground that has been lost.

The Committee noted the IPQR.

8.2   Winter Plan 2020-21

Susan Fraser advised that the Winter Plan links to the previous discussion on Agenda Item 7.2. The current planning is different from previous years. An official Stakeholder Review Workshop has not taken place, but a questionnaire was issued to key stakeholders and the information received was fed into the Remobilisation Plan that was submitted to SGHD on 31 August 2020.

High level actions are now being put into a more detailed Winter Plan. This includes Point of Care Testing, Scheduling of Unscheduled Care, 7-day AHP cover, the use of Near Me and other digital solutions, different models of Care and whole system models. This is progressing to look at what we need to do and have in place for winter across the whole system. This plan also includes what would happen if we had a second wave of Covid. Surge capacity is being looked at along with our escalation plan and how the new models of care identified during Covid will fit in and impact on how we work through winter.

The Committee noted the update.

8.3   HAIRT Report

Helen Buchanan advised that this paper was brought to the Committee for noting and highlighted the achievements for SABs and ECBs.

In terms of challenges, infections from lower urinary tract infections and catheter associated UTIs are being looked at by the Cauti group, to try address the issues. There has been improvement on this over the last year.

The Committee noted the HAIRT report.

9   DIGITAL AND INFORMATION

9.1   Strategy Delivery Plan Update

Lesly Donovan advised that this paper summarises how and why Covid-19 has affected, both positively and negatively, the Digital and Information Strategy 2019-2024. The Committee is asked to discuss the contents of the paper and form a consensus on the robustness of the Digital & Information Strategy considering the Covid-19 Pandemic.

8

The Digital & Information Strategy is ambitious and forward thinking in its approach, with a supporting delivery plan as a living document, to support changes in organisational priorities over the term of the strategy, as recently evidenced through the Covid-19 pandemic. The high-level delivery plan has been updated to reflect the current position and was attached as Appendix 1.

In summary a positive impact, which has been achieved through rapid introduction of some of the Digital and Information Strategy deliverables, highlights the need for continued investment in technology to support the delivery of a flexible and integrated health and social care into the future. Digital enablement must continue at a rapid pace and promote resilience to global incidents, which may adversely impact the wider healthcare environment. Staff being supported to be mobile, with access to administrative and collaborative digital solutions, has proven to be a key factor in NHS Fife's resilience during Covid-19

The consequences of Covid-19 on the organisation, in terms of accelerating the embracing of digital delivery, have been largely positive. There has been greater collaboration regarding new technology, use of information and recognition of the benefits of digital from clinical colleagues, with new ideas and requests being made on an almost daily basis. Whilst this is welcomed by eHealth, there is concern we will not be able to maintain our rate of delivery and support all digital changes, due to an already challenging delivery plan. This is a concern as we wish to harness the goodwill and work to ensure a truly digital NHS Fife.

The Committee noted the update on the strategy's implementation.

9.2   HEPMA Implementation Update

Scott Garden advised this report is an update on the HEPMA procurement process, which was paused in March 2020. NHS Fife is now ready to recommence and this report provides an update for the Committee on next steps.

The Committee noted the progress to date, that a full Business Case will be presented to the next meeting in November, to be followed by six-monthly updates thereafter on progress.

10   PUBLIC ENGAGEMENT AND CONSULTATION

10.1   Survey Update

Helen Buchanan highlighted to the Committee two letters which will be taken forward within the Board. Cabinet Secretary Jeanne Freeman wrote to all Boards about six weeks ago regarding the limited consultation and engagement being undertaken during Covid, noting that as we move forward Boards are to give assurance we will go back to established pathways for Participation, Consultation and Engagement. Following on from this a letter from HIS / Community Engagement (Item 14.2) in relation to a survey on 'Engagement and Participation in service change and redesign in response to Covid-19' was issued. This was issued as a Survey Monkey style and we are hoping to compile our reports from SGHD or failing that nationally. Reports

9

were requested from both H&SCP and Acute Services, which was a huge piece of work, but Helen Buchanan has agreed to pull together a report for the Committee.

Action: HB

Helen Buchanan advised a letter has been received from Michael Chalmers, Director for Children and Families, SGHD (Item 14.1), regarding the Bill to Incorporate the United Nations Convention on the Rights of the Child (UNCRC) into our domestic law in Scotland. Following this letter Helen Buchanan has asked Dianne Williamson to work with stakeholders to look at the rights of children. This is for all public bodies who will have a duty in statute to remember or take cognisance of the rights of the child in everything we do, as failure to do so may result in the child seeking to pursue action through the legal system. This is something we will need to look at in our right as a Public Body. A briefing paper will follow in due course.

Action: HB

The Committee noted the updates and will await further reports.

11   GOVERNANCE

11.1   Draft Strategic Objectives

Carol Potter that advised the Corporate Objectives 2020/21 were due to be agreed at the beginning of the financial year 2020/21 but have been delayed due to the pandemic. A different approach has been taken this year, with a workshop recently held with EDG to discuss and review the corporate objectives.

This paper details the collated output of the workshop for the purposes of allowing further refinement prior to the setting of 2020/21 objectives through appropriate governance routes.

This paper provides the Board with a review of the Corporate Objectives for 2019/20 and also looks forward to 2020/21 with proposed objectives to be approved by the Board.

The Committee noted the revision of the Corporate Objectives for 2020/21 and the changes therein.

11.2   Closure of Wellesley Unit, Randolph Wemyss Hospital

Dr Hellewell set out to the Committee the reasons and background for the decision taken at the Integrated Joint Board meeting on 28 August 2020 to close the Wellesley Unit at Randolph Wemyss Hospital. In summary, the IJB decided to issue the following Directions:

NHS Fife is directed by the IJB to close the Wellesley Unit in response to the safety issue that has emerged as a result of the withdrawal of the Responsible Medical Officer.

NHS Fife and Fife Council, through the Director of Health and Social Care, are directed to work with partners to commission care to support the needs of older people who

would have otherwise been cared for in Wellesley Unit. This includes the transfer of financial resources to support this.

NHS Fife and Fife Council, through the Director of Health and Social Care, are directed to work with partners to develop community services at Randolph Wemyss Memorial Hospital in line with the joining up care Community Hospital Strategy.

It was also noted a full impact assessment has not been completed because this unit needed to be closed as a matter of patient safety with no medical cover being secured. However, as NHS Fife and Fife Council, through the Director of Health and Social Care, work with partners to develop community services at Randolph Wemyss Memorial Hospital in line with the joining up care Community Hospital Strategy, detailed consideration of equality, diversity and health inequalities will be part of this process.

After discussion on the decision made by the IJB, Dr Bisset highlighted there was no doubt the unit needed to close on the basis of clinical safety and quality of care and was content to take the assurance from Nicky Connor, Helen Buchanan and Dr Hellewell in relation to appropriate consultation with patients and staff. Dr Bisset said it was important to note how we communicate in terms of the way forward and we are assured everyone necessary will be fully involved in the development of the community hospital strategy. This is not only for Randolph Wemyss but for all hospitals across Fife. It was noted that the strategy once developed will be taken forward through the implementation processes and governance routes already in place.

The Committee noted the decision of the IJB to direct NHS Fife to close the Wellesley Unit in response to the patient safety issue and that the transformation plans will be developed as directed and will be brought forward to the Joint Transformation Board.

The Committee noted:
- the closure of the Unit on the grounds of patient safety;
- the arrangements being put in place for the future care of the current patients and deployment of staff;
- that all relevant parties including Communities and the Health Board will be fully involved in developing a Community Hospitals Strategy for Fife, to include the future of Randolph Wemyss; and
- that subsequent to the Strategy being developed, its implementation will go through the agreed governance routes of the IJB, the Council and the Health Board.

Carol Potter highlighted the importance of looking at future plans through the lens of health inequality, the public health agenda and population health. She gave the Committee the commitment in terms of all our future strategies and the consultation around community hospitals, noting there is an opportunity to look at what the population of that area truly requires.

The Committee will receive an update on this topic at its next meeting.

Action: NC

11.3 Board Assurance Framework – Quality & Safety

11

Helen Buchanan advised there were no changes to associated risks.

11.4 Board Assurance Framework – Strategic Planning

Susan Fraser advised there were no changes to the associated risks.

This report was prepared prior to the Transformation workshop held last week. The output from the Workshop, which was looking at the strategies, priorities and the programmes going forward for 2020/21, along with what the governance structure will look like going forward, will be included in the next version of the BAF.

Susan Fraser advised there was also a discussion around the Integrated Transformation Board (ITB) and a new structure which will involve more of the Directors. The ITB has not met since pre-Covid so there are no minutes for this Committee to report.

Dr Bisset said the role of the ITB was important and needs to be moved forward quickly. Susan Fraser advised the output from the workshop and the options will be taken to EDG this week and hopefully a structure will be in place by the next meeting of the Committee. Dr Bisset asked that a substantial update is available for the next meeting.

Action: SF

11.5 Board Assurance Framework – eHealth

Lesly Donovan advised that, at time of writing the BAF, there were no changes to the risks. The risks have been reviewed following the migration to Office 365. The level of some of the risks have been identified from a rating of 16 to 20 and the possible introduction of more high risks are being considered due to the complexities and type of skills needed in the service.

Lesly Donovan advised the review will be completed and reported in next BAF.

11.6 Organisational Duty of Candour Annual Report 2019-20

Helen Woodburn advised that the NHS Fife summary for the period 1 April 2019 -31 March 2020 indicated that 28 events were reported as having activated organisational duty of candour. The details of the outcome attributed to each event are detailed in the report.

Overall NHS Fife complied with the procedure well. This means the people affected were informed, apologies were given, an account of the event was provided very quickly at the time of the event, and a full review was undertaken.

The Committee noted the report.

11.7 Corporate Calendar / Committee Dates for 2021/22

The Committee noted the proposed meeting dates.

12 ANNUAL REPORTS

12.1 Prevention & Control of Infection Annual Report 2019-20

The purpose of this report was to provide information on progress against the main objectives of the *Prevention & Control of Infection Work Programme (2019-20).* The format ensures all elements that are required by the *NHS Health Improvement Scotland (HIS) Standards (2015)* are included.

Helen Buchanan advised that this report is for 2019-2020 (prior to the Pandemic) so a lot of the items within the report will not include Covid. Areas to highlight were celebrating success as set out in Pages 3 and 4 of the report. Helen Buchanan highlighted the securing of a Consultant Microbiologist/Infection doctor to lead on the Built Environment and Water Safety, which was one of the risks highlighted in the BAF last year. Following the recent public enquiries, it is important we have staff in place to help with the built environment. The recruitment of a whole time equivalent (WTE) Infection Prevention and Control Surveillance Nurse and WTE Personal Assistant / Office Manager bring the team up to the level required.

Helen Buchanan also highlighted the nationally recognised work as set out in Pages 5 and 6 of the report, noting that NHS Fife is at the forefront on a lot of the work. The Executive Summary on page 7 sets out overall the work of the Infection Control Team.

Dr Bisset said this was an excellent report, noting the huge achievements for a high-quality Team who work well together with a genuine interest in infection control. Dr Bisset asked that congratulations be relayed to Julia Cook and her Team for all their hard work in improving performance.

Action: HB

13 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

Dr Bisset advised that all items under this section would be taken without discussion unless any particular issues were raised.

13.1   Acute Services Division Clinical Governance Committee (22.1.2020)
13.2   Area Clinical Forum (06.08.2020)
13.3   Fife HSCP Clinical & care Governance Committee (08.08.2020
13.4   NHS Fife Clinical Governance Oversight Group (16.07.2020)
13.5   eHealth Board (15.07.2020)
13.6   Integration Joint Board (IJB) (26.06.2020)
13.7   Infection Control Committee (05.08.2020)
13.8   Public Health Assurance Committee (11.08.2020)
13.9   NHS Fife Resilience Forum (19.08.2020)
13.10 Integrated Transformation Board (no minute as advised in 11.4)

14 ITEMS FOR NOTING

14.1 Scottish Government Letter – Bill to incorporate United Nation Conventions on the Rights of the Child (UNCRC) into our domestic law in Scotland

Discussed under Agenda Item 10.1.

14.2   Scottish Government letter from Health Minister

Discussed under Agenda Item 10.1.

15   ISSUES TO BE ESCALATED

Standard items for escalation to the Board:
Covid and Remobilisation (standard items)
Wellesley Unit, Randolph Wemyss Hospital Closure
Community Paediatrics Service Capacity

Dr Bisset to discuss with Helen Buchanan outwith the meeting any other issues for escalation.

16   AOCB

There was no other competent business.

17   DATE OF NEXT MEETING

Wednesday 4 November 2020 at 2pm via MS Teams.

Fife NHS Board

NHS Fife

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON 8 SEPTEMBER AT 09:30AM VIA MS TEAMS

Rona Laing
Chair

Present:

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

In Attendance:

Mrs N Connor, Director of HSCP (part)
Mr A Fairgrieve, Director of Estates & Facilities
Mr S Garden, Director of Pharmacy & Medicines
Mr A Mackay, Deputy Chief Operating Officer
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Mr A Wilson, Capital Projects Director
Miss L Stewart, PA to the Director of Finance (minutes)

1. Apologies for Absence

Apologies were received from Dr Christopher McKenna, Medical Director, Mrs Dona Milne, Director of Public Health, and Mrs Wilma Brown, Employee Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 7 July 2020

The Committee formally **approved** the minute of the last meeting.

4. Action List

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

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It was advised that for Action 113, regarding the Kincardine and Lochgelly IADs, an update will be requested later in the agenda under item 7.3 Capital Plan.

It was agreed that regarding Action 137, the Board are taking this development session forward, therefore this can be closed on the Committee's own action list.

It was advised that for Action 138, an FP&R Development Session will take place in November following the Committee's meeting. This will take forward comments raised on further training for members on national policy initiatives, funding streams etc. Mrs Margo McGurk and the Finance team are taking this forward.

5.   MATTERS ARISING

5.1   Audit Checklist

Ms Rona Laing highlighted to the Committee that the Internal Audit checklist was utilised in agenda planning for this meeting, with a forward look to the next session. It has been agreed that a report will be presented to the Committee in November on the Procurement / Supply arrangements for PPE during the pandemic 'Lessons Learned', which will be useful as the Board approach the winter months. Mrs Margo McGurk added that she will be part of a national lessons learned group in relation to PPE. It is hoped that the findings and recommendations from this group can be shared with the Committee at a later date.

5.2   Stratheden IPCU

Mrs Nicky Connor presented the report to the Committee, which follows up on an action from a post-project evaluation of the site. Recognising health, wellbeing and the patients' needs, they do still aim to achieve a 'Smoke Free' environment in the facility; however, further work is required. The construction of a smoking shelter, which staff previously suggested, is not appropriate and is also not in line with NHS Fife's or Scottish Government's objectives for a smoke-free facility. The Committee are asked for support to achieving this through a different means.

The Chair agreed that the current action will be closed and a new action added, as a paper will require to come to the Committee in January 2021 detailing the new approach.

6. GOVERNANCE

6.1.   Board Assurance Framework – Financial Sustainability

Mrs Margo McGurk presented the report to the Committee on Financial Sustainability.

It was highlighted to members that there has been no significant change to the risk rating. The key risks remain, which includes uncertainty of funding for Covid-19 and remobilisation of services spend, and, secondly, the Board's inability to deliver the planned level of in-year savings. The risk may remain high for the remainder of this year.

The Committee **approved** the Financial Sustainability section of the Board Assurance Framework.

6.2. Board Assurance Framework – Strategic Planning

In the Medical Director's absence, Mrs Carol Potter presented the report to the Committee on Strategic Planning.

It was highlighted that this report was presented in detail to the Clinical Governance Committee and is with Finance, Performance and Resources Committee for noting. There is a lot of work ongoing, which the Board needs to do at pace in terms of restructuring and finding ways to remobilise / transform services.

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

6.3. Board Assurance Framework – Environmental Sustainability

Mr Andy Fairgrieve presented the report to the Committee on Environmental Sustainability, and it was advised that there had been no significant change. Work is continuing on improvement projects.

Mr Alistair Morris highlighted to the Committee that there has been no significant change to this BAF over a period of time and questioned whether the Board were doing enough to drive forward the mitigating actions detailed within. Mr Andy Fairgrieve provided assurance to the Committee that significant work and progress has been made in this area but that there are a number of areas where the activities involved will take further work to resolve in full. Mr Andy Fairgrieve did confirm that a number of these risks sit with the contractor and that the performance management of relevant contracts is a key focus of the Estates and Facilities team.

Mrs Rona Laing emphasised that some risks may always be classified as 'high level' on the risk register but it is important the Board are assured there is mitigations in place and actions underway to reduce this.

The Committee **approved** the Environmental Sustainability section of the Board Assurance Framework.

6.4. Draft Corporate Objectives 2020-21

Mrs Carol Potter presented the paper to the Committee, detailing the Executive Team participation in a recent workshop to review the corporate objectives and bring forward any ideas for review and consideration. The main change this year is that clarity has been provided on the Executive Leads' areas of responsibility.

The Committee **noted** the proposed Corporate Objectives 2020-21.

6.5. Corporate Calendar

Dr Gillian MacIntosh presented the paper to the Committee. It was highlighted that the dates shown are indicative for 2021/22 for this committee and the Board will seek to approve the full corporate calendar at its meeting later in the month. Where the weight of meeting agendas allow, a Development Session for the Committee will take place after the main meeting.

The Committee **noted** the indicative dates for Finance, Performance and Resources Committee until March 2022.

7. PLANNING

7.1. Orthopaedic Elective Project

Mrs Helen Buchanan introduced the report to the Committee, which provided an update on the planning and delivery of the Orthopaedic Elective Project. It was confirmed that the Project Board have continued to meet regularly during the pandemic and progress remains good.

Mr Alan Wilson, Capital Projects Director, highlighted to the Committee that NHS Fife are currently two weeks behind schedule and have not managed to catch up over this recent period. This is partly due to companies returning from furlough, which has caused a delay to tender submissions.   There has been a challenge with planning approval for the car park sites however it is hoped this will get Fife Council planning approval this week. Due to the recent episode of VHK flooding, further information was required to give assurance.

Due to the delays noted, it has been agreed that the Business Case will now be submitted in October. The four-week delay is hoped to ensure better value on the cost package for the work and allow more time for review. The Business Case will be presented to the Committee and Board in November. Work is expected to commence early December 2020.

Mr Eugene Clarke questioned what expertise and capacity is in place to support the work and to avoid the unforeseen consequences which happened in NHS Lothian's new hospital, which has been heavily documented in the press. Mr Alan Wilson assured the Committee that   a national centre of excellence has been created to provide NHS Boards with access to expert knowledge in this area. All NHS Board large construction plans must be scrutinised through the centre as a further safeguard.

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

7.2 HEPMA Implementation Update

Mr Scott Garden presented the report to the Committee. It was highlighted that, due to Covid, the implementation of this project was paused. The procurement process recommenced in May / June 2020 and a Mini Competition took place under the supplier framework. A decision has been made but this is currently commercially sensitive, and thus further details will follow. NHS Orkney have provided Procurement support to the Board due to availability issues with capacity and expertise within NHS Fife. It was noted that both NHS Fife and NHS Orkney's support has been excellent during the process.

The Committee **noted** the report and agreed to receive a Full Business Case in November before submission to the Board.

7.3 Capital Programme 2020/21 to 2020/24

Mrs Margo McGurk presented the report to the Committee. It was highlighted that the Capital Programme should be approved prior to the start of the new financial year; however, due to

the pause in the AOP process, this was not possible. It is however important to present the capital plan to provide the opportunity for appropriate scrutiny.

The Executive Team and Fife Capital Investment Group were involved in a joint review workshop in July. There has been some impact on the plan from this review but mainly on the timelines. It remains largely the same plan from February 2020.

The Committee were referred to the background section of the report, which provided details on how capital funding has been allocated.

The Committee were guided to Section 2.3.1, it was highlighted that a Procurement Governance Programme Board has been established to ensure all procurements are supported effectively and capture the required capacity and expertise. This will help to ensure projects progress strategically, to ensure projects take place in the right sequence and opportunities are not missed.

Dr Les Bisset and Mrs Carol Potter highlighted that the spend allocated for the Mental Health Project Board will support the development work for future Mental Health Inpatient Services contained within the IJB strategy and to create new clinical pathways for the needs of patients in Fife. There is a requirement for an implementation plan for this workstream. Mrs Rona Laing advised that at an appropriate time a paper should be presented to the Committee to map out how this will be implemented.

Mrs Rona Laing highlighted that the timescale for the Kincardine and Lochgelly Health Centres projects had slipped and advised this should be kept on as an action. Mr Alan Wilson provided assurance that work is progressing on both.

A question was raised on how capital relating to Minor Works Projects is allocated. Mr Andy Fairgrieve advised that it is allocated on a risk-based methodology, where the highest risk areas are allocated funding.

The Committee **reviewed** the contents of the report and agreed to **endorse** the Plan.

8. PERFORMANCE

8.1. Integrated Performance & Quality Report

Mr Andrew Mackay was invited to provide an update on Acute Services performance. The TTG and New Patient performance have reduced in terms of delivery of pre-COVID 19 targets, revised trajectories have been submitted as part of the Remobilisation Plan on which we await feedback. The Remobilisation plan is due to be discussed with Scottish Government later this month. Many protocols for Infection Control are already in place following the response to Covid, which does mean that NHS Fife are starting in a relatively strong position heading into the winter period.

It was noted that at present there is no immediate intention within Government to revise the current targets for the Board, but there is however a helpful focus on clinical prioritisation that is standardised across all boards.

Mrs Nicky Connor was invited to present to the Committee and provide an update on the Health and Social Care Partnership performance. It was highlighted that Delayed Discharges have improved over the Covid period, but it remains to be closely monitored, especially with Winter approaching. The H&SCP are closely monitoring capacity and flow, not only within the Health Board services but also in Social Care, trying to identify areas where things can be done differently through a whole-system approach. Mr Scott Garden is leading this group.

CAHMS and PT will see increased challenges due to Covid in children and young people, and more work needs to be done to support this. Significant work is ongoing relating to the 'Our Mind Matters' framework. The team will attend the next meeting in November to provide further details to the Committee. Throughout Covid, referrals have reduced in psychological therapies; the remobilisation plan is helpful in this area and the team will attend the committee in November to give further information on this.

Mr Scott Garden highlighted that, as part of the Remobilisation work, there was a requirement for an integrated capacity and flow group. There was a need to harness what has been done well across the partners during Covid to enable that to continue going forward. The group have identified 9 priorities that they want to continue to develop.

A new system is being developed by the Scottish Health Collaborative to highlight pathways 30 days in advance, which will allow for a more proactive approach and support developing pathways through transformation.

Mrs Margo McGurk was invited to present to the Committee and provide an update on Financial Performance. The Committee were advised that the Month 4 Position at the end of July highlighted a net overspend of £7 million, which was made up of a core underspend of £1.5 million and an overspend of £8.5 million due to Covid. This highlights the significant financial impact the COVID 19 response it is having on the Board. Due to this Financial Position the Board will not achieve the planned delivery of savings in full, which is £20 million.

There is a significant projected overspend from the IJB Partnership, which is not included in the figures reported but which will be reflected in the Month 5 position.

The Committee were referred to table 3.2 - this highlight a high variance on Board Admin. This is due to Remobilisation activity, where Digital and ICT equipment has been charged. It should be noted that the Acute services budget overspend is expected to rise sharply due to remobilisation. Estates and facilities are currently underspent, however the impact on the flooding at VHK will reduce this from month 5.

The Committee **noted** the contents of the report, with specific focus on the measures and performance relevant to Operational Performance and Finance.

8.2 Winter Planning and Performance Review

Mrs Nicky Connor and Mr Andrew MacKay were invited to provide an update to the Committee.

Mrs Nicky Connor highlighted the key elements of the report this year will include learning from last year. However, it is recognised that this year will involve additional challenges. It is expected that the Remobilisation Plan will allow the Board to continue to move forward, to

put in place effective systems and processes and to improve the flow and care. The plan this year will be a whole system approach.

Mr Andy MacKay emphasised that the Board has embedded several new processes and pathways, which were aspirational last year but have now become business as usual.

Mrs Carol Potter advised that there is no formal date for a submission of the Winter Plan Report but it is expected that the meeting this month with Scottish Government to discuss the Remobilisation Plan will help inform the timeline.

The Committee **noted** the verbal update.

8.3 Labs MSC Performance Report

Mr Andrew Mackay presented the report to the Committee advising that there are no concerns to flag. This paper is presented to provide assurance in line with Internal Audit recommendations.

The Committee **noted** the contents of the report.

9. ITEMS FOR NOTING

9.1. Internal Audit Report B15/20 – Follow up of Transformation Programme Governance

The Committee **noted** the findings of Internal Audit Report B15/20.

9.2. Minutes of the IJB Finance & Performance Committee, 5 March 2020

The Committee **noted** the minute of the above meeting.

10. ISSUES TO BE HIGHLIGHTED

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

The committee were advised that, as part of the Remobilisation work, there was a requirement for the creation of an integrated capacity and flow group. This group will seek to harness what has been done well across the partners during Covid to enable that to continue going forward. The group have identified 9 priorities that they will continue to develop, the committee will receive regular updates on the progress of this important work.

11. Any Other Business

11.1. Brexit

Mr Eugene Clarke questioned how the Board would manage the risk in relation to staff and medicine in the event of a No Deal Brexit.

Mr Scott Garden advised that the UK and Scotland have stockpiled medicine and now have a better understanding of the suppliers. This is an issue that is being closely monitored by the Area Drug & Therapeutics Committee.

11.2.   'Our Turn to Care' Vouchers

Mrs Carol Potter presented the paper to the Committee. It was reported that Gleneagles Hotel have allocated all Health Boards across Scotland a series of vouchers, over a period of five years, as a thank you to staff. As the Board of Trustees cannot accept vouchers, the Health Board would need to accept this gift. Scottish Government have also been contacted and they are supportive of this. The proposed process for allocation would be through a randomiser and staff can opt into this. Staff included will be all working in a healthcare setting including staff of the NHS, Fife Council, HSCP and Independent Contractors such as GPs.

The Committee approved the proposal and are supportive of accepting the vouchers, noting the benefit to staff.

Date of Next Meeting: 10 November 2020 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

Fife NHS Board

NHS Fife

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 04 SEPTEMBER 2020 AT 10AM VIA MS TEAMS

Margaret Wells
Chair

Present:

Margaret Wells, Non-Executive Director (Chair)
Wilma Brown, Employee Director
Helen Buchanan, Director of Nursing
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum

Alistair Morris, Non-Executive Director
Carol Potter, Chief Executive
Christina Cooper, Non-Executive Director
Andy Verrecchia, Co-Chair, Acute Local Partnership Forum

In Attendance:

Bruce Anderson, Head of Staff Governance
Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Linda Douglas, Director of Workforce
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Rhona Waugh, Head of Human Resources

Audrey Crombie, PA to Linda Douglas (Observing)
Janet Melville, PA to Bruce Anderson and Kirsty Berchtenbreiter (Minutes)

Prior to commencing the meeting, the Chair noted that Helen Bailey is absent from work unwell; extended the Committee's best wishes to her; and thanked Helen Bailey for her valuable support to the Committee. The Chair asked L Douglas to convey this message to Helen.

The Chair welcomed J Melville and thanked her for taking the notes of the meeting, and advised the echo pen was being used. The Chair also welcomed Audrey Crombie, temporary Personal Assistant to L Douglas who was observing the meeting today and would be providing secretarial support at future meetings.
The Chair welcomed members and attendees to the meeting and introductions were made.

The Chair confirmed that the NHS is still on an emergency footing across Scotland, although remobilisation is on course, back to 'business as new normal'. The Chair expressed her thanks to everyone, whose hard work had maintained services during the pandemic. The Chair also wished to record thanks, on behalf of the Committee, to Staff Side colleagues who had tirelessly supported and represented staff at the Area Partnership Forum (APF), Local Partnership Fora and the Gold, Silver and Bronze Command Groups during the pandemic situation.

01. Apologies for Absence

Apologies were received from attendee Andrew Mackay, Deputy Chief Operating Officer.

02. Declaration of Members' Interests and Chair's Opening Remarks

There were no declarations of interest made by members related to any of the agenda items.

03. Minute of the Previous Meetings held on 03 July 2020

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The minutes of the previous meeting were formally **approved** as an accurate record, with the amendment that no change had been made to the scheduling of APF meetings during the COVID-19 pandemic.

04.   Action List

The Chair invited L Douglas to provide an update and requested that as services remobilise, 'paused due to COVID-19' is now removed from the Action List and appropriate dates are provided. L Douglas reported that work on revising the Board Assurance Framework has commenced and is progressing. B Anderson suggested that this Action, 22/20.1, could therefore be removed from the Action List. In relation to Action 24/20.1 Staff Governance Action Plan, work is being taken forward, so the Action List can be updated to reflect this.

The Committee **noted** the current status of the Action List and **agreed** to the removing of Action 22/20.1 as above.

Action: BA

05.   Matters Arising

W Brown highlighted that in addition to 'Return to Work' guidance being published on StaffLink, it had been agreed to provide alternative means of accessing the information. R Waugh indicated that printed copies should have been made available within workplaces and agreed to follow this up.

Action: RW

S Fevre advised that he finds it time consuming to locate specific information on StaffLink; it is not clear where items are to be found. L Douglas recounted this had been highlighted at the recent Silver Workforce Group with a request that the matter be investigated. L Douglas suggested it might be helpful to arrange for a member of the Communications team to provide a demonstration of the app at a future APF Staff Side meeting.

06.   COVID-19 UPDATE

06.1   Workforce Update

L Douglas indicated that work is ongoing to support workforce requirements for the Test & Protect team: supplementary staff are being drawn from the pools of retirees, friends and family campaign and existing bank workers. There is also a focus on staffing for the Immunisation programme: it will be more extensive this year as the cohort of eligible individuals has increased and it is envisaged there will be greater uptake than in previous years.

As remobilisation of normal services continues, together with the need to redeploy staff for ongoing COVID-19 activities, Test & Protect and seasonal flu vaccination, it was suggested it would be helpful to have an overview of the costs involved with the additional workforce requirements. C Potter advised that a paper is going to the Cabinet Secretary, on behalf of Directors of Public Health and Chief Executives across Scotland, in which the potential scale of the challenge in terms of the workforce and investment perspectives is outlined. H Buchanan advised that locally, a Gold Command Group had been stood up to prioritise the mobilisation of services and manage vaccinations, with an operational group tasked with sourcing staff.

A concern was raised regarding the number of fixed term short period contracts issued to cover e.g. Test & Protect posts and it was suggested this could lead to redeployment

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challenges in the months to come. The Committee was given assurance that the situation would be closely monitored and sensitively managed.

The Committee **noted** the report.

07.   QUALITY, PLANNING & PERFORMANCE – COVID-19

07.1   Integrated Performance and Quality Report

R Waugh talked to the section on Sickness Absence, which details NHS Fife's position for the past 12 months; key challenges faced; and the NHS Scotland rates on which NHS Fife's targets and improvement actions are based. Reporting has moved on from specific COVID-related information. The absence rate of 4.85% is an improved position on the equivalent period last year, but it is difficult to draw any specific conclusions given the pandemic situation.   Promoting Attendance activity is being stood up as is the long term sickness absence work. It was noted that the SSTS code (99) specifying sick leave as 'unknown causes/ not specified' can't be removed from the system; however, a communication has highlighted to managers that this code should not be used in order that the correct reason is attributed to the period of absence.

M Wells queried, at 20.2, the 'awareness raising of support for staff to be concluded by April 2020'? L Douglas confirmed it has been concluded and the document will update with revised wording.

Action: LD

The Committee **noted** the report.

07.2   Staff Wellbeing Update

R Waugh presented the update which provides an overview of recent health and wellbeing activity within the Board; with additional information on the Staff Support Hubs; and the Good Conversations and Mindfulness approaches. The Bronze Health & Wellbeing Group and the NHS Fife Well at Work Group are combining efforts to take forward the Well at Work agenda, starting with a review of the Health & Wellbeing Strategy, given the rapid and many changes to work and personal life during the COVID-19 situation.

The Committee noted that the capacity to provide sustained and suitable support interventions for staff health and wellbeing, and the means to remobilise patient services, is being closely monitored; with a paper going to EDG next week. It was acknowledged that there is significant online staff support available both locally and nationally; although the consequences of COVID-19 and longer term needs may only arise over time. It was highlighted that digital resources are not always a good substitute for face-to-face contact, and it was requested that staff support by Psychology and Spiritual Care services be continued locally. C Potter indicated that there is a commitment nationally for ongoing investment in mental health support for NHS staff.

The Committee **noted** the update.

07.3   a.   Core Training Update

K Berchtenbreiter reported that compliance across the nine subject areas at 76%, is a 4% improvement on last year. Some areas show 100% compliance which may be due to staff refreshing their training early, leading to double counting. Steps are being taken to more robustly monitor and address the take up and recording of core training. The appendix details the data quality and data sources, and the challenges faced in obtaining definitive figures. It was noted that the use of elearning modules has increased significantly. Figures

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for core training may dip in the coming months as practical training previously delivered face-to-face is reconfigured to a suitable format within COVID-19 constraints.

The Committee **noted** the update.

b.   Appraisal and Personal Development Plan Review Update

K Berchtenbreiter advised that TURAS Appraisal has been fully operational for 28 months. There was a positive improvement last summer but COVID-19 has had a detrimental impact as the pandemic was focused on and PDPR paused; compliance is currently at 43%. Although managers have been notified that they should now be undertaking PDPR meetings, facilitated via MS Teams, the Committee was disappointed that managers and staff have been unable to make time to engage in this important activity; culturally it sends out the wrong message. It was suggested that conversations are taking place; but are not yet formally recorded on the TURAS system. The Committee was assured that the approach is being reviewed and remedial action will be taken to improve the overall position and aim of achieving the 80% target.

The Committee **noted** the update.

07.4   Staff Experience - Everyone Matters Pulse Survey

B Anderson confirmed that the iMatter Employee Survey had been paused this year. However, capturing staff experience and wellbeing during COVID-19 was important and therefore a national survey was created at short notice. B Anderson acknowledged the huge contribution of Douglas Kidd, Workforce Information Officer on behalf of NHS Fife in preparing for the launch of the survey. B Anderson guided the Committee through the questionnaire which is open to all of NHS and Health & Social Care staff. The initial response has been promising. The survey reports produced will be at Board and Directorate levels only.

The Committee **noted** NHS Fife's participation in the Everyone Matters Pulse Survey 2020.

08.   GOVERNANCE

08.1   Board Assurance Framework Workforce Sustainability

L Douglas presented the regular report to the Committee.   There are four ongoing operational risks: continuing national shortage of Radiologists; recruitment and retention of Medical staff within Community Hospitals; workforce requirements for Test & Protect; and Mental Health workforce requirements. The Committee was assured that the risks are regularly reviewed, status updated; and mitigating actions refreshed as required.

The Committee **noted** the content of the report; and **approved** the current risk ratings and workforce sustainability elements of the Board Assurance Framework.

08.2   Staff Governance Committee Revised Annual Workplan

B Anderson recalled that at the last meeting, the Committee had agreed to pause the Workplan and review it at a later date, due to the focus on COVID-19. B Anderson talked to the revised Workplan: key issues have been reallocated to the remaining meeting dates. Following a brief discussion, it was proposed that both 'Core Training' and 'Appraisal' are brought to the January 2021 meeting. It was requested that for clarity, 'iMatter Update' be amended to'iMatter/ Pulse Survey Update'.

The Committee **approved** the revised Staff Governance Committee Workplan for 2020/21, subject to the above amendments.

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08.3 Schedule of Dates for Future Meetings

G MacIntosh presented the routine paper as part of the process of creating the Corporate Calendar. The dates largely follow the schedule of previous years; there have been some minor changes to avoid clashes with the Integrated Joint Board. G MacIntosh advised, that if the Committee were content with the dates, she would issue calendar invitations as usual.

The Committee **noted** the dates of future meetings.

08.4 NHS Fife Corporate Objectives

C Potter explained that the previous year's objectives and those for the year ahead had been considered at a recent Executive Directors Group workshop; they remain consistent but recognise where work has now concluded and new priorities have arisen. The appendix of the paper sets out details of the proposed objectives, which will be submitted to the Board to comply with governance arrangements.

The Committee **noted** the revision of NHS Fife's Corporate Objectives for 2020/21.

09. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

09.1 Minute of the Area Partnership Forum dated 22 July 2020 (unconfirmed)

The Committee **noted** the minutes.

09.2 Minutes of the Health & Social Care Partnership Local Partnership Forum dated 9 June 2020 (confirmed) and 21 July 2020 (unconfirmed)

The Committee **noted** the minutes.

10. ISSUES/ ITEMS TO BE ESCALATED

The Chair highlighted items to be escalated:
- Issues around Appraisal/ PDPR – the importance of embedding the process and seeking staff engagement.
- Absence rates – and to take account of the COVID-related absence rate.

The Chair and Director of Workforce would agree the text for submission to the Board.

Action: MW/LD

11. ANY OTHER BUSINESS

11.1 Our Turn to Care Vouchers

C Potter explained the background to the paper, indicating that Health Boards across Scotland, with the approval of the Scottish Government, are to receive an allocation of hospitality vouchers from Gleneagles Hotel, to thank staff for their efforts over recent months. Staff from the whole health and social care community in Fife would be eligible to be randomly picked to receive a voucher. It was agreed that the communication issued would need to clearly detail what hospitality is and isn't included so that individuals could make an informed decision to participate in the voucher scheme. A short discussion followed in relation to the appropriateness of accepting 'gifts'or 'sponsorship' from companies.

The Committee agreed to **accept** the proposal and to **participate** in the scheme.

Date of Next Meeting: 30 October 2020 at 10am via MS Teams.

Fife Integrated Performance & Quality Report

Produced in September 2020

NHS Fife

Introduction

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

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

    a.   LDP Standards & Local Key Performance Indicators (KPI)

    b.   National Benchmarking

    c.   Indicatory Summary

    d.   Assessment

II. Performance Assessment Reports

    a.   Clinical Governance

    b.   Finance, Performance & Resources
                Operational Performance
                Finance

    c.   Staff Governance

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

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

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

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

Improvement Actions carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY. They are shaded in BLUE if they are assessed as being complete or no longer relevant.

No Performance Improvement Trajectories are included in the run charts, all RAG assessments are made against the official Standards.

As part of the JMP, a spreadsheet showing projected activity across critical services during the final 3 quarters of FY 2020/21 has been created and is being populated with actual figures we go forward. In order to provide as up-to-date information as possible, some of the figures are initially provisional, and will be corrected if necessary the following month. The latest version of this is shown in Appendix 1.

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 7 (25%) classified as **GREEN**, 5 (18%) **AMBER** and 16 (57%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- C Diff infection rate (now below the level set for achievement by March 2022)

- Cancer 31-Day DTT (only 2 breaches out of 103 patients starting treatment in July)

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 6 (21%) within upper quartile, 19 (65%) in mid-range and 4 (14%) in lower quartile.

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

Indicator Summary

	Performance			Benchmarking
	meets / exceeds the required Standard / on schedule to meet its annual Target		●	Upper Quartile
	behind (but within 5% of) the Standard / Delivery Trajectory		●	Mid Range
	more than 5% behind the Standard / Delivery Trajectory		●	Lower Quartile

Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current		Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Jul-19	62	Jun-20	27	Jul-20	25 ↑		N/A		
	N/A	HSMR	N/A	Year Ending	Mar-19	N/A	Dec-19	1.02	Mar-20	1.01 ↑	YE Mar-20	1.01	●	1.00
	N/A	Inpatient Falls	5.97	Month	Jul-19	6.87	Jun-20	8.57	Jul-20	9.34 ↓		N/A		
	N/A	Inpatient Falls with Harm	2.16	Month	Jul-19	1.10	Jun-20	1.75	Jul-20	2.43 ↓		N/A		
	N/A	Pressure Ulcers	0.42	Month	Jul-19	1.14	Jun-20	0.92	Jul-20	0.80 ↑		N/A		
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3% ↑	QE Dec-19	2.3%	●	0.9%
	N/A	SAB - HAI/HCAI	19.5	Quarter Ending	Jul-19	18.0	Jun-20	6.3	Jul-20	8.7 ↓	QE Mar-20	12.5	●	16.3
	N/A	SAB - Community	N/A	Quarter Ending	Jul-19	9.6	Jun-20	14.0	Jul-20	8.5 ↑	QE Mar-20	6.5	●	11.0
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Jul-19	9.0	Jun-20	7.9	Jul-20	5.8 ↑	QE Mar-20	8.0	●	13.5
	N/A	C Diff - Community	N/A	Quarter Ending	Jul-19	3.2	Jun-20	1.1	Jul-20	5.3 ↓	QE Mar-20	1.1	●	3.5
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Jul-19	35.0	Jun-20	36.4	Jul-20	42.2 ↓	QE Mar-20	47.9	●	36.4
	N/A	ECB - Community	N/A	Quarter Ending	Jul-19	36.2	Jun-20	34.4	Jul-20	37.2 ↓	QE Mar-20	33.4	●	37.8
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Jul-19	68.1%	Jun-20	74.6%	Jul-20	73.0% ↓	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Jul-19	57.3%	Jun-20	18.9%	Jul-20	25.7% ↑	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Jul-19	100.0%	Jun-20	N/A	Jul-20	N/A		N/A		
	95%	4-Hour Emergency Access	95%	Month	Jul-19	96.1%	Jun-20	96.8%	Jul-20	96.1% ↓	Jul-20	96.1%	●	95.1%
	100%	Patient TTG (Ongoing Waits)		Month	Jul-19	90.1%	Jun-20	15.4%	Jul-20	20.2% ↑	Jun-20	15.5%	●	17.3%
	95%	New Outpatients Waiting Times		Month	Jul-19	96.2%	Jun-20	32.0%	Jul-20	41.1% ↑	Jun-20	32.1%	●	28.5%
	100%	Diagnostics Waiting Times		Month	Jul-19	98.3%	Jun-20	37.4%	Jul-20	51.4% ↑	Jun-20	37.4%	●	35.4%
	95%	Cancer 31-Day DTT		Month	Jul-19	95.0%	Jun-20	97.1%	Jul-20	98.1% ↑	QE Mar-20	95.7%	●	96.1%
	95%	Cancer 62-Day RTT		Month	Jul-19	87.5%	Jun-20	79.0%	Jul-20	88.2% ↑	QE Mar-20	83.5%	●	84.7%
	90%	18 Weeks RTT		Month	Jul-19	82.9%	Jun-20	80.1%	Jul-20	69.2% ↓	QE Jun-20	84.8%	●	79.6%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8% ↓	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Jul-19	7.2%	Jun-20	4.3%	Jul-20	6.2% ↓	QE Dec-19	7.2%	●	7.1%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Jul-19	78	Jun-20	34	Jul-20	46 ↓	Jul-20	12.31	●	12.78
	80%	Antenatal Access	80%	Month	Oct-18	87.8%	Sep-19	80.0%	Oct-19	88.4% ↑	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	TBC	YTD	Apr-19	100.0%	Mar-20	92.4%	Apr-20	15.0% ↓	YT Dec-19	87.9%	●	89.4%
	90%	CAMHS Waiting Times		Month	Jul-19	73.2%	Jun-20	62.2%	Jul-20	62.8% ↑	QE Jun-20	68.6%	●	59.3%
	90%	Psychological Therapies Waiting Times		Month	Jul-19	65.5%	Jun-20	73.6%	Jul-20	74.5% ↑	QE Jun-20	69.7%	●	74.3%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2% ↑	2019/20	79.2%	●	83.2%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	May-19	95.6%	Apr-20	80.1%	May-20	86.5% ↑	QE Mar-20	92.1%	●	94.7%
	N/A	Dementia Post-Diagnostic Support		Annual	2017/18	86.7%	2018/19	93.9%	2019/20	91.6% ↓	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals		Annual	2017/18	55.4%	2018/19	60.7%	2019/20	57.6% ↓	2017/18	55.3%	●	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Jul-19	65.9%	Jun-20	81.9%	Jul-20	75.7% ↓		N/A		
Finance	N/A	Revenue Expenditure	£0	Month	Aug-19	N/A	Jul-20	+£6.922m	Aug-20	+£7.748m ↓		N/A		
	N/A	Capital Expenditure	£12.829m	Month	Aug-19	N/A	Jul-20	£2.014m	Aug-20	£2.751m ↑		N/A		
Staff Governance	4.00%	Sickness Absence	4.39%	Month	Jul-19	5.78%	Jun-20	4.96%	Jul-20	5.06% ↓	YE Mar-20	5.49%	●	5.31%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
HSMR	1.00	N/A	N/A	YE Mar-20	1.01	YE Mar-20	🟡

The HSMR for NHS Fife for the year ending March 2020 improved slightly in comparison to the year ending December 2019, but remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.

Inpatient Falls (with Harm) Reduce falls with harm by 20% by December 2020	2.16	Jun-20	2.16	Jul-20	2.43	N/A	N/A

The previous report highlighted the impact of environmental changes and changes in patient pathways in response to COVID-19. These have without doubt had an effect on how staff manage the reduction in risk of falling. This remains under review and as clinical areas embed the ways of working some adaptation of our approaches may be required. The remobilisation of services is underway and increasing capacity within inpatient settings within the context described and the refreshed work plan will capture this.

Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Jul-20	0.80	N/A	N/A

Assessing the impact of COVID-19 on performance has been difficult as our response has changed the clinical area function and pathway, and this has led to a dynamic response to the need for green and red capacity. Work is being undertaken to complete a brief deep dive exercise of data to date to learn the reasons behind them. Wards have been identified to take part in the Pressure Ulcer Collaborative, both within Acute and HSCP.

Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Dec-19	2.5%	QE Dec-19	2.3%	QE Dec-19	🔴

Due to the COVID-19 pandemic, there remains a temporary pause on all Surgical Site Infection surveillance, until further notice from Scottish Government.

SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Jul-20	19.5	QE Jul-20	8.7	QE Mar-20	🟡

Infection control surveillance has continued throughout the COVID-19 pandemic. For Q1 2020 NHS Fife was below the national comparator for healthcare-associated infections. This success is continuing to be demonstrated with NHS Fife achieving the improvement trajectory for SAB.

C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Jul-20	6.7	QE Jul-20	5.8	QE Mar-20	🟢

Infection control surveillance has continued throughout the COVID-19 pandemic. For Q1 2020, NHS Fife was below the national comparator for healthcare associated infections, although slightly above the improvement trajectory, and we are continuing to focus on patients with recurrent infections.

ECB We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	QE Jun-20	36.6	QE Jul-20	42.2	QE Mar-20	🔴

Infection control surveillance has continued throughout the COPVID-19 pandemic. Following an exception report in Q4 2019, Q1 2020 saw a marked improvement in healthcare associated ECB infection rates. Continued improvements are noted with initial Q2 2020 figures.

Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Jul-20	25.7%	FY 2018/19	🟡

Patient Relations were advised in March that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. Although the clinical services aimed to respond, performance has suffered, a common pattern across all Health Boards. We are currently working through the backlog of complaints in order to be ready to deal with an anticipated increase in complaints relating to delayed treatments and those that may arise now the Clinical Services are starting to remobilise.

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Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-20	95%	Jul-20	96.1%	Jul-20	🟢

There has been sustained performance above the target in June despite the 14% increase in attendances from May. The urgent care centre continues to support COVID presentations and the breach reasons are distributed between bed waits and clinical or specialist reasons. Flow into the hospital continues to be managed via red and green pathways with occupancy remaining below normal seasonal figures.

| **Patient TTG (Ongoing Waits)** All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat | 100% | Never Met | TBC | Jul-20 | 20.2% | Jun-20 | 🟠 |

Weekly additions to the waiting list decreased from about 400 to under 100 by early April, as routine surgery (apart from cancer and urgent) was cancelled. Additions are now increasing (though still well below average), and this trend is expected to continue as routine outpatient clinics are restarted in July and August.
The number of patients waiting greater than 12 weeks has increased hugely since lockdown, from around 600 to over 3,000 (around 80% of the waiting list), with similar increases in the % of patients now waiting more than 18 and 26 weeks.
Activity delivered has increased as theatres have gradually been reopened, and additional activity in the Independent Sector, funded by the SG, has been extended to the end September.
We estimate that we will be able to deliver around 76% of the previous average level of activity by December. Reduction in the backlog of referrals will require additional in house or in-sourced and additional funding to deliver this, and this has been requested from SG.

| **New Outpatients** 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment | 95% | Mar-20 | TBC | Jul-20 | 41.1% | Jun-20 | 🟠 |

Referrals have gradually increased but are still 50% below average. The number of patients waiting greater than 12 weeks has increased from just over 500 just before lockdown to over 8,000 by June, equating to 67% of the total waiting list. The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % that they were before lockdown.
Using a clinic capacity modelling tool, new ways of working in outpatient clinics have been introduced to make the most efficient use of clinic space. This along with repurposing other clinical areas and extending days is maximising the number of patients who can be seen face to face. This capacity is being prioritised for new, cancer and urgent review patients who need a face to face appointment. The appointment of routine new patients began in mid July in line with our initial plan.
It is anticipated we will be able to achieve 90% of previous levels of new outpatient capacity in December to March 2021 which along with a return to previous levels of referrals by September 2020 will likely lead to an increase in waiting list size and waiting times for routine referrals. Reduction in the backlog of referrals will require additional in house or in-sourced activity in the evenings and at weekends.

| **Diagnostics** 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image) | 100% | Apr-16 | TBC | Jul-20 | 51.4% | Jun-20 | 🟠 |

The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from 31% in May to 37% in June following the gradual restart and/or increase in services in line our proposed remobilisation plan.
Endoscopy services restarted in June, allowing the backlog of Urgent Suspicion of Cancer and Bowel Cancer Screening Patients to be cleared. Referrals are increasing and priority is being given to urgent and cancer referrals which have resulted in a backlog of routine referrals. Discussions around recovery plans have taken place with the SG, and funding has been agreed for additional capacity, including in sourcing activity.
Radiology diagnostic services returned to all sites at the end of July, with capacity at month end in relation to previous capacity being 70% for CT, 75% for MRI and 55% for Ultrasound. It is a similar (though slightly better) situation for GP and Outpatient key diagnostic tests.
Breaches fell by around 35% from the end of June to the end of July as a result of the reinstatement of extended days for MRI, CT and MRI Mobile Van capacity funded by SG, which will continue until December. Additional capacity is planned for Ultrasound which will lead to further improvements in September.
 Priority is being given to all urgent referrals which are being seen within 2 weeks

| **Cancer 62-Day RTT** 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral | 95% | Oct-17 | TBC | Jul-20 | 88.2% | QE Mar-20 | 🟠 |

Whilst cancer services were prioritised and maintained, the pause of endoscopy services resulted in a backlog of patients requiring investigations. The backlog has been cleared with more breaches than usual in these areas. As services remobilise across all areas, performance will continue to be variable. Many of the breaches (ranging from 1 to 176 days with an average of 40 days)were due to the impact of COVID-19.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE May-20	85%	QE Jul-20	75.7%	N/A	N/A

The number of FOI requests closed increased significantly in June, as pressures from the pandemic eased. Performance against the 20-day closure timescale (reinstated from 60 days in late May) fell slightly, and is likely to be variable over the next few months as work returns to normal.

Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Jul-20	6.2%	QE Dec-19	🟡

Bed days lost due to patients in delay has continued to be less than the local target, although there was an increase in both patients in delay and bed days lost in June. The challenge will be to avoid further increases in the coming months, as all the planned remobilisation activities are implemented.

Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Apr-20	15.0%	YT Dec-19	🟡

A number of developments have led to an increase in reach and referral to the service. These include introducing a temporary abstinence model in the VHK with rapid access to NRT for patients and on sight staff training, developing service delivery in alternative venues such as leisure centres and nurseries, direct access to support within respiratory outpatient clinic and midwife-led Saturday provision.
The loss of the mobile unit for 4 months (limiting outreach work into our more vulnerable communities) and staff recruitment (limiting capacity to support community pharmacy and data collection) have been key challenges. Overall, we have recorded a 4.2% increase in performance against target compared to FY 2018/19.

CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	TBC	Jul-20	62.8%	QE Jun-20	🟡

Referrals to CAMHS are gradually returning to normal levels, with an anticipated increase as schools resume in mid August. RTT performance has fluctuated during the pandemic as more of the longest waits have been seen whilst 'new' referrals have been low. As referrals increase, performance is projected to return to Fife CAMHS average of approx 72% from September, dependent on staff availability.

Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Jul-20	74.5%	QE Jun-20	🟡

Performance figures have not been hugely impacted so far by the COVID-19 pandemic. There has been a drop off in referrals which is very likely to be reversed during the next few months, at the same time as work resumes with longest waiting patients. This will take services above current capacity. In addition, the inability to hold group sessions due to social distancing restrictions will impact both treatment and performance recovery plans.

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Aug-20	+ £7.748m	N/A	N/A

Following the unprecedented challenges created by the outbreak of the Covid-19 pandemic and the resultant public health emergency, our financial reporting was expanded to encompass: our core position; and Covid-19 additional costs, net of offsetting cost reductions (health costs that have reduced as a result of Covid-19 response). In tandem, an assessment was made of potential savings to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Covid-19 and Quarter 1 financial template returns.

Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£12.829m	N/A	£12.829m	Aug-20	£2.751m	N/A	N/A

The total Capital Resource Limit for 2020/21 is £12.829m including anticipated allocations for specific projects. The capital position for the 5 months to August shows investment of £2.751m equivalent to 21.44% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Jul-20	5.06%	YE Mar-20	🟡

Sickness absence levels have fallen in the first four months of the COVID-19 pandemic. It is difficult to draw any firm conclusions around this due to the way that pandemic-related absence (either due to having the infection or requiring to self-isolate) is being handled, and the situation will continue to be monitored as we return to "normal" and restart various Promoting Attendance activities.

II. Performance Exception Reports

Clinical Governance

Adverse Events

Major and Extreme Adverse Events

TV On Ward	Other Clinical Events	Cardiac Arrest	Patient Fall
105	58	56	48

All Adverse Events

	Month	2019/20									20/21			
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
ALL	NHS Fife	1406	1295	1247	1355	1359	1387	1397	1307	1112	887	1057	1119	1316
	Acute Services	563	571	531	658	575	585	616	635	467	371	471	463	557
	HSCP	800	668	670	647	735	765	745	621	621	483	553	623	721
	Corporate	43	56	46	50	49	37	36	51	24	33	33	33	38
CLINICAL	NHS Fife	915	831	813	939	891	928	911	923	790	606	717	738	896
	Acute Services	520	515	485	592	534	527	556	573	435	342	428	422	511
	HSCP	380	284	310	321	339	390	337	331	340	246	274	296	365
	Corporate	15	32	18	26	18	11	18	19	15	18	15	20	20

Commentary

In March, the configuration of services, including how services were offered and the numbers of people admitted, changed significantly in response to the COVID-19 pandemic.

Whilst staff were advised that all adverse events must continue to be reported during this time, the number reported across NHS Fife since February is less than in previous months. The number of major or extreme events reported has also dropped sharply.

The review processes for the major and extreme events was suspended during the peak months (March until the end of May), but are now re-established. There are working processes in place across the organisation to provide good oversight and monitoring of all adverse events.

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Clinical Governance

HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.
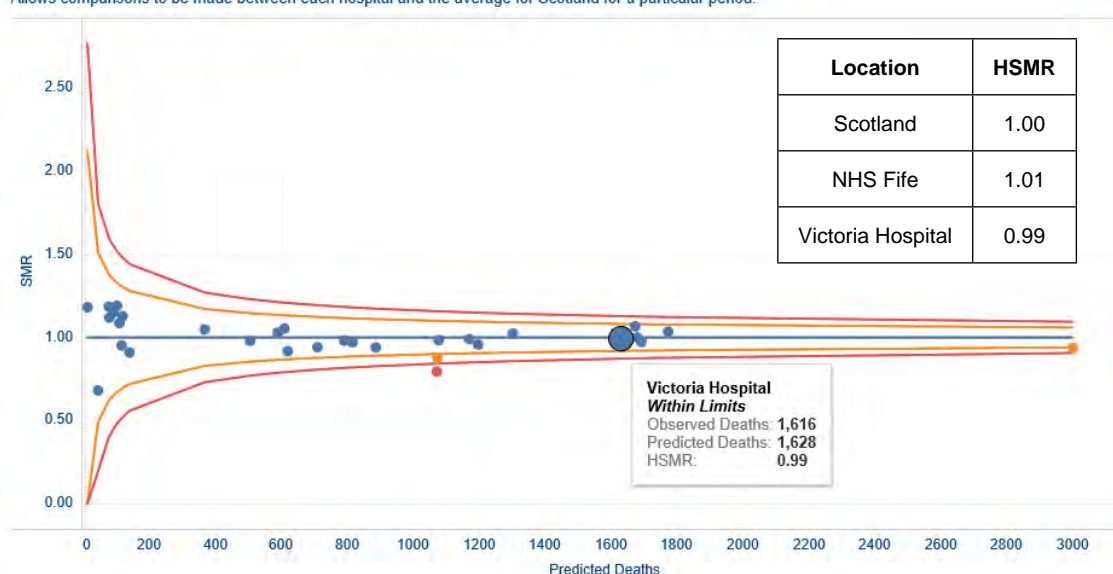
Reporting Period; April 2019 to March 2020ᴾ

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

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

Funnel Plot by Hospital: April 2019 to March 2020
Allows comparisons to be made between each hospital and the average for Scotland for a particular period.

Location	HSMR
Scotland	1.00
NHS Fife	1.01
Victoria Hospital	0.99

Victoria Hospital
Within Limits
Observed Deaths: **1,616**
Predicted Deaths: **1,628**
HSMR: **0.99**

Commentary

The annual HSMR for NHS Fife decreased during the first quarter of 2020, with both the actual and predicted number of deaths falling slightly in comparison to the previous 12-month period. This should be seen as normal variation, but we will continue to monitor this closely.
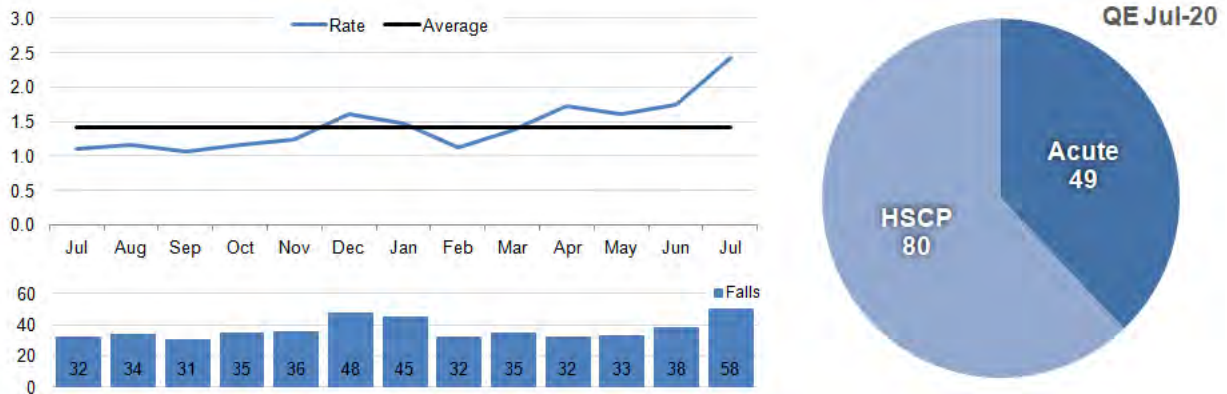
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Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)
*Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD***

Local Performance

Service Performance

	Month	2019/20									20/21			
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
WITH HARM	NHS Fife	1.10	1.16	1.08	1.17	1.24	1.61	1.47	1.13	1.37	1.73	1.62	1.75	2.43
	Acute Services	0.61	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.26	1.93	1.21	1.38	2.16
	HSCP	1.51	1.38	1.16	1.48	1.37	2.10	1.89	1.37	1.44	1.61	1.95	2.08	2.66

| Key Challenges in 2020/21	The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

Improvement Actions	Update
20.3 Falls Audit *By Nov-20*	The audit tool has been revised to reflect more accurately the discreet elements of the falls bundle, and the plan is to re-audit again in the Autumn
20.5 Improve effectiveness of Falls Champion Network *By Oct-20* *(Implementation Plan)*	Work still to be progressed to refresh the Falls Champions Network. As noted before future network plans are being explored with some discussion regarding a Fife wide, more virtual approach, using technology. This will be included in the revised work plan including a focus on developing an information/training pack to support development, shared learning and consistency. This will also consider information boards within the wards and falls related information.
21.1 Refresh of Plans *By Oct-20*	Next meeting planned for 12th August with a view to refreshing the group work plan at that time for the coming year. This meeting is coming up and some discussion in preparation is underway.

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Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
*Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days***
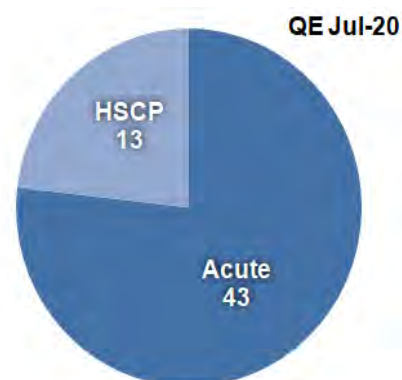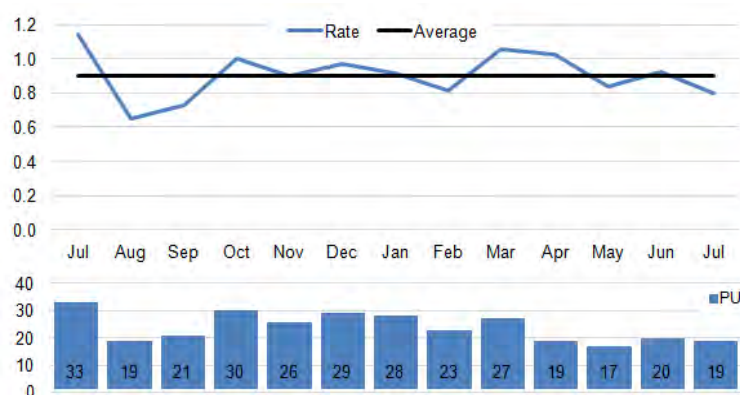
Local Performance

Service Performance

Month	2019/20									2020/21			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	1.14	0.65	0.73	1.00	0.90	0.97	0.92	0.81	1.06	1.02	0.83	0.92	0.80
Acute Services	2.15	1.34	1.13	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.67	1.35
HSCP	0.31	0.06	0.39	0.55	0.31	0.62	0.61	0.46	0.46	0.42	0.53	0.26	0.31

Key Challenges in 2020/21	Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance

Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness *By Sep-20*	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development *By Oct-20*	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.
21.1 Improve reporting of PU *By Oct-20*	TV work has been reignited and we are annotating the TV Report Charts to reflect the COVID-19 pandemic and better understand the reasons behind the data, and support improvement measures. A "Deep Dive" exercise is being undertaken into identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them.

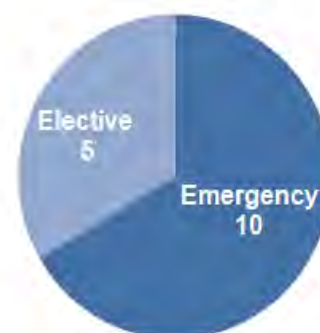Page 13

Clinical Governance

Caesarean Section SSI

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

Local Performance

Service Performance

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

Key Challenges in 2020/21	NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

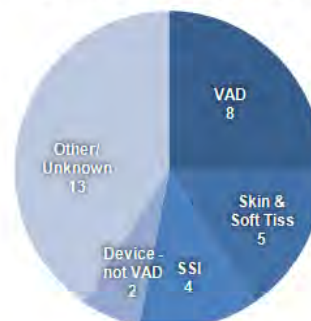| Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan *By Oct-20*	Regular SSI Implementation Group Meetings have resumed following the temporary pause due to the COVID-19 pandemic. The group met on 2nd July, via Microsoft Teams, to discuss the Action Plan. The next meeting is due to take place on 20th August. The new case ascertainment methodology was adopted from October 2019. Following the recommencement of SSI surveillance, the new methodology will continue to be applied and assessed for its effectiveness.
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

SAB (HAI/HCAI)

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

Local Performance

National Benchmarking

Quarter Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	26.2	17.8	14.1	13.7	15.5	10.9	12.5
Scotland		16.8	17.7	15.6	16.7	17.5	15.2	16.3

| Key Challenges in 2020/21	Achieving a 10% reduction of healthcare-associated SAB by March 2022

Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs *By Mar-21*	The Infection Prevention Control Team continue to support Addiction Services with the SAB improvement project, last meeting in July. To date there has been only 2 confirmed cases of SAB in PWID in 2020 a marked improvement compared to the same time period in 2019. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs. There are also ongoing discussions on how to access treatment for outpatient PWID.
20.2 Ongoing surveillance of all VAD-related infections *By Mar-21*	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement. This has continued throughout the pandemic.
20.3 Ongoing surveillance of all CAUTI *By Mar-21*	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions The group last met in June, and will meet again on 21st August. We are continuing to develop E-documentation bundles for catheter insertion and maintenance, to be added onto Patientrak for Acute services (follows successful introduction into MORSE for District nurses in 2019).
20.4 Optimise comms with all clinical teams in ASD & the HSCP *By Mar-21*	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk is continuing. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance. Certificates for wards infection free period for SAB are to be distributed.

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Clinical Governance

C Diff (HAI/HCAI)

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

Local Performance
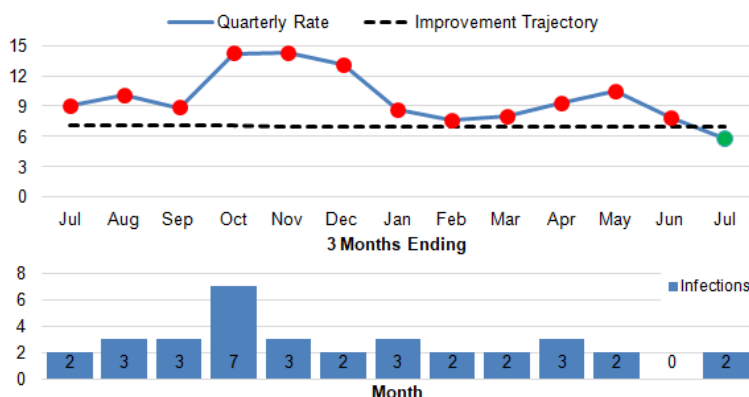
National Benchmarking

Quarter Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	8.0	10.0	5.4	8.0	8.9	13.1	8.0
Scotland		14.8	13.8	11.8	12.3	13.7	15.1	13.5

Key Challenges in 2020/21	Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

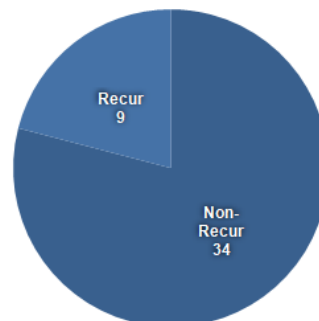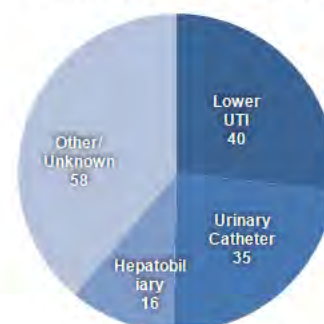| Improvement Actions	Update
20.1 Reducing recurrence of CDI *By Oct-20*	NHS Fife has been approved to use commercial FMT (Faecal microbiota transplantation) in the prevention of recurrence of infection, but this is currently unavailable (due to the COVID-19 pandemic). Approval has been passed for the use of Bezlotoxumab, which is a human monoclonal antitoxin antibody; it binds to Clostridioides difficile toxin B and neutralises its activity, preventing recurrence of CDI (BNF 2020). It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director. Fidaxomycin is another treatment used in NHS Fife for patients at high risk of recurrent CDI.
20.2 Reduce overall prescribing of antibiotics *By Oct-20*	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP *By Oct-20*	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance. Certificates for wards infection free period for CDI are to be distributed

Clinical Governance

ECB (HAI/HCAI)

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

Local Performance

Infection Sources: YE Jul-20

National Benchmarking

Quarter Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	41.0	49.2	39.2	42.1	31.0	60.0	47.9
Scotland		40.2	38.3	37.3	38.9	40.3	40.8	36.4

Key Challenges in 2020/21	Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

| Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP *By Mar-22*	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has continued throughout the pandemic. ECB continues as a standing Agenda item in the IPCT and ICC meetings.
20.2 Formation of ECB Strategy Group *By Mar-21*	The first meeting of the ECB Strategy Group took place in January, to address ECBs caused predominately by urinary source other than CAUTIs. The next meeting was due in April, with a wider involvement from public health but this was postponed, and the date of next meeting is to be confirmed.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) *By Mar-21*	The UCIG last met in June, the key points being as follows: • E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful introduction into MORSE for District nurses in 2019) • Urinary Catheter Care passports have been added to PECOS for all patients to promote catheter care and adequate hydration • Continence/hydration folders have been distributed to all care and residential homes across Fife by the Continence advisory service, to be followed up by visits to support staff. These packs include information and tools on continence assessment, sheaths, catheters, bowel health, Hydration/healthy bladder and incontinence. The next UCIG meeting is scheduled for August.

Clinical Governance

Complaints | Stage 2

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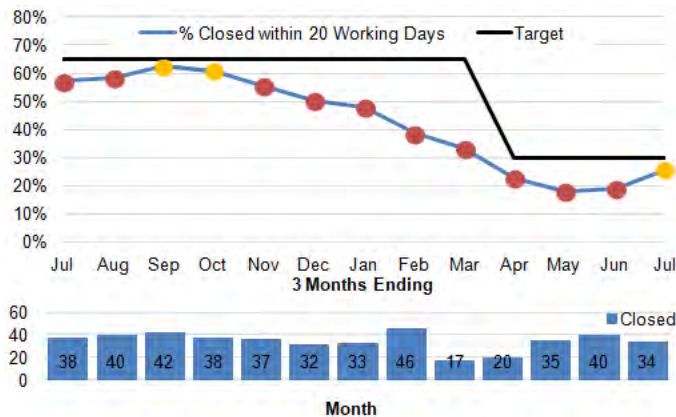
Local Performance

Closure Breaches: QE Jul-20
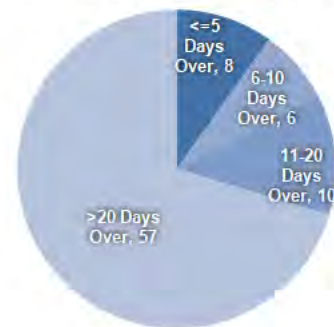
Local Performance by Directorate/Division

3-Month Ending	2019/20									20/21			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	57.3%	58.3%	62.5%	60.8%	55.6%	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%
Ack <= 3 Days (Monthly)	97.4%	95.0%	92.9%	97.4%	89.2%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	94.1%
ASD	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%	49.4%	56.2%	55.3%	54.4%	53.5%	54.7%
HSCP	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%

Key Challenges in 2020/21	Clearing the backlog of existing complaints Increase in complaints due to treatment delays (including diagnostics) General increase in complaints as we start to remobilise

Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses *By Mar-21*	The PRT is changing the way we work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this will be achieved via the development of the Complaints section of the new NHS Fife website.
21.2 Deliver virtual training on complaints handling *By Dec-20*	This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. Sessions are currently being arranged.

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Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment

Local Performance

National Benchmarking

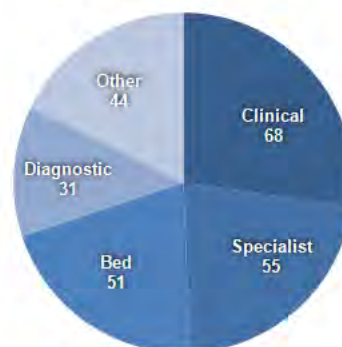| Month	2019/20									2020/21			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%
Scotland	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%

Key Challenges in 2020/21	Maintaining the reduction in numbers and the public using alternatives to emergency care Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

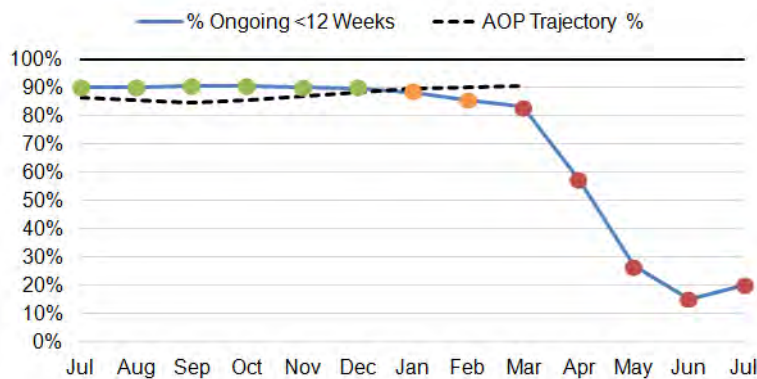| Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends *By Jul-20*	ED performance has continued to remain above average indicating that processes and improvement pathways are delivering and achievable when there is flow within the hospital. These will be monitored as remobilisation moves forward and attendances potentially increase. ***** ACTION COMPLETE (THOUGH WORK CONTINUING AS PART OF NORMAL BUSINESS *****
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group *By Aug-20*	Focus of this group will move to long term management of red and green admission pathways and continual review of combined assessment (medical and surgical) effectiveness ***** ACTION COMPLETE (THOUGH WORK CONTINUING AS PART OF NORMAL BUSINESS *****
21.1 Remodelling of Outpatient services *By Dec-20*	Ongoing assessment of the effectiveness of electronic outpatient models for different specialities and focus on return appointment frequency and effectiveness

Finance, Performance & Resources – Operational Performance

Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed
*Improvement Target for 2020/21 = **TBC**% (Patients Waiting <= 12 Weeks at month end)*

Local Performance

National Benchmarking

	2019/20									2020/21			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%
Scotland	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%	46.6%	24.8%	17.3%	

Key Challenges in 2020/21	Recovery from COVID-19 Reduced theatre capacity due to increased infection control procedures and response to COVID-19

Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan *By Mar-21*	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan	
21.3 Undertake waiting list validation against agreed criteria *By Sep-20*	When the action is complete, this will be an ongoing activity

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Finance, Performance & Resources – Operational Performance

New Outpatients

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

Local Performance

Ongoing Breaches Jul-20

National Benchmarking

	2019/20									2020/21			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%
Scotland	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%	57.8%	34.9%	28.5%	

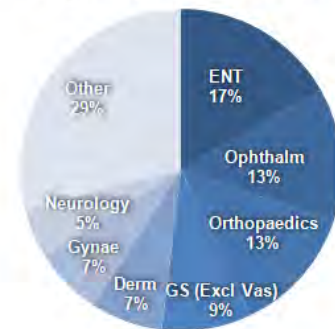| **Key Challenges in 2020/21**	Recovery from COVID 19 Reduced clinic capacity due to physical distancing Difficulty in recruiting to specialist consultant posts

Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacancies *By Mar-21*	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan	
21.2 Refresh OP Transformation programme actions *By Mar-21*	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.3 Develop clinic capacity modelling tool	
21.4 Validate new and review waiting list against agreed criteria *By Sep-20*	When the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

Diagnostics Waiting Times

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

Local Performance
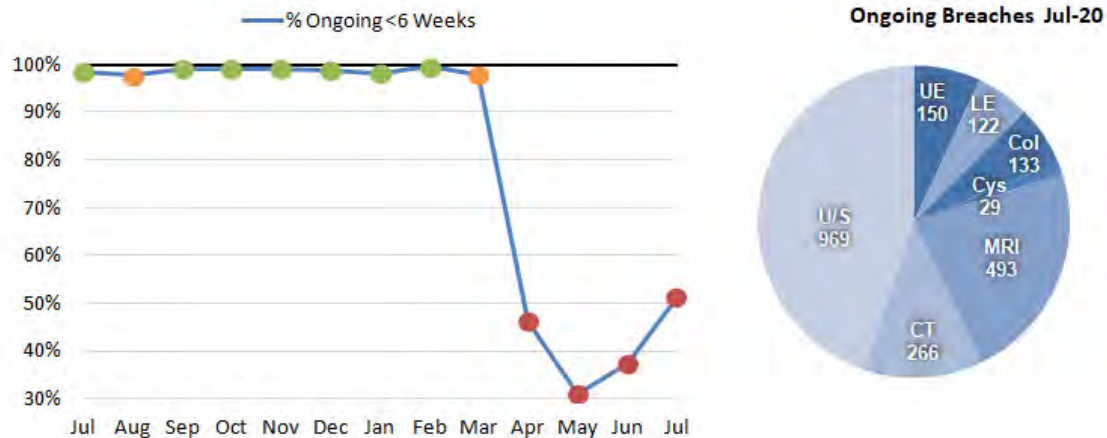
National Benchmarking

	2019/20									2019/20			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	98.3%	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%
Scotland	79.5%	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	28.4%	27.9%	35.4%	

Key Challenges in 2020/21	Recovery from COVID-19 Reduced capacity due to physical distancing and infection control procedures Difficulty in recruiting to consultant and specialist AHP/Nursing posts Endoscopy surveillance backlog

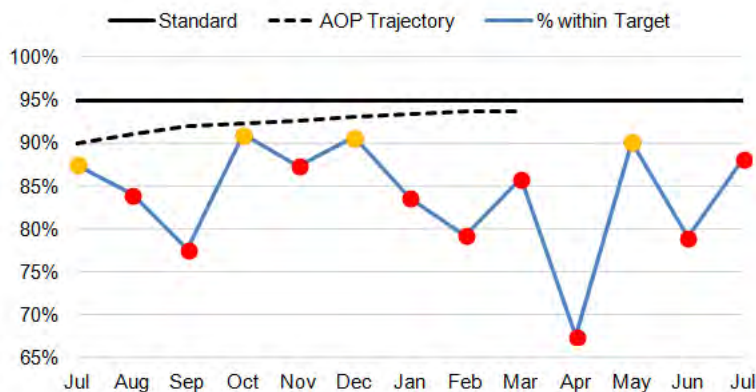| Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria *By Aug-20*	When the action is complete, this will be an ongoing activity
21.3 Improve recruitment to vacant posts *By Mar-21*	Action includes consideration of service redesign to increase capacity

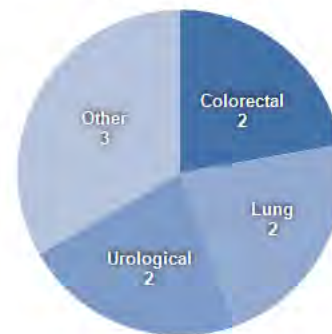# Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
*Improvement Target for 2020/21 = **TBC%***

Local Performance

Legend: Standard | - - - AOP Trajectory | % within Target

Breaches Jul-20:
- Colorectal 2
- Lung 2
- Urological 2
- Other 3

National Benchmarking

Month	2019/20									2020/21			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%
Scotland	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%

Key Challenges in 2020/21	Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand. Identification of key improvement areas in view of the pandemic response and as screening programmes restart

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

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Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

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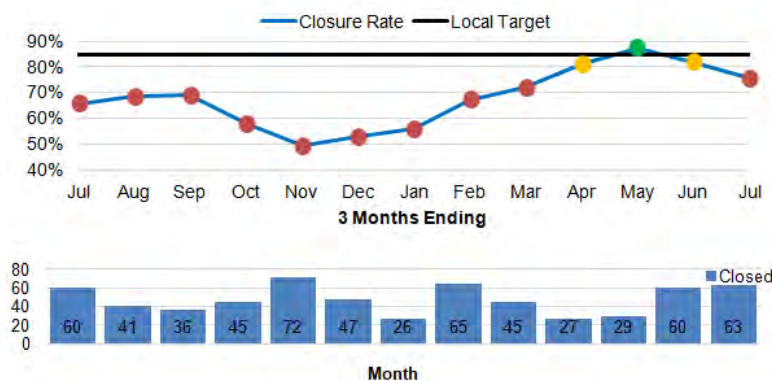
Local Performance

Closure Period, QE Jul-20
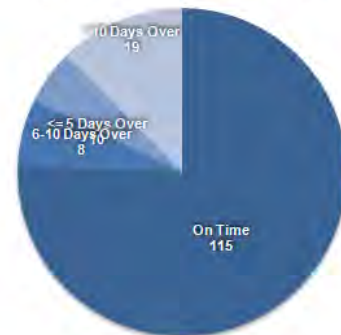
Service Performance

Monthly	2019/20									2020/21			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Health Board	68.9%	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%
IJB	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%

Key Challenges in 2020/21	Adequate resourcing to fully manage FOI Lack of FOI expertise and awareness within the organisation

Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services *By Sep-20*	The management of FOI requests which require responses from the H&SCP has improved significantly since the start of 2020. A new system (Axlr8), which is currently used by Fife Council, will be implemented in NHS Fife shortly, its introduction having been delayed by COVID-19. This will help the compilation of new / refreshed processes.
20.7 Formalise long-term resource requirements for FOI administration *By Sep-20*	An FOI Officer has been appointed within the IG Team on a 6-month contract to help implement the Axlr8 system and processes. Initial feedback from the supplier is very positive. Training, legislative requirements and operational requirements have been pulled into the IG Office to manage.

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Finance, Performance & Resources – Operational Performance

Delayed Discharges (Bed Days Lost)

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

Local Performance

National Benchmarking

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

Key Challenges in 2020/21	Sustaining current performance as we return to 'normal' working Applying lessons learned during the pandemic, going forward .

Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds *By Aug-20*	Framework completed during the COVID-19 pandemic. Implementation being finalised.
20.3 Moving On Policy to be implemented *By Aug-20*	The moving on policy will be approved by the HSCP Senior Leadership Team in August. This will further support new processes implemented as a result of the COVID-19 pandemic.
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Implementation of Daily Care Home Huddle	

Finance, Performance & Resources – Operational Performance

Smoking Cessation

*In 2020/21, we will deliver a minimum of **TBC** post 12 weeks smoking quits in the 40% most deprived areas of Fife*
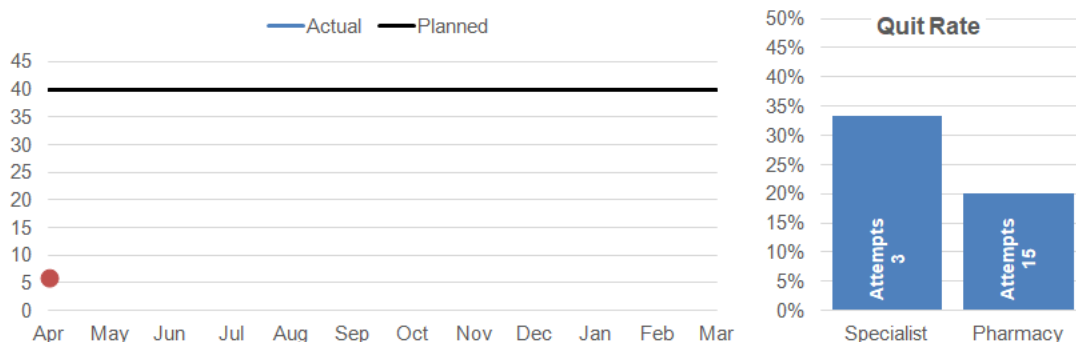
Local Performance

National Benchmarking

% Achieved Against Target		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	6											
	Actual Cumul	6	6	6	6	6	6	6	6	6	6	6	6
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	7.6%	5.1%	3.8%	3.0%	2.5%	2.2%	1.9%	1.7%	1.5%	1.4%	1.3%
Scotland	Achieved												

Key Challenges in 2020/21	- Service Provision within GP practices, hospitals and community venues (paused due to COVID19) - Staffing levels due to redeployment and maternity leave - recruiting and training new staff members will take 6 to 9 months - Unavailability of mobile unit (re-deployed during pandemic) - Building trust and confidence with client group to enable them to seek stop smoking support now and beyond COVID-19 - Inability to validate quits as part of an evidence based service due to COVID-19

Improvement Actions	Update
20.2 Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	This initiative had commenced and was in the early stages of delivery. The aim was to test a model of delivery that allowed a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. This has been paused due to COVID-19. ***** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED *****
20.3 'Better Beginnings' class for pregnant women on Saturday mornings	Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time. Initial outcomes (although small numbers) has shown positive outcomes to engaging with pregnant women. ***** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED *****
20.4 Enable staff access to medication whilst at work	No progress has been made due to COVID-19. ***** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED *****

Finance, Performance & Resources – Operational Performance

CAMHS 18 weeks RTT

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

Local Performance

% <=18 Weeks — Standard --- AOP Trajectory

Referrals: Jul 136, Aug 143, Sep 165, Oct 165, Nov 226, Dec 220, Jan 259, Feb 303, Mar 236, Apr 47, May 91, Jun 150, Jul 129

Waiting List (308) Jul-20

53+ weeks 8; 36 to 52 weeks 61; 19 to 35 weeks 126; <=15 Weeks 111; 16 to 18 Weeks 2
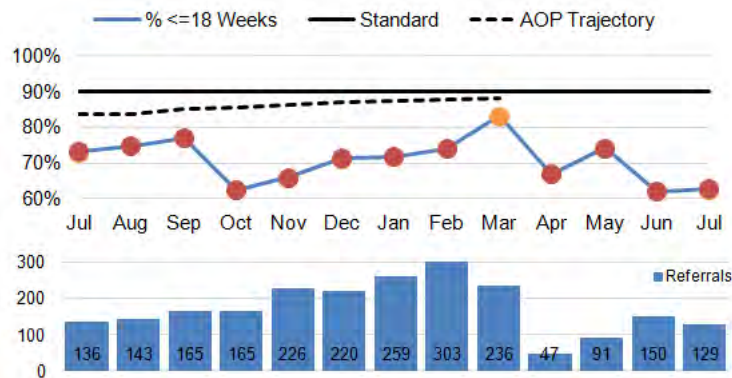
National Benchmarking

Month	2019/20									2020/21			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%
Scotland	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	64.3%	74.0%	58.2%	50.5%	

Key Challenges in 2020/21	Available resource to meet demand Impact of COVID-19 relaxation on referrals Change to appointment 'models' to reflect social distancing

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

Finance, Performance & Resources – Operational Performance
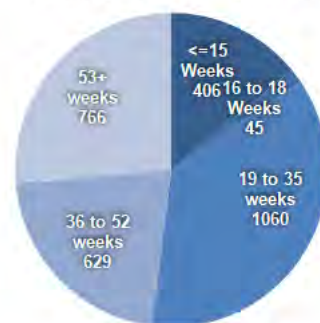
Psychological Therapies 18 weeks RTT

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

Local Performance
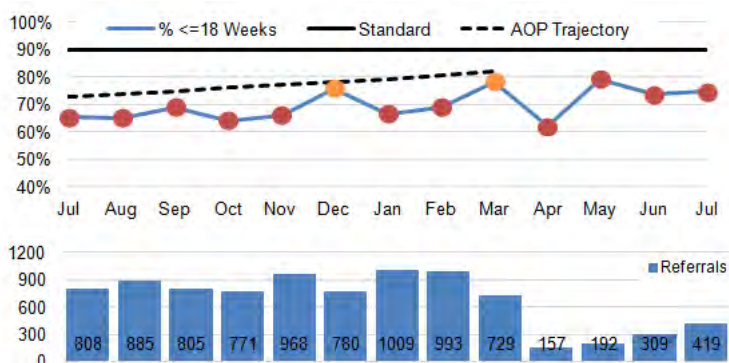
National Benchmarking

Month	2019/20									2020/21			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	62.0%	79.2%	73.6%	74.5%
Scotland	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	74.0%	76.5%	72.7%	

Key Challenges in 2020/21	Predicted large increase in referrals post pandemic Identifying replacement for group therapies (no longer viable)

Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision *By Sep-20 (review)*	Implementation of full re-design subject to further delay. Further progress required to see extent of impact on capacity for delivery of PTs.
20.4 Implement triage nurse pilot programme in Primary Care *By Dec-20*	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options *By Sep-20 (review)*	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. Viability of this dependent upon suitable digital platform being agreed.
21.1 Introduction of additional on-line therapy options *By Sep-20*	This action incorporates the digital delivery of stress management groups via Access Therapies Fife website. These will now be delivered digitally following e-health sign off on use of a specific digital platform. Suite of Silvercloud online therapy options now available via Access Therapies Fife website.
21.2 Development of alternative training and PT delivery methods *By Dec-20*	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

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Finance, Performance & Resources – Finance

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance

Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,173	430,092	170,000	177,962	-7,962	-4.68%	-3,270	-4,692
Integration Joint Board (Health)	357,064	364,190	153,147	152,933	214	0.14%	444	-230
Risk Share	0	0	0	0	0	0.00%	0	0
Total	777,237	794,282	323,147	330,895	-7,748	-2.40%	-2,826	-4,922

Key Challenges in 2020/21	• Availability of Covid-19 funding to: match our net additional costs; and costs associated with remobilisation plans • Our ability as a Board to regain traction in our savings and transformation plans in the context of the Covid-19 pandemic journey • Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; Covid-19; remobilisation; and Test & Protect positions; and assessing the impact of the Winter flu campaign and the Redesign of Urgent Care Scotland-wide • Ongoing discussions on potential risk share options with SG and respective partners. At this point there has been no IJB risk share factored into the position. This is a matter which will require close attention over the coming months to determine the level and quantum of potential risk arising.

Improvement Actions	Update
21.1 Local Mobilisation Plan *Ongoing throughout FY*	Partnering with the services to: • Identify additional spend relating to Covid-19 • Identify offsets against core positions • Understand and quantify the financial implications of remobilisation of core services across NHSF • Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position
21.2 Savings *Ongoing throughout FY*	The total NHS Fife efficiency requirement for 2020/21 including legacy unmet savings was £20m. As part of the LMP, Boards were asked to provide an estimate of the impact of planned measures re Covid-19 on the delivery of planned Health Board savings. As an early planning assumption it was agreed that some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings. The Q1 return makes a reassessment of savings and SG decision on funding of unachieved savings remains a live issue.

Finance, Performance & Resources – Finance

Commentary

Following the unprecedented challenges created by the outbreak of the Covid-19 pandemic and the resultant public health emergency, our financial reporting was expanded to encompass: our core position; and Covid-19 additional costs, net of offsetting cost reductions (health costs that have reduced as a result of Covid-19 response). In tandem, an assessment was made of potential savings to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Covid-19 and Quarter 1 financial template returns.

1. Annual Operational Plan

1.1 As previously reported, the AOP process for the 2020/21 financial year was paused due to the timing of the Covid-19 pandemic. The revised AOP financial plan which reflects both the mobilisation and the remobilisation plan high level impact on the financial position was submitted at the end of July; and as part of Scottish Government financial governance arrangements, a detailed formal quarter one financial review was submitted on 14 August. An updated final Q1 return will be submitted, and discussed on a scheduled call with Scottish Government colleagues, on 18 September. Funding allocations will be based on Boards' quarter one returns, and is expected to be confirmed in early October.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 NHS Fife received confirmation of the August core revenue amount on 1 September. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £719.746m; and anticipated allocations total £64.803m. The anticipated allocations include a sum of £1.303m for Covid-19 which relates to payments to GPs. In recognition of the financial cost of Covid-19, a budget reprioritisation exercise is ongoing across SG to reprofile budgets for 2020/21 which may have an impact on Boards' allocations. This position is being kept under close review.

Non Core Revenue Resource Limit

2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The anticipated non-core RRL funding totals £9.733m.

Total RRL

2.3 The total current year budget at 31 August is therefore £794.282m as detailed in Appendix 1.

3. Summary Position

3.1 The revenue position for the 5 months to 31 August reflects an overspend of £7.748m; which comprises a core underspend of £2.133m; and a net additional spend on Covid-19 of £9.881m.

3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial positions. An overspend of £7.962m is attributable to Health Board retained budgets; and an underspend of £0.214m is attributable to the health budgets delegated to the IJB.

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Finance, Performance & Resources – Finance

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

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,173	430,092	170,000	177,962	-7,962	-4.68%	-3,270	-4,692
Integration Joint Board (Health)	357,064	364,190	153,147	152,933	214	0.14%	444	-230
Risk Share	0	0	0	0	0	0.00%	0	0
Total	**777,237**	**794,282**	**323,147**	**330,895**	**-7,748**	**-2.40%**	**-2,826**	**-4,922**

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,277	208,679	85,298	91,561	-6,263	-7.34%	-1,992	-4,271
IJB Non-Delegated	8,563	8,489	3,482	3,425	57	1.64%	71	-14
Estates & Facilities	74,888	75,176	30,465	30,903	-438	-1.44%	-220	-218
Board Admin & Other Services	53,957	61,412	26,951	29,440	-2,489	-9.24%	-2,300	-189
Non-Fife & Other Healthcare Provide	90,973	90,973	37,878	37,421	457	1.21%	457	0
Financial Flexibility & Allocations	15,004	17,182	1,108	0	1,108	100.00%	1,108	0
Health Board	**445,662**	**461,911**	**185,182**	**192,750**	**-7,568**	**-4.09%**	**-2,876**	**-4,692**
Integration Joint Board - Core	381,266	410,361	174,217	173,943	274	0.16%	504	-230
Integration Fund & Other Allocations	14,464	3,682	0	0	0	0.00%	0	0
Sub-total Integration Joint Board C	**395,730**	**414,043**	**174,217**	**173,943**	**274**	**0.16%**	**504**	**-230**
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Hea	**395,730**	**414,043**	**174,217**	**173,943**	**274**	**0.16%**	**504**	**-230**
Total Expenditure	**841,392**	**875,954**	**359,399**	**366,693**	**-7,294**	**-2.03%**	**-2,372**	**-4,922**
IJB - Health	-38,666	-49,853	-21,070	-21,010	-60	0.28%	-60	0
Health Board	-25,489	-31,819	-15,182	-14,788	-394	2.60%	-394	0
Miscellaneous Income	-64,155	-81,672	-36,252	-35,798	-454	1.25%	-454	0
Net Position Including Income	**777,237**	**794,282**	**323,147**	**330,895**	**-7,748**	**-2.40%**	**-2,826**	**-4,922**

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

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

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,277	206,000	82,619	84,282	-1,663	-2.01%	-1,245	-418
IJB Non-Delegated	8,563	8,489	3,482	3,412	70	2.01%	71	-1
Estates & Facilities	74,888	74,996	30,285	29,726	559	1.85%	580	-21
Board Admin & Other Services	53,957	61,361	26,900	26,883	17	0.06%	36	-19
Non-Fife & Other Healthcare Provide	90,973	90,973	37,878	37,421	457	1.21%	457	0
Financial Flexibility & Allocations	15,004	17,182	1,108	0	1,108	100.00%	1,108	0
Health Board	**445,662**	**459,001**	**182,272**	**181,724**	**548**	**0.30%**	**1,007**	**-459**
Integration Joint Board - Core	381,266	406,697	170,553	169,016	1,537	0.90%	1,537	0
Integration Fund & Other Allocations	14,464	3,682	0	0	0	0.00%	0	0
Sub-total Integration Joint Board C	**395,730**	**410,379**	**170,553**	**169,016**	**1,537**	**0.90%**	**1,537**	**0**
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Hea	**395,730**	**410,379**	**170,553**	**169,016**	**1,537**	**0.90%**	**1,537**	**0**
Total Expenditure	**841,392**	**869,380**	**352,825**	**350,740**	**2,085**	**0.59%**	**2,544**	**-459**
IJB - Health	-38,666	-49,783	-21,000	-21,010	10	-0.05%	10	0
Health Board	-25,489	-31,387	-14,750	-14,788	38	-0.26%	38	0
Miscellaneous Income	-64,155	-81,170	-35,750	-35,798	48	-0.13%	48	0
Net Position Including Income	**777,237**	**788,210**	**317,075**	**314,942**	**2,133**	**0.67%**	**2,592**	**-459**

Finance, Performance & Resources – Finance

Table 3: Summary Covid-19 Financial Position for the period ended August 2020

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	2,679	2,679	7,279	-4,600		-747	-3,853
IJB Non-Delegated	0	0	0	13	-13		0	-13
Estates & Facilities	0	180	180	1,176	-996		-799	-197
Board Admin & Other Services	0	51	51	2,557	-2,506		-2,336	-170
Non-Fife & Other Healthcare Provide	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	**0**	**2,910**	**2,910**	**11,025**	**-8,115**		**-3,882**	**-4,233**
Integration Joint Board - Core	0	3,664	3,664	4,928	-1,264		-1,034	-230
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board C	**0**	**3,664**	**3,664**	**4,928**	**-1,264**		**-1,034**	**-230**
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Hea	**0**	**3,664**	**3,664**	**4,928**	**-1,264**		**-1,034**	**-230**
IJB - Health	**0**	**-70**	**-70**	**0**	**-70**		**-70**	**0**
Health Board	**0**	**-432**	**-432**	**0**	**-432**		**-432**	**0**
Miscellaneous Income	**0**	**-502**	**-502**	**0**	**-502**		**-502**	**0**
Total Expenditure	**0**	**6,072**	**6,072**	**15,953**	**-9,881**		**-5,418**	**-4,463**

3.4 The core position at month 5 is a net underspend of £2.133m; and takes in to account offsetting cost reductions. The principle established in May recognised that due to reduced activity levels, a proportion of the core underspend reported within the combined position is identified and utilised to support the Covid-19 costs incurred. For the 5 months to August, a total of £5.271m was identified, in conjunction with Directors, General and Service Managers, as offset towards Covid-19 expenditure: comprising £2.910m from Health Board retained; and £2.361m from Health delegated functions. The main contributing factors were: increased vacancies which did not require backfilling; a reduction in radiology requirements and GP referrals for laboratory testing; reduced reliance on private sector support; and a reduction in theatres activity.

3.5 The net Covid-19 additional costs after taking in to account offsets (and assuming funding for additional GP costs of £1.303m) is £9.881m.

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

Acute Services

4.1 The Acute Services Division reports a **net overspend of £1.663m for the year to date**. This reflects an overspend in operational run rate performance of £1.245m, and unmet savings of £0.418m per Table 4 below. The overall position is mainly driven by pay overspend in Emergency Care on junior and senior medical staffing of £0.838m. Additional non pay cost pressures of £0.825m are emerging within Emergency Care medicines and surgical sundries. Various underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend. The position shows the residual impact after transferring budget for Covid-19 offset year to date. Budget rephasing has taken place to reflect the cost impact of the additional capacity required to catch up on postponed services due to resume in October.

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

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	70,451	71,683	26,731	26,804	-73	-0.27%	39	-112
Emergency Care & Medicine	74,614	76,766	32,661	34,570	-1,909	-5.84%	-1,757	-152
Women, Children & Cinical Services	54,615	54,928	22,240	22,458	-218	-0.98%	-66	-152
Acute Nursing	607	627	231	229	2	0.87%	2	0
Other	1,990	1,996	756	221	535	70.77%	537	-2
Total	**202,277**	**206,000**	**82,619**	**84,282**	**-1,663**	**-2.01%**	**-1,245**	**-418**

Estates & Facilities

4.2 The Estates and Facilities budgets report an **underspend of £0.559m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are offset by an overspend in clinical waste costs.

Corporate Services

4.3 Within the Board's corporate services there is **an underspend of £0.017m**. Included within this position is a cost pressure of £0.069m relating to unfunded costs in connection with the significant flooding to the hospital and specific car parks in August. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

4.4 The budget for healthcare services provided out with NHS Fife is **underspent by £0.457m** per Appendix 3. Notwithstanding the in-year underspend, this area remains one of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels and drug costs.

Financial Plan Reserves & Allocations

4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget. At this early part of the year the process for allocating to budgets continues. The financial flexibility of £1.108m released to the M5 position is detailed in Appendix 4.

Integration Services

4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.537m for the year to date**. The majority of underlying drivers for the run rate under spend are vacancies in sexual health and rheumatology, community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. Additional underspends are reflected in East against vacancies in community services and administrative posts.

Income

4.7 A small over recovery in income of £0.048m 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 5 below (combined position).

Table 5: Subjective Analysis for the Period ended August 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	388,980	161,113	164,825	-3,712
GP Prescribing	72,330	29,639	29,639	0
Drugs	30,530	13,294	13,177	116
Other Non Pay	376,778	159,167	159,052	115
Efficiency Savings	-13,528	-4,922	0	-4,922
Commitments	20,864	1,108	0	1,108
Income	-81,672	-36,252	-35,798	-454
Net overspend	**794,282**	**323,147**	**330,895**	**-7,748**

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Pay

5.2 The overall pay budget reflects an overspend of £3.712m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of nursing & midwifery. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.

5.3 Against a total funded establishment of 7,922 wte across all staff groups, there was an average 8,019 wte core staff in post in August. The additional staff in post represent staff cohort groups organised nationally to help support the Covid-19 activity.

Drugs & Prescribing

5.4 Across the system there is a net underspend of £0.116m on medicines. The GP prescribing position is based on 2019/20 trend analysis and May/June 2020 actual information (2 months in arrears). Across Scotland we continue to work through the Covid-19 implications on prescribing and will update when more information becomes available.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively underspent by £0.115m. The overspends are in purchase of healthcare from other Health Boards and independent providers, equipment, property & and other supplies. These are offset by underspends across a number of areas including surgical sundries and other therapeutic supplies.

6 Financial Sustainability

6.1 The Financial Plan presented to Finance, Performance and Resources Committee in March highlighted the requirement for £20.015m cash efficiency savings to support financial balance in 2020/21. We had indicated an expected underachievement of savings of £14.2 via the Local Mobilisation Financial Template process; and a £5.8m efficiency savings target for NHS Fife. Whilst the feedback from the quarter one review submission will provide clarity on any SG funding of savings and allow a further refinement of savings targets; Table 6 summarises the position for the 5 months to August.

Table 6: Savings 20/21

Total Savings	Total Savings Target £'000	Anticipated unmet savings (Covid-19) £'000	Expected Achievement (Core) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Outstanding £'000
Health Board	14,868	10,668	4,200	125	1,118	2,957
Integration Joint Board	5,147	3,500	1,647	1,647	0	0
Total Savings	20,015	14,168	5,847	1,772	1,118	2,957

7   Key Messages / Risks

7.1   The revenue position for the 5 months to 31 August reflects an overspend of £7.748m; which comprises a core underspend of £2.133m; and a net additional spend on Covid-19 of £9.881m. This included an assessment of remobilisation costs for which we have requested specific approval. Given there is a commitment to fund additional GP costs, £1.303m Covid-19 funding has been assumed in the M5 position. Funding allocations will be based on the Q1 returns made across NHS Scotland, and there is a risk that the remaining £9.881m additional Covid-19 costs may not be fully funded. Funding is expected to be agreed in early October.

7.2   At this point the potential implications of the IJB risk share have not been factored in to the position.

8   Recommendation

8.1   Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

-   **Note** the reported core underspend of £2.133m for the 5 months to date
-   **Note** the reported Covid-19 additional spend of £9.881m for the 5 months to date; of which we have assumed funding of £1.303m will be forthcoming to meet additional GP costs.
-   **Note** the combined position of the core and Covid-19 positions inform an overall overspend of 7.748m prior to agreement of additional funding which is expected to be agreed in early October. The next financial update report to the half year will signpost any implications from that funding announcement.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non-Recurring £'000	Total £'000	Narrative
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
May-20	Confirmed Allocations	-1,307		3,413	2,106	
Jun-20	Confirmed Allocations			-534	-534	
Jul-21	Confirmed Allocations			5,614	5,614	
Aug-20	Hospital Eye Services			193	193	Specifc allocation based on submission
	Support for endoscopy recovery			712	712	As per discussions with Access Support Team
	Breast Feeding Project			58	58	3 year of project
	Public Dental Service		2,091		2,091	Annual allocation
	Public Health - Test & Protect			239	239	Response to Covid 19
	Covid Social Care Sustainability			300	300	To be transferred to Fife Council
	Outcomes Framework		4,166		4,166	Annual allocation
	Primary Care Improvement Fund		3,218		3,218	First Tranche
	School Nursing Service			46	46	Part of programme for government
	Total Core RRL Allocations	**700,230**	**9,475**	**10,041**	**719,746**	
Anticipated	Primary Medical Serives		55,281		55,281	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		822		822	
Anticipated	Community Pharmacy Champion		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Adjustments		-2,726		-2,726	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-157		-157	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Primary Care Improvement Fund		277		277	
Anticipated	Action 15 Mental Health Strategy		884		884	
Anticipated	ADP Seek & Treat		1,159		1,159	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	Waiting List		6,700		6,700	
Anticipated	COVID 19		1,303		1,303	
Anticipated	Top Slice NSS		-5,025		-5,025	
	Total Anticipated Core RRL Allocations	**0**	**64,803**	**0**	**64,803**	
Anticipated	IFRS			8,617	**8,617**	
Anticipated	Donated Asset Depreciation			116	**116**	
Anticipated	Impairment			500	**500**	
Anticipated	AME Provisions			500	**500**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,733**	**9,733**	
	Grand Total	**700,230**	**74,278**	**19,774**	**794,282**	

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,500	5,007	5,271	-264
Nhs Fife Chief Executive	206	86	99	-13
Nhs Fife Finance Director	6,396	2,645	2,438	207
Nhs Fife Medical Director	7,310	2,633	2,555	78
Nhs Fife Nurse Director	3,713	1,497	1,398	99
Legal Liabilities	7,199	4,802	4,955	-153
Early Retirements & Injury Benefits	814	339	323	16
Regional Funding	251	123	108	15
Depreciation	17,766	7,597	7,597	0
Nhs Fife Public Health	2,116	848	807	41
Nhs Fife Workforce Directorate	3,090	1,323	1,263	60
Nhs Fife Major Incident - Flooding			69	-69
Total	**61,361**	**26,900**	**26,883**	**17**

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	41	39	2
Borders	45	19	20	-1
Dumfries & Galloway	25	10	23	-13
Forth Valley	3,179	1,325	1,480	-155
Grampian	359	150	127	23
Greater Glasgow & Clyde	1,655	690	677	13
Highland	135	56	81	-25
Lanarkshire	114	48	103	-55
Lothian	31,518	13,132	12,894	238
Scottish Ambulance Service	101	42	43	-1
Tayside	41,096	17,122	16,933	189
	78,325	**32,635**	**32,420**	**215**
UNPACS				
Health Boards	10,627	4,428	4,305	123
Private Sector	1,245	519	646	-127
	11,872	**4,947**	**4,951**	**-4**
OATS	711	296	50	246
Grants	65	0	0	0
Total	**90,973**	**37,878**	**37,421**	**457**

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Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Aug-20 £'000
Financial Plan		
Drugs	3,331	0
CHAS	408	0
Unitary Charge	100	0
Junior Doctor Travel	39	6
Consultant Increments	201	0
Discretionary Points	205	0
Cost Pressures	3,343	822
Developments	4,232	280
Pay Awards	39	0
Sub Total Financial Plan	**11,898**	**1,108**
Allocations		
Waiting List	2,184	0
AME: Impairment	500	0
AME: Provisions	659	0
Neonatal Transport	19	0
Cancer Access	682	0
Hospital Eye	193	0
Endoscopy	712	0
Test & Protect	239	0
Insulin Pumps	96	0
Sub Total Allocations	**5,284**	**0**
Total	**17,182**	**1,108**

Finance, Performance & Resources – Finance

Capital Expenditure

NHS Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance

Commentary

The total Capital Resource Limit for 2020/21 is £12.829m including anticipated allocations for specific projects. The capital position for the 5 months to August shows investment of £2.751m equivalent to 21.44% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.

Key Challenges in 2020/21	Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Update
21.1 Managing expenditure programme within resources available *By Mar-21*	Risk management approach adopted across all categories of spend

Finance, Performance & Resources – Finance

1. Annual Operational Plan

1.1 The capital plan for 2020/21 has been approved by the FP&R Committee and is pending NHS Fife Board approval at the 30th September meeting. NHS Fife received a capital allocation of £7.394m in the August allocation letter; and is anticipating allocations of £0.385m for Covid-19 capital equipment, £4.5m for the Elective Orthopaedic Centre, HEPMA £0.5m, Lochgelly Health Centre £0.025m and Kincardine Health Centre £0.025m. The total capital plan is therefore £12.829m.

2. Capital Receipts

2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer – however the sale of this land will not complete in the current financial year.

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

3. Expenditure To Date / Major Scheme Progress

3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £2.751m or 21.44% 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	£1.299m
Equipment	£0.477m
E-health	£0.384m
Elective Orthopaedic Centre	£0.530m

4. Capital Expenditure Outturn

4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

5.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 31 August 2020 of £2.751m and the forecast year end spend of the total capital resource allocation of £12.920m.

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Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	214	46	214
Statutory Compliance	150	102	150
Capital Equipment	31	23	31
Condemned Equipment	0	0	0
Total Community & Primary Care	394	170	394
ACUTE SERVICES DIVISION			
Statutory Compliance	3,130	1,134	3,130
Capital Equipment	949	29	949
Minor Works	159	16	159
Condemned Equipment	57	40	57
Total Acute Services Division	4,295	1,218	4,295
NHS FIFE WIDE SCHEMES			
Equipment Balance	1,056	0	1,056
Information Technology	1,041	384	1,041
Minor Works	31	0	31
Statutory Compliance	84	0	84
Contingency	100	0	100
Asbestos Management	85	0	85
Fire Safety	60	0	60
Scheme Development	60	0	60
Vehicles	60	0	60
Condemned Equipment	33	0	33
Screen & Speech Units	95	63	95
Total NHS Fife Wide Schemes	2,705	447	2,705
TOTAL CONFIRMED ALLOCATION FOR 2020/21	**7,394**	**1,835**	**7,394**
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	4,500	530	4,500
Covid Equipment	385	385	385
HEPMA	500		500
Lochgelly Health Centre	25		25
Kincardine Health Centre	25		25
Anticipated Allocation for 2020/21	**5,435**	**915**	**5,435**
Total Anticipated Allocation for 2020/21	**12,829**	**2,750**	**12,829**

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Finance, Performance & Resources – Finance

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2020/21 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to July £'000	August Adjustment £'000	Total August £'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	214	0	214
Statutory Compliance	0	150	0	150
Total Community & Primary Care	**0**	**394**	**0**	**394**
Acute Services Division				
Capital Equipment	0	949	0	949
Condemned Equipment	0	57	0	57
Minor Capital	0	159	0	159
Statutory Compliance	0	3,130	0	3,130
	0	**4,295**	**0**	**4,295**
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,485	0	84
Fife Wide Equipment	2,036	-980	0	1,056
Information Technology	1,041	0	0	1,041
Minor Work	498	-468	0	31
Fife Wide Contingency Balance	100	0	0	100
Condemned Equipment	90	-57	0	33
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	60	0	60
Fife Wide Screen & Speech Units	0	95	0	95
Fife Wide Vehicles	0	60	0	60
Total Fife Wide	**7,394**	**-4,689**	**0**	**2,705**
Total	**7,394**	**0**	**0**	**7,394**
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	4,500	0	0	4,500
Covid Equipment	385	0	0	385
HEPMA	500	0	0	500
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	**5,435**	**0**	**0**	**5,435**
Total Planned Expenditure for 2020/21	**12,829**	**0**	**0**	**12,829**

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
*Improvement Target for 2020/21 = **4.39%***

Local Performance (Source: Tableau, from December 2019)
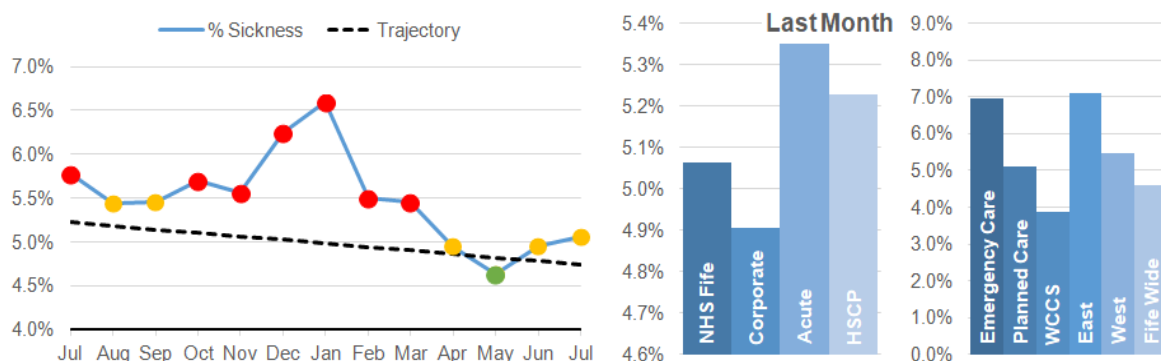
National Benchmarking

Month	2019/20									2020/21			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	5.78%	5.44%	5.46%	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%
Scotland	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%

Key Challenges in 2020/21	Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence *By Dec-20 (initially by Sep-20)*	The Regional Workforce Dashboard (Tableau) is being rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas. Tableau training to line managers being undertaken for local Promoting Attendance Groups. Tableau will be utilised in future by Line Managers, Human Resources, and Occupational Health staff, Promoting Attendance and Well@Work groups and Review and Improvement Panels, to target future interventions to the appropriate areas. OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approaches and reflect the Once for Scotland policy implementation, this will be refreshed once services resume to the new normal. Business units are utilising trajectory reporting and RAG status reports. Further OH Drop-in Sessions will take place when COVID-19 activity allows.
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason *By March-21*	This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach. Initial consideration of factors including general awareness raising of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff was concluded by April 2020. This has been supplemented and superseded by the additional support and inputs via Psychology and other services during the pandemic and may be included in a much broader consideration and evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group and their

Staff Governance	
	successors. An additional Mental Health Nursing resource has been secured within Occupational Health to provide support to staff who may be struggling with their mental health during the COVID-19 pandemic and will provide Occupational Health clinicians the option of referring employees for interventions which will help support them in the workplace.
21.1 Once for Scotland Promoting Attendance Policy *By Dec-20 (was initially by Sep-20)*	The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised approaches within the new policy, which was just being implemented at the start of the pandemic. We need to ensure, in partnership, that staff are aware of the new policy and the changes which affect them.
21.2 Review Promoting Attendance Group *By Dec-20*	To review the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements around the purpose of each group and how they interrelate, with the aim of providing a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels *By Sep-20*	To recommence Promoting Attendance Review and Improvement Panels and supporting activities such as myth busting and training, using MS Teams to ensure that promoting attendance measures are as effective as possible. Panels re-commenced in July 2020. ***** ACTION COMPLETE *****

CAROL POTTER
Chief Executive
23rd September 2020

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation – Activity to end of August 2020

		Month End			Quarter End	Quarter End	Quarter End
Higher than Projected Lower than Projected		Jul-20	Aug-20	Sep-20	Sep-20	Dec-20	Mar-21
TTG Inpatient/Daycase Activity	Projected	398	735	881	2,014	2,857	2,977
(Definitions as per Waiting Times Datamart)	Actual	697	809		1,506		
	Variance	299	74				
OP Referrals Received	Projected	3,627	4,724	5,691	14,042	19,880	21,313
(Definitions as per Waiting Times Datamart)	Actual	6,069	6,538		12,607		
	Variance	2,442	1,814				
New OP Activity (F2F, NearMe, Telephone, Virtual)	Projected	3,035	4,534	6,033	13,602	19,893	20,880
(Definitions as per Waiting Times Datamart)	Actual	3,509	3,557		7,066		
	Variance	474	-977				
Elective Scope Activity	Projected	400	400	1,648	2,448	2,296	2,544
(Definitions as per Diagnostic Monthly Management Information)	Actual	267	326		593		
	Variance	-133	-74				
A&E Attendance	Projected	6,855	7,270	7,370	21,495	21,705	21,810
(Definitions as per Scottish Government Unscheduled Care Datamart)	Actual	6,446	7,068		13,514		
	Variance	-409	-202				
Number of A&E 4-Hour Breaches	Projected	250	260	265	775	1,000	985
(Definitions as per Scottish Government Unscheduled Care Datamart)	Actual	249	323		572		
	Variance	-1	63				
Admissions via A&E	Projected	1,400	1,470	1,484	4,354	4,350	4,160
(Definitions as per Scottish Government Unscheduled Care Datamart)	Actual	1,470	1,562		3,032		
	Variance	70	92				
Delayed Discharges	Projected	72	80	79	79	79	74
(Total Delayed Discharges of any Reason or Duration as per Defininition	Actual	69	76		145		
for Published Statistics)	Variance	-3	-4				
Urgent Suspicion of Cancer - Referrals Received	Projected	750	750	780	2,280	2,380	2,445
(SG Management Information)	Actual	655	664		1,319		
	Variance	-95	-86				
31 Day Cancer - First Treatment, Patients Treated	Projected	130	130	130	390	390	390
(Definitions as per Published Statistics)	Actual	103	81		184		
	Variance	-27	-49				
CAMHS - First Treatment, Patients Treated	Projected	106	109	110	325	357	296
(Definitions as per Published Statistics)	Actual	86	90		176		
	Variance	-20	-19				
Psychological Therapies (excluding CAMHS) - First Treatment, Patients Treated	Projected	202	240	203	645	689	739
	Actual	279	320		599		
(Definitions as per Published Statistics)	Variance	77	80				

Fife Integrated Performance & Quality Report

Produced in October 2020

NHS Fife

Introduction

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

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

    a.   LDP Standards & Local Key Performance Indicators (KPI)

    b.   National Benchmarking

    c.   Indicatory Summary

    d.   Assessment

II. Performance Assessment Reports

    a.   Clinical Governance

    b.   Finance, Performance & Resources
               Operational Performance
               Finance

    c.   Staff Governance

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

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

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

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

As part of the JMP, a spreadsheet showing projected activity across critical services during the final 3 quarters of FY 2020/21 has been created and is being populated with actual figures as we go forward. In order to provide as up-to-date information as possible, some of the figures are initially provisional, and will be corrected if necessary the following month. The latest version of this is shown in Appendix 1.

Improvement Actions in the drill-downs carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY. They are shaded in BLUE if they are assessed as being complete or no longer relevant.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 13 (45%) classified as GREEN, 1 (3%) AMBER and 15 (52%) RED. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- Stage 2 Complaints Closure (ahead of improvement trajectory for FY 2020/21)

- Diagnostics Waiting Times (significant progress towards recovery of pre-pandemic position)

- Sickness Absence (ahead of improvement trajectory for FY 2020/21, but remembering that figures do not include COVID19-related absence)

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 6 (21%) within upper quartile, 19 (65%) in mid-range and 4 (14%) in lower quartile.

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

Indicator Summary

Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Aug-19	48	Jul-20	26	Aug-20	33	↓		N/A		
	N/A	HSMR	N/A	Year Ending	Mar-19	N/A	Dec-19	1.02	Mar-20	1.01	↑	YE Mar-20	1.01	●	1.00
	N/A	Inpatient Falls	5.97	Month	Aug-19	6.55	Jul-20	9.25	Aug-20	7.30	↑		N/A		
	N/A	Inpatient Falls with Harm	2.16	Month	Aug-19	1.16	Jul-20	1.97	Aug-20	1.71	↑		N/A		
	N/A	Pressure Ulcers	0.42	Month	Aug-19	0.65	Jul-20	0.75	Aug-20	1.10	↓		N/A		
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Jun-19	2.0%	Mar-20	0.9%	Jun-20	2.3%	↓	QE Dec-19	2.3%	●	0.9%
	N/A	SAB - HAI/HCAI	19.5	Quarter Ending	Aug-19	14.6	Jul-20	8.7	Aug-20	15.1	↓	QE Jun-20	6.3	●	20.3
	N/A	SAB - Community	N/A	Quarter Ending	Aug-19	9.6	Jul-20	8.5	Aug-20	6.4	↑	QE Jun-20	14.0	●	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Aug-19	10.1	Jul-20	5.8	Aug-20	5.5	↑	QE Jun-20	7.9	●	15.4
	N/A	C Diff - Community	N/A	Quarter Ending	Aug-19	2.1	Jul-20	5.3	Aug-20	6.4	↓	QE Jun-20	1.1	●	5.9
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Aug-19	34.9	Jul-20	42.2	Aug-20	52.1	↓	QE Jun-20	36.4	●	39.7
	N/A	ECB - Community	N/A	Quarter Ending	Aug-19	34.1	Jul-20	37.2	Aug-20	39.3	↓	QE Jun-20	38.8	●	35.9
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Aug-19	75.0%	Jul-20	72.4%	Aug-20	74.3%	↑	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Aug-19	58.3%	Jul-20	25.7%	Aug-20	36.4%	↑	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Aug-19	100.0%	Jul-20	100.0%	Aug-20	100.0%	↔		N/A		
	95%	4-Hour Emergency Access	95%	Month	Aug-19	93.6%	Jul-20	96.1%	Aug-20	95.4%	↓	Aug-20	95.4%	●	92.9%
	100%	Patient TTG (Ongoing Waits)		Month	Aug-19	89.9%	Jul-20	20.2%	Aug-20	30.0%	↑	Jun-20	15.5%	●	17.3%
	95%	New Outpatients Waiting Times		Month	Aug-19	95.0%	Jul-20	41.1%	Aug-20	50.0%	↑	Jun-20	32.1%	●	28.5%
	100%	Diagnostics Waiting Times		Month	Aug-19	97.6%	Jul-20	51.4%	Aug-20	78.3%	↑	Jun-20	37.4%	●	35.4%
	95%	Cancer 31-Day DTT		Month	Aug-19	97.0%	Jul-20	98.1%	Aug-20	96.1%	↓	QE Jun-20	96.3%	●	97.1%
	95%	Cancer 62-Day RTT		Month	Aug-19	84.0%	Jul-20	88.2%	Aug-20	84.3%	↓	QE Jun-20	77.7%	●	84.1%
	90%	18 Weeks RTT		Month	Aug-19	82.0%	Jul-20	69.2%	Aug-20	64.0%	↓	Jun-20	84.8%	●	79.6%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Aug-19	8.0%	Jul-20	6.2%	Aug-20	7.8%	↓	QE Dec-19	7.2%	●	7.1%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Aug-19	71	Jul-20	46	Aug-20	54	↓	Aug-20	14.46	●	14.68
	80%	Antenatal Access	80%	Month	Nov-18	85.3%	Oct-19	88.4%	Nov-19	83.3%	↓	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	TBC	YTD	May-19	101.3%	Apr-20	15.0%	May-20	24.1%	↓	FY 2019/20	92.8%	●	97.2%
	90%	CAMHS Waiting Times		Month	Aug-19	74.8%	Jul-20	62.8%	Aug-20	57.8%	↓	QE Jun-20	68.6%	●	59.3%
	90%	Psychological Therapies Waiting Times		Month	Aug-19	65.2%	Jul-20	74.5%	Aug-20	77.9%	↑	QE Jun-20	69.7%	●	74.3%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑	2019/20	79.2%	●	83.2%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Jun-19	95.0%	May-20	86.5%	Jun-20	93.4%	↑	QE Jun-20	87.3%	●	95.3%
	N/A	Dementia Post-Diagnostic Support		Annual	2017/18	86.7%	2018/19	93.9%	2019/20	91.6%	↓	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals		Annual	2017/18	55.4%	2018/19	60.7%	2019/20	57.6%	↓	2017/18	55.3%	●	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Aug-19	68.6%	Jul-20	75.7%	Aug-20	78.0%	↑		N/A		
Finance	N/A	Revenue Expenditure	£0	Month	Sep-19	N/A	Aug-20	+£7.748m	Sep-20	+£1.859m	↑		N/A		
	N/A	Capital Expenditure	£12.968m	Month	Sep-19	N/A	Aug-20	£2.751m	Sep-20	£3.323m	↑		N/A		
Staff Governance	4.00%	Sickness Absence	4.39%	Month	Aug-19	5.44%	Jul-20	5.06%	Aug-20	4.58%	↑	YE Mar-20	5.49%	●	5.31%

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d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
HSMR	1.00	N/A	N/A	YE Mar-20	1.01	YE Mar-20	🟡

The HSMR for NHS Fife for the year ending March 2020 improved slightly in comparison to the year ending December 2019, but remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.

Inpatient Falls (with Harm) Reduce falls with harm by 20% by December 2020	2.16	Aug-20	2.16	Aug-20	1.71	N/A	N/A

An increase in the fall trajectory has been noted over the COVID-19 period. The previous report highlighted changes in the environment and patients pathways as a result of COVID and this remains under review. It is likely that there are a number of factors that have contributed to this including; the change in occupancy and patient placement (i.e. red and green side rooms). In addition staff were relocated to other areas to work during this period. Work continues to monitor and support areas as identified with the most recent report noting improvement.

Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Aug-20	1.10	N/A	N/A

The collaborative is underway within the Acute Services with 3 wards taking part. One the 12-week periods is over, and another 3 wards within Acute Services will commence. A holistic approach is being taken in respect of the collaborative within HSCP. The Quality Improvement Collaborative - the main features are to reduce falls, reduce pressure ulcers and to increase quality of care rounding and measure compliance.

Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Jun-20	2.5%	QE Jun-20	2.3%	QE Dec-19	🔴

SSI surveillance has been paused due to the ongoing global pandemic. Maternity services have continued to monitor C-section SSI rates from January 2020 onwards. This data is reported in the IPQR; however, please note that it is unverified with no National comparison and does not follow the agreed methodology.

SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Aug-20	19.5	QE Aug-20	15.1	QE Jun-20	🟢

Surveillance for SABs has continued throughout the COVID-19 pandemic. For Q2 2020 NHS Fife was below the national comparator for HCAI SABs, although above for Community SABs. Although the rate remains below the target trajectory for HCAI SABs, August was a disappointing month with 7 HCAI SABs including 4 renal unit VAD SABs and 1 PVC-related infection.
There have been 3 PWID SABs so far in 2020.

C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Aug-20	6.7	QE Aug-20	5.5	QE Jun-20	🟢

CDI surveillance has continued throughout the COVID-19 pandemic. For Q2 2020, NHS Fife was below the national comparator for HCAI & CAI CDIs, and we have been below the reduction improvement trajectory since July. Recurrence of infection has been the continued focus with pioneering treatment to sustain reduction of rates.

ECB We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	QE Jun-20	36.6	QE Aug-20	52.1	QE Jun-20	🟡

Surveillance for ECBs has continued throughout the COVID-19 pandemic. For Q2 2020, NHS Fife was below the national comparator for healthcare associated (HCAI) ECBs, although above for community acquired ECBs. Reducing HCAI ECBs remains an ongoing challenge for Fife and the rate was above the reduction improvement trajectory in July and August. UTIs and CAUTIs remain the ongoing challenge to address.

Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Aug-20	36.4%	FY 2018/19	🟡

Patient Relations were advised in March that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. Although the clinical services aimed to respond, performance has suffered, a common pattern across all Health Boards. While we are clearing the backlog of older complaints, we have seen a steady increase in overall complaints as services have remobilised. These include complaints relating to delays in treatment as a result of COVID-19.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Aug-20	95%	Aug-20	95.4%	Aug-20	🟢

Performance remained above the Scottish Government 95% target for the 5th consecutive month, with attendances approximately 13% lower than in the previous year. Capacity within the hospital has not impacted on performance and NHS Fife recorded the best 4-Hour Performance of all the Mainland Health Boards in August.

Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	TBC	Aug-20	30.0%	Jun-20	🟡

Weekly additions to the waiting list decreased from about 400 to under 100 by early April, as routine surgery (apart from cancer and urgent) was cancelled. Additions continue to increase (though still 30% below average), and this trend is expected to continue as routine outpatient clinics increase in line with plans.
The number of patients waiting greater than 12 weeks increased hugely during lockdown, from around 600 to over 3,000 (around 80% of the waiting list) however this is now improving (at around 70% of the waiting list), with similar improvement in the % of patients waiting more than 18 and 26 weeks.
Activity delivered continues to increase in line with projections as theatres have gradually been reopened and additional activity in the Independent Sector, funded by the SG, delivered to the end September. Additional funding has been received from the Scottish Government to deliver additional in-house activity which will enable a reduction in the backlog of procedures over the next 5 months.
We are on course to deliver around 76% of the previous average level of activity by December 2020.

New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Aug-20	50.0%	Jun-20	🟡

Referrals have continued to increase and are now 78% of the average before lockdown. The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % than they were before lockdown. The number of patients waiting greater than 12 weeks has now begun to fall from a position of over 8,000 (67% of the waiting list) in June to 7,400 (50% of the waiting list) in August.
The plan to restart routine face to face outpatient clinics is being gradually implemented. The activity delivered has been less than projected in some specialities and more than projected in others. This is being reviewed on a regular basis to understand the challenges and implement solutions to make the maximum use of clinical capacity available. Funding has been received from the Scottish Government to deliver additional in house or in-sourced activity in the evenings and at weekend to reduce the backlog of referrals in a number of specialities. It is anticipated that this will enable us to achieve 90% of previous levels of new outpatient capacity in December to March 2021 and along with clinical validation of the waiting lists will lead to continued reduction in the number of patients waiting over 12, 18 and 26 weeks.

Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Aug-20	78.3%	Jun-20	🟡

The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from to 37% in June to 78% in August following the increase in capacity in line with remobilisation plans.
Endoscopy services restarted in June and all lists have been reinstated, although capacity is reduced by 30% due to physical distancing and infection control procedures. Referrals are increasing which along with reduced capacity has resulted in a backlog of routine referrals. Priority is being given to urgent and cancer referrals. Capacity for routine endoscopies will be further reduced in November to accommodate the restart of Bowel Screening. Discussions around recovery plans have taken place with the SG, and funding has been agreed for some additional capacity which will be targeted at routine referrals.
The number of patients waiting over 6 weeks for a radiology diagnostic test has improved significantly due to increased activity and demand which is below that before lockdown. The increase in activity is due to a mix of additional extended day/weekend working across NHS Fife and the support of the MRI mobile van that we are currently sharing with NHS Tayside as part of the SG recovery plan. Additional capacity is planned for Ultrasound which will lead to further improvements. Priority continues to be given to urgent referrals.

Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	TBC	Aug-20	84.3%	QE Jun-20	🔴

Performance continues to be variable with breaches (mainly small) occurring in a number of specialties. There were various breach reasons, including issues with CT guided and PET and continued challenges with the length of the prostate pathway, but none could be attributed to COVID-19. NHS Fife has committed to continuation of the weekly PTL meeting as we enter a second phase of the pandemic.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE May-20	85%	QE Aug-20	78.0%	N/A	N/A
The number of FOI requests since June has remained steady, but overall compliance with meeting the 20 working day response time has not yet improved to any great degree. An FOI Officer has now been employed to manage the FOI process, and this is expected to greatly assist with NHS Fife's overall FOI compliance and reporting.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Aug-20	7.8%	QE Mar-20	●
Bed days lost due to patients in delay has risen above the local target after falling during the early months of the pandemic. The number of patients in delay has also increased to pre-pandemic levels. We are now entering the winter period, when the hospital occupancy is likely to increase. This, and any impact of a second wave of the pandemic, will put additional stress on the patient discharge system.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT May-20	24.1%	FY 2019/20	●
Changes to the service model were enacted at the end of March, to enable services to continue to be delivered whilst meeting relevant social distancing guidelines to protect staff and clients. Clients can access services through direct referral via a central freephone number, a generic email address or via the national Quityourway.scot website. Clients accessing the service have been increasing but not to pre-pandemic levels. Whilst the number of clients has reduced, there is increased workload associated with arranging extended supplies of medication for clients and alternative collection and delivery options through community pharmacy. Clients facing difficult personal circumstances are finding the weekly support beneficial at this time.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	TBC	Aug-20	57.8%	QE Jun-20	●
Referral rates have returned to normal levels, as predicted following the return of schools. Ongoing work against the longest waits, high rates of DNA and discharges with 'no treatment required' have impacted on the RTT despite staff activity being maintained at normal levels.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Aug-20	77.9%	QE Jun-20	●
Current improved performance is associated with reduced activity with longest waiting patients during the COVID-19 response period. It is anticipated that the impact of resumption of clinical activity with longest waiting patients will negatively impact performance over coming months. As anticipated, referrals have increased significantly since last month (up by 57%) as services remobilise.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Sep-20	+ £1.859m	N/A	N/A
NHS Fife put in place expanded financial reporting arrangements to ensure sound financial governance and tight cost control in our response to the Covid-19 pandemic. Our reporting was expanded to encompass: core position; additional Covid-19 costs; offsetting cost reductions; and an assessment of our expected underachievement of savings. The impact of Covid-19 on the financial performance is a key issue. Whilst funding of our initial allocation has been confirmed (SG letter of 29 September), the funding allocation has been made on either actual costs or NRAC share. At this stage SG have allocated 70% of total funding with a general contingency of 30% retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. In addition, the following have been excluded from our (and all Boards') allocations: • Unachieved efficiency savings • Offsets (health costs that have reduced as a result of Covid-19 response) SG have indicated that the exclusions to allocations at this point are necessary due to wide variation in Boards' returns; and a follow up will be undertaken in the coming months to inform a final allocation across Scotland, to be made in January.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£12.968m	N/A	£12.968m	Sep-20	£3.323m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £12.968m including anticipated allocations for specific projects. The capital position for the 6 months to September shows investment of £3.323m equivalent to 25.62% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.							

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Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Aug-20	4.58%	YE Mar-20	●

Although sickness absence levels continue to fluctuate, the overall trend has continued to improve for the first five months of the year. Whilst encouraging, it is difficult to draw firm conclusions around this due to the separation of all Covid-19 Pandemic related absences from the reported sickness absence figures. All absences continue to be monitored with the increased prevalence of Covid-19 in the population, and a desire to return to a level of normality by restarting various Promoting Attendance activities.

II. Performance Exception Reports

Clinical Governance

Adverse Events

Major and Extreme Adverse Events

YE Aug-20

TV On Ward	Other Clinical Events	Cardiac Arrest	Patient Fall
112	63	49	48

All Adverse Events

	Month	2019/20								20/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL	NHS Fife	1295	1247	1355	1359	1388	1397	1307	1114	887	1058	1121	1322	1225
	Acute Services	571	531	658	575	585	616	635	466	371	471	463	558	502
	HSCP	668	670	647	735	766	745	621	624	483	554	625	725	683
	Corporate	56	46	50	49	37	36	51	24	33	33	33	39	40
CLINICAL	NHS Fife	831	813	939	891	929	911	923	792	606	718	739	902	822
	Acute Services	515	485	592	534	527	556	573	434	342	428	422	512	466
	HSCP	284	310	321	339	391	337	331	343	246	275	297	369	342
	Corporate	32	18	26	18	11	18	19	15	18	15	20	21	14

Commentary

In January 2020, the reporting of tissue viability (on admission) adverse events changed, and this accounts for the reduction in major and extreme events as illustrated above.

In March 2020, the configuration of services, including how services were offered and the numbers of people attending, changed significantly in response to the COVID-19 pandemic. It is noticeable that the number of events reported across NHS Fife in March to June is less than in previous months, however reporting generally continued.

During this time staff were reminded and advised that all adverse events must continue to be reported, and now as services have started to resume the number of events has risen to be more in line with previous months.

Clinical Governance

HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

Reporting Period; April 2019 to March 2020ᴾ

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

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

Funnel Plot by Hospital: April 2019 to March 2020
Allows comparisons to be made between each hospital and the average for Scotland for a particular period.

Location	HSMR
Scotland	1.00
NHS Fife	1.01
Victoria Hospital	0.99

Victoria Hospital
Within Limits
Observed Deaths: **1,616**
Predicted Deaths: **1,628**
HSMR: **0.99**

Commentary
The annual HSMR for NHS Fife decreased during the first quarter of 2020, with both the actual and predicted number of deaths falling slightly in comparison to the previous 12-month period. This should be seen as normal variation, but we will continue to monitor this closely.

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Clinical Governance
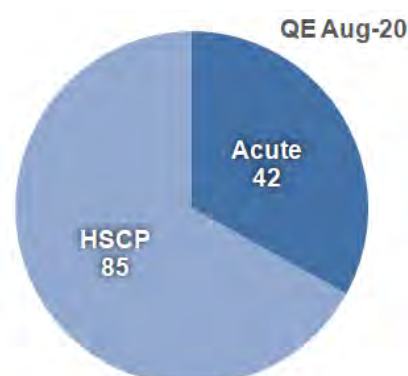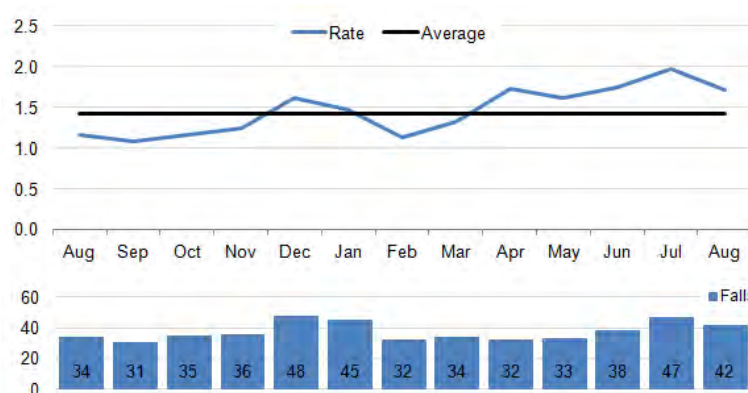
Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)
*Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD***

Local Performance

Service Performance

	Month	2019/20								20/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
WITH HARM	NHS Fife	1.16	1.08	1.17	1.24	1.61	1.47	1.13	1.33	1.73	1.62	1.75	1.97	1.71
	Acute Services	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.16	1.93	1.21	1.38	1.26	1.25
	HSCP	1.38	1.16	1.48	1.37	2.10	1.89	1.37	1.44	1.61	1.95	2.08	2.59	2.10

| **Key Challenges in 2020/21**	The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

Improvement Actions	**Update**
20.3 Falls Audit *By Nov-20*	The audit tool has been revised to reflect more accurately the discreet elements of the falls bundle, and the plan is to re-audit again in the Autumn
20.5 Improve effectiveness of Falls Champion Network *By Nov 2020 (Implementation Plan)*	Work still to be progressed to refresh the Falls Champions Network. As noted before, future network plans are being explored with some discussion regarding a Fife wide, more virtual approach, using technology. This will be included in the revised work plan including a focus on developing an information/training pack to support development, shared learning and consistency. This will also consider information boards within the wards and falls related information.
21.1 Refresh of Plans *By Oct-20*	Previous Workplan in line with the Fife Falls strategy completed and the first meeting post COVID has commenced the work to refresh the group workplan. Links strengthened with the Fracture Liaison service, and discussion planned to consider the new **MANAGEMENT OF OSTEOPOROSIS AND THE PREVENTION OF FRAGILITY FRACTURES,** particularly the bone health component of the falls bundle.

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
*Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days***
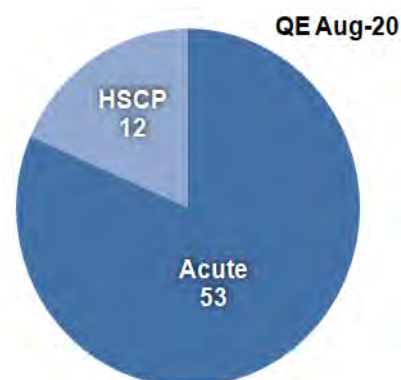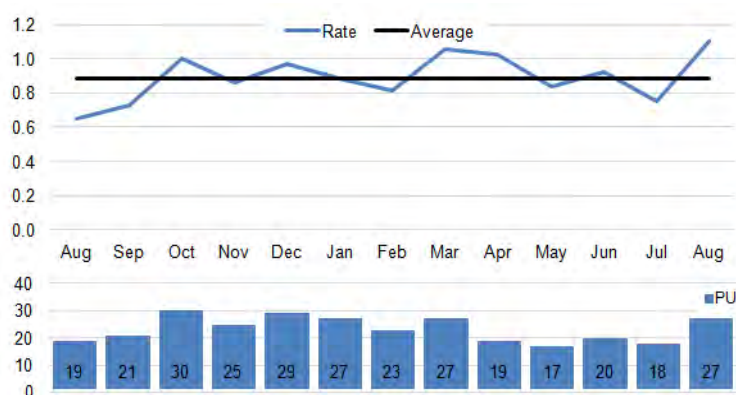
Local Performance

Service Performance

Month	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	0.65	0.73	1.00	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.92	0.75	1.10
Acute Services	1.34	1.13	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.67	1.26	1.97
HSCP	0.06	0.39	0.55	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.38

Key Challenges in 2020/21	Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance

Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness *By Dec-20 (was Sep-20)*	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD, has been carried out. This provides senior leadership support in practice. *** ACTION COMPLETE ***
21.1 Improve reporting of PU *By Dec-20 (was Oct-20)*	TV work has been reignited and we are annotating the TV Report Charts to reflect the COVID-19 pandemic and better understand the reasons behind the data, and support improvement measures. A "Deep Dive" exercise is being undertaken into identified wards (HSCP) who reported pressure incidents during the pandemic, to learn the reasons behind them.

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Clinical Governance

Caesarean Section SSI

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

Local Performance

Service Performance

Quarter Ending	2017/18	2018/19				2019/20				2020/21			
	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20	Mar-21
NHS Fife	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	0.9%	2.3%			
Scotland	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%					

Key Challenges in 2020/21	NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

| Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan *By Mar-21 (was Oct-20)*	SSI implementation meetings have now restarted via Microsoft Teams. When the C-section SSI surveillance programme restarts, we will again adopt the new methodology in assessing SSI and type - this was working well prior to the pause of all surveillance in March 2020. SSI incidence in the last two quarters has been calculated using raw data available from maternity services. This data is unverified with no National comparison.
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

Clinical Governance

SAB (HAI/HCAI)

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

Local Performance
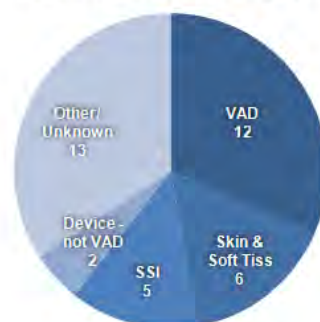
National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	17.8	14.1	13.7	15.5	10.9	12.5	6.3
Scotland		17.7	15.6	16.7	17.5	15.2	16.3	20.3

Key Challenges in 2020/21	Achieving a 10% reduction of healthcare-associated SAB by March 2022

| **Improvement Actions**	**Update**
20.1 Reduce the number of SAB in PWIDs *By Mar-21*	There have only been 3 PWID SABs so far in 2020, a marked improvement compared to the same period in 2019. Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September. The driver diagram sits with the Addiction team and is almost complete. Nurse prescribing of antibiotics by ANPs is being explored. The pandemic has made it especially challenging to see clients, with physical distancing reducing capacity in clinics. Despite an increased number of home visits, the total number of clients seen has reduced.
20.2 Ongoing surveillance of all VAD-related infections *By Mar-21*	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers & areas of concern. There was a cluster of 4 renal unit VAD SABs in August, and while a PAG concluded that there were no links between cases, an SAER has been scheduled for November.
20.3 Ongoing surveillance of all CAUTI *By Mar-21*	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions The group last met in August, and will meet again on 23rd October. E-documentation bundles for catheter insertion and maintenance, to be added to Patientrack for Acute services, are still awaited.
20.4 Optimise comms with all clinical teams in ASD & the HSCP *By Mar-21*	Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk, is continuing. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance. Certificates for wards infection free period for SABs are to be distributed.

Clinical Governance

C Diff (HAI/HCAI)

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

Local Performance
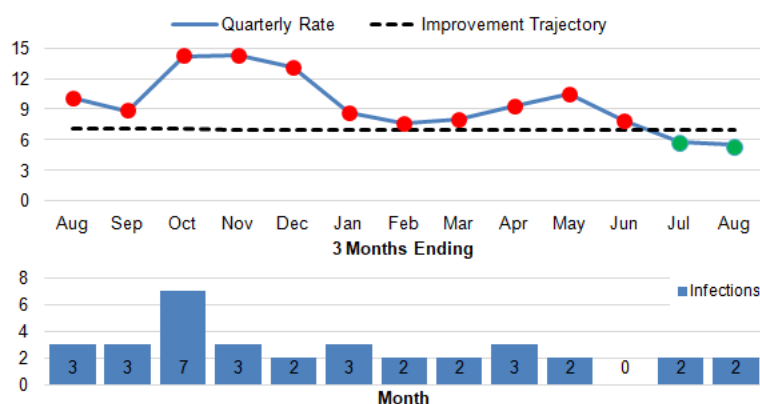
All CDI Recurrence: YE Aug-20
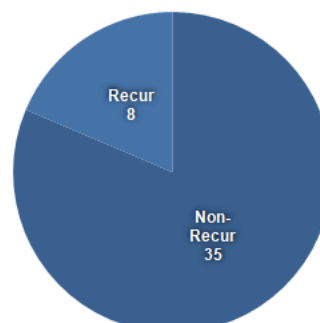
National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	10.0	5.4	8.0	8.9	13.1	8.0	7.9
Scotland		13.8	11.8	12.3	13.7	15.1	13.6	15.4

Key Challenges in 2020/21	Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

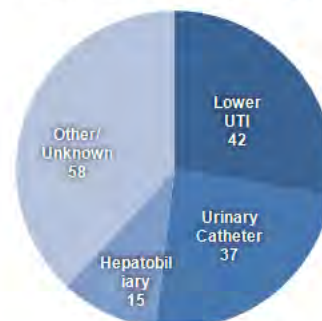| Improvement Actions	Update
20.1 Reducing recurrence of CDI *By Oct-20*	Fidaxomicin is the treatment used in NHS Fife for patients at high risk of recurrent CDI. Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota transplantation) is unavailable during the pandemic. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director. [Bezlotoxumab is a human monoclonal antitoxin antibody that binds to Clostridioides difficile toxin B and neutralises its activity, preventing recurrence of CDI (BNF 2020).]
20.2 Reduce overall prescribing of antibiotics *By Oct-20*	National antimicrobial prescribing targets are being utilised by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP *By Oct-20*	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance. Certificates for wards infection free period for CDI are to be distributed.

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

Local Performance

Infection Sources: YE Aug-20

National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	**Mar**	**Jun**	**Sep**	**Dec**	**Mar**	**Jun**
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	49.2	39.2	42.1	31.0	60.0	47.9	36.4
Scotland		38.3	37.3	38.9	40.3	40.8	36.4	39.7

Key Challenges in 2020/21	Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

| Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP *By Mar-22*	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reports and graphs of ECB data distributed to key clinical staff across NHS Fife (HSCP & Acute services ECB continues as a standing Agenda item in the IPCT and ICC meetings.
20.2 Formation of ECB Strategy Group *By Mar-21*	The ECB Strategy Group, initially looking at infections caused predominantly by urinary sources other than CAUTI, has been formed, but meetings have not taken place during the pandemic. The key issues identified by this group of addressing promotion of hydration and prevention of UTIs within the elderly population have now been incorporated within the UCIG by the Continence services. Further improvement work from the group will be reviewed in 2021.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) *By Mar-21*	The UCIG will next meet in October, to review the following topics: • A CAUTI QI programme which has started at a Cowdenbeath GP practice • E-documentation bundles for catheter insertion and maintenance (to be added onto Patientrak for Acute Services) • Urinary Catheter Care passports issued to ALL patients within every Fife care/residential homes to promote catheter care and adequate hydration • Continence/hydration folders in use at all care and residential homes across Fife • 'Top tips' education videos published on Blink, most recently on catheter choices

Clinical Governance

Complaints | Stage 2

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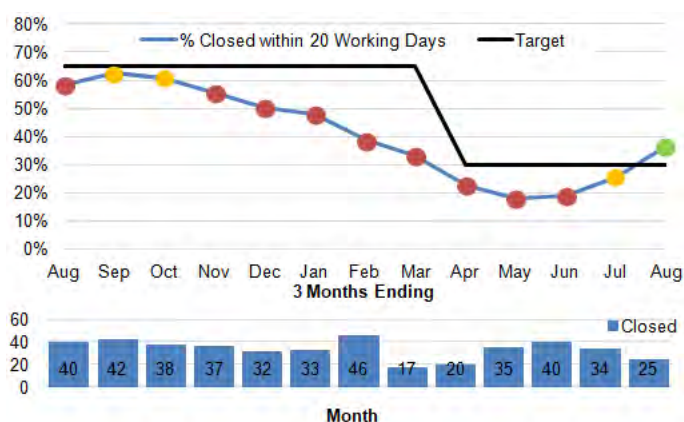
Local Performance

Closure Breaches: QE Aug-20

Local Performance by Directorate/Division

3-Month Ending	2019/20								20/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	58.3%	62.5%	60.8%	55.6%	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%	36.4%
Ack <= 3 Days (Monthly)	95.0%	92.9%	97.4%	89.2%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	97.1%	100.0%
ASD	66.7%	63.8%	60.5%	60.0%	57.1%	56.5%	49.4%	56.2%	55.2%	54.3%	53.5%	54.7%	55.3%
HSCP	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%	26.9%

Key Challenges in 2020/21	Clearing the backlog of existing complaints Increase in complaints due to treatment delays (including diagnostics) General increase in complaints as we start to remobilise

Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses *By Mar-21*	The PRT has changed the way they work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this has been achieved via the development of the Complaints section of the new NHS Fife website.
21.2 Deliver virtual training on complaints handling *By Dec-20*	This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. Sessions are currently being arranged.

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment

Local Performance
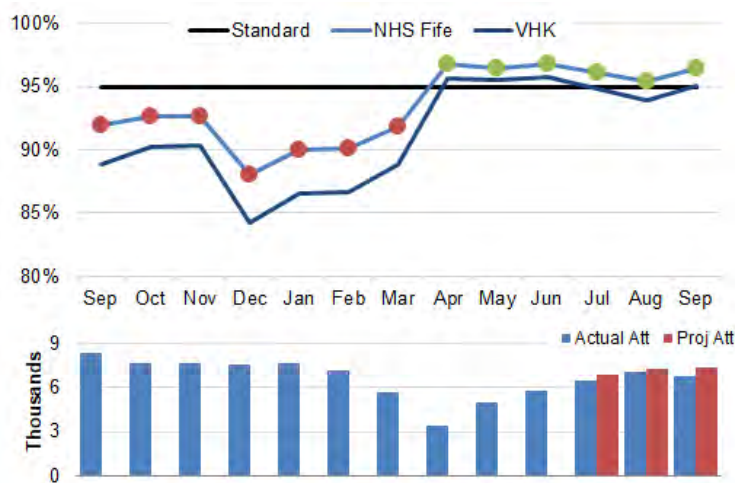
Breach Reason Sep-20

National Benchmarking

Month	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%
Scotland	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%

Key Challenges in 2020/21	Maintaining the reduction in numbers and the public using alternatives to emergency care
	Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

| Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Remodelling of Outpatient services *By Dec-20*	Electronic methods remain the principle mode of outpatient assessment, but remobilisation has enabled further face to face appointments for urgent cases

Finance, Performance & Resources – Operational Performance
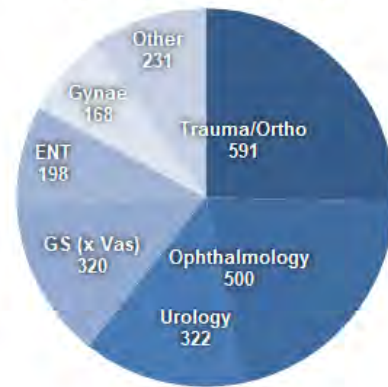
Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed
*Improvement Target for 2020/21 = **TBC**% (Patients Waiting <= 12 Weeks at month end)*

Local Performance
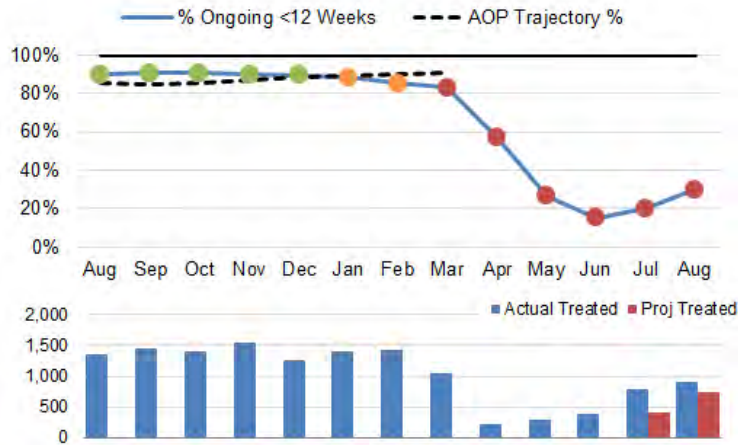
Ongoing Breaches Aug-20

National Benchmarking

	2019/20								2020/21				
	Aug	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
NHS Fife	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%
Scotland	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%	46.6%	24.8%	17.3%		

Key Challenges in 2020/21	Recovery from COVID-19 Reduced theatre capacity due to increased infection control procedures and response to COVID-19

Improvement Actions	**Update**
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan *By Mar-21*	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan	
21.3 Undertake waiting list validation against agreed criteria *By Nov-20 (was Sep-20)*	Validation continues; when the action is complete, this will be an ongoing activity

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Finance, Performance & Resources – Operational Performance

New Outpatients

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

Local Performance

National Benchmarking

	2019/20								2020/21				
	Aug	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
NHS Fife	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%
Scotland	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%	57.8%	34.9%	28.5%		

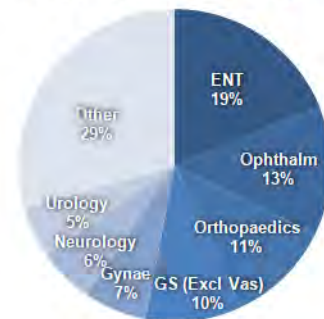| **Key Challenges in 2020/21**	Recovery from COVID 19 Reduced clinic capacity due to physical distancing Difficulty in recruiting to specialist consultant posts

Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts *By Mar-21*	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan	
21.2 Refresh OP Transformation programme actions *By Mar-21*	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.3 Develop clinic capacity modelling tool	
21.4 Validate new and review waiting list against agreed criteria *By Nov-20 (was Sep-20)*	When the action is complete, this will be an ongoing activity

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Finance, Performance & Resources – Operational Performance

Diagnostics Waiting Times

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

Local Performance

National Benchmarking

	2019/20								2019/20				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%
Scotland	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	28.4%	27.9%	35.4%		

Key Challenges in 2020/21	Recovery from COVID-19 Reduced capacity due to physical distancing and infection control procedures Difficulty in recruiting to consultant and specialist AHP/Nursing posts Endoscopy surveillance backlog

Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria *By Mar-21 (was Aug-20)*	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for Endoscopy is underway. When the action is complete, this will be an ongoing activity.
21.3 Improve recruitment to vacant posts *By Mar-21*	Action includes consideration of service redesign to increase capacity

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Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
*Improvement Target for 2020/21 = **TBC%***

Local Performance

National Benchmarking

Month	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%
Scotland	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%

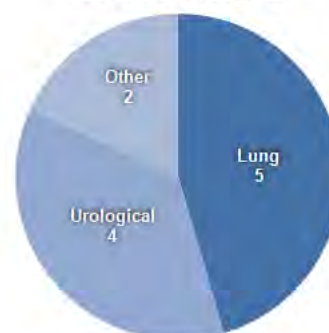| Key Challenges in 2020/21	Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
	Identification of key improvement areas in view of the pandemic response and as screening programmes restart

Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points *By Mar-21 (was Sep-20)*	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, but work is to restart. The target completion date has been adjusted accordingly.
20.4 Prostate Improvement Group to continue to review prostate pathway *By Mar-21 (was Sep-20)*	This is ongoing work related to Action 20.3, with the specific aim being to minimise waits post MDT. Funding from Scottish Government has been secured to clinically review MDT and outcomes, and the target completion date has been adjusted accordingly.
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy	Clinical leads are in place, and Leadership and Governance structures are being put in place to: 1 Develop and deliver the NHS Fife Cancer Strategy 2 Ensure effective governance structures are in place *** ACTION COMPLETE ***

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Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

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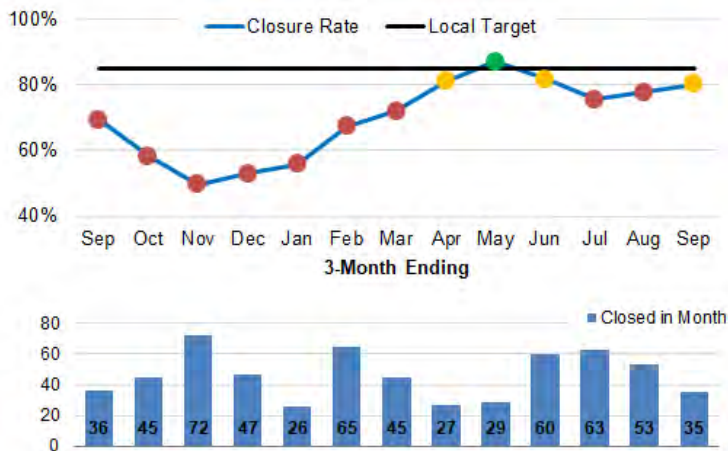
Local Performance

Closure Period, QE Sep-20

Service Performance

Monthly	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Health Board	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%	93.3%
IJB	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%

Key Challenges in 2020/21	Adequate resourcing to fully manage FOI Lack of FOI expertise and awareness within the organisation

Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services	AXLR8 (the system designed to log, process, audit and respond to FOISA requests) went live on 22 September. The system has already shown to make the process of responding to FOIs greatly simplified and much more user friendly. Training and guidance has been provided to all staff involved and the newly appointed FOI Officer will act as a source of continued guidance and assistance regarding any aspect of FOISA legislation and the AXLR8 software. The Information Governance Team remains in close collaboration with the AXLR8 software developers to ensure the software evolves and continues to meet the Health Board's business needs. The use of AXLR8 and a designated staff member to manage and steward the Health Board's interaction with FOISA legislation is expected to further improve the existing processes, draft and deliver new revised training for staff in Freedom of Information. ***** ACTION COMPLETE *****
20.7 Formalise long-term resource requirements for FOI administration	An FOI Officer has been appointed within the IG Team, initially on a 6-month contract, to act as a FOISA subject specialist and manage the FOISA process for NHS Fife. It is anticipated this post will also draft and deliver new FOISA training as well as acting as a source of information and guidance for the health board, much in the same way the IG Team also provide guidance on Data Protection matters. ***** ACTION COMPLETE *****

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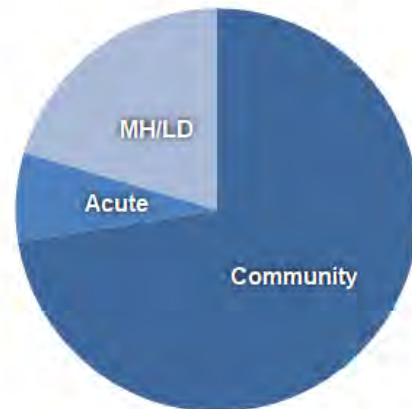# Finance, Performance & Resources – Operational Performance

Delayed Discharges (Bed Days Lost)

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

Local Performance

Bed Days Lost | Sep-20

National Benchmarking

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

Key Challenges in 2020/21	Sustaining current performance as we return to 'normal' working
	Applying lessons learned during the pandemic, going forward

Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	Framework completed during the COVID-19 pandemic. Implementation being finalised. *** ACTION COMPLETE ***
20.3 Moving On Policy to be implemented *By Nov-20 (was Aug-20)*	The moving on policy will be reviewed by the HSCP Senior Leadership Team in October. This will further support new processes implemented as a result of the COVID-19 pandemic.
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Progress HomeFirst model *(By Mar-21)*	Identification of stages is required – first stage is to ensure 95% of all discharges occur safely and before 2pm to ensure homecare/ICASS can progress same day assessments at home. Cross sector short life working group established.

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Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2020/21, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance
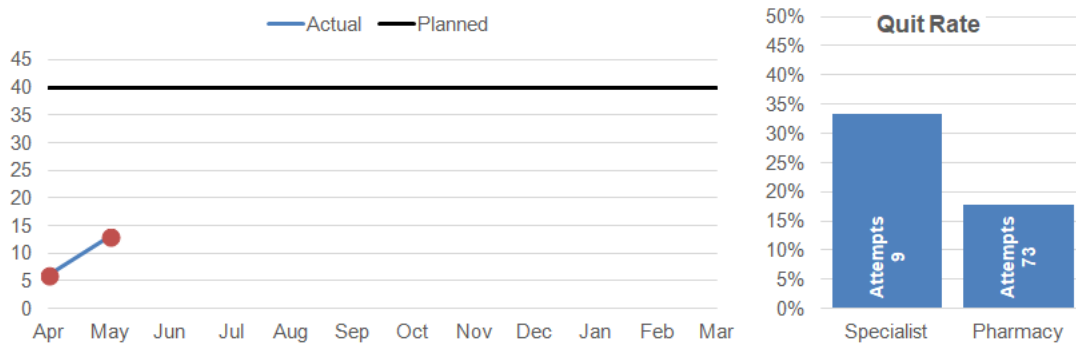
National Benchmarking

% Achieved Against Target		2020/21											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	6	13										
	Actual Cumul	6	19	19	19	19	19	19	19	19	19	19	19
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	24.1%	16.1%	12.0%	9.6%	8.1%	6.9%	6.0%	5.4%	4.8%	4.4%	4.0%
Scotland	Achieved												

Key Challenges in 2020/21	• Service Provision within GP practices, hospitals and community venues • Staffing levels due to redeployment and maternity leave - recruiting and training new staff members will take 6 to 9 months • Unavailability of mobile unit (re-deployed during pandemic) • Building trust and confidence with client group to enable them to seek stop smoking support now and beyond COVID-19 • Inability to validate quits as part of an evidence based service

| Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. This has been paused due to COVID-19.
20.3 'Better Beginnings' class for pregnant women	Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time. Initial outcomes (although small numbers) has shown positive outcomes to engaging with pregnant women.
20.4 Enable staff access to medication whilst at work	No progress has been made due to COVID-19
20.5 Assess viability of using Near Me to train staff	Near Me has the functionality to allow a few people to dial into a session, providing staff training which would previously have been done via 'shadowing' experience staff. We are currently asking patients if they have the technology and would be receptive to this option.

***THE SCOTTISH GOVERNMENT HAVE ADVISED THAT NO NEW TARGETS WILL BE SET FOR 2020-21, AND THAT HEALTH BOARDS SHOULD STRIVE TO ACHIEVE THEIR 2019-20 TARGET. ALL OF THE ABOVE ACTIONS WILL CONTINUE TO BE FOLLOWED THROUGHOUT THE YEAR ***

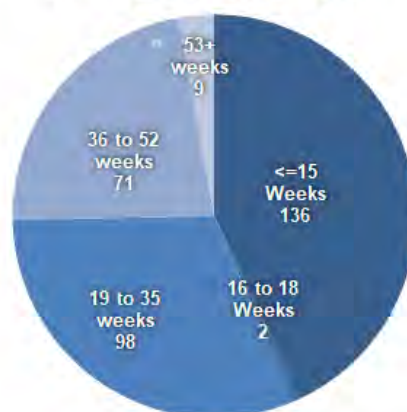# Finance, Performance & Resources – Operational Performance

CAMHS 18 weeks RTT

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

Local Performance
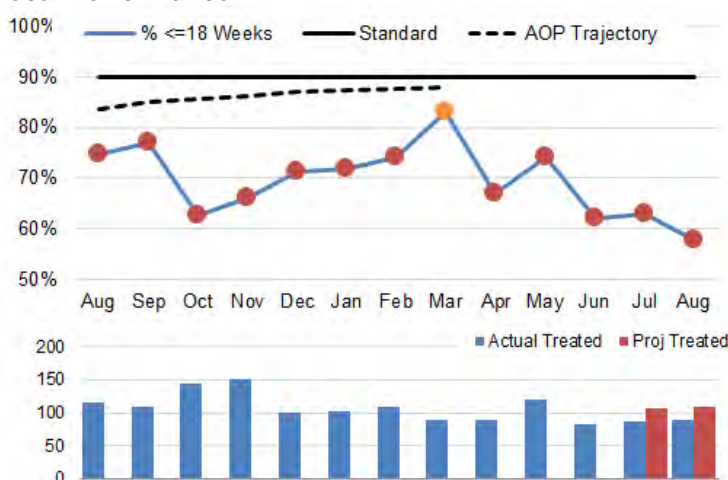
National Benchmarking

Month		2019/20							2020/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	% <=18 Weeks	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%
Scotland		63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	64.3%	74.0%	58.2%	50.5%		

Key Challenges in 2020/21	Available resource to meet demand Impact of COVID-19 relaxation on referrals Change to appointment 'models' to reflect social distancing

| Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System *By Dec-20*	Staff activity to reduce the waiting list during the lockdown period allowed children and young people to be seen within 2 or 3 weeks of referral. The resignation of two staff to take up permanent positions impacts the level of activity and response that will ensure children are supported by the wider range of services available. This will create a challenge in achieving our overall aim of lessening referrals to specialist Tier 3 CAMHS.
20.2 Waiting List Additional Staffing Resource	
20.3 Introduction of Team Leader Role	
21.1 Re-design of Group Therapy Programme *By Dec-20*	Due to COVID-19 restrictions, group-based face to face therapy work is not viable. We are investigating alternatives to enable delivery of multiple contacts with minimal staffing. Challenges around identifying appropriate and safe digital platforms has slowed this development.
21.2 Use Centralised Allocation Process *By Dec-20*	Revised administrative processes and clinical systems are in place to facilitate centralised screening and allocation of referrals. This will ensure that appointments are identified and allocated quickly across clinical teams.
21.3 Build CAMHS Urgent Response Team *By Mar-21*	The plan to develop a CAMHS URT has been postponed due to the absence of key staff. The existing Self Harm Service has been maintained and supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self harming behaviour, both through the urgent referral process and within acute hospital settings. The opportunity to redesign the service will be reviewed again in 3 months, giving consideration to staffing and the COVID-19 position.

Finance, Performance & Resources – Operational Performance
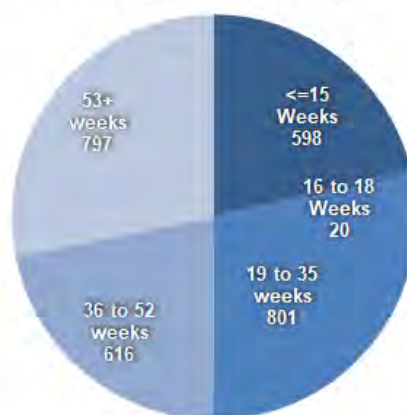
Psychological Therapies 18 weeks RTT

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

Local Performance
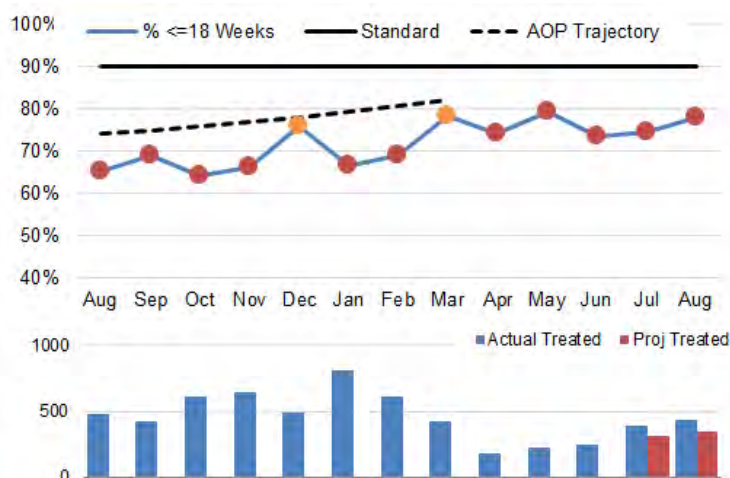
Waiting List (2832) Aug-20

National Benchmarking

Month		2019/20							2020/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	% <=18 Weeks	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%
Scotland		79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	74.0%	76.5%	72.7%		

Key Challenges in 2020/21	Predicted large increase in referrals post pandemic Identifying replacement for group therapies (no longer viable)

Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision *By Dec-20 (was Sep-20)*	Implementation of full re-design is currently suspended, and the target completion date has been adjusted accordingly
20.4 Implement triage nurse pilot programme in Primary Care *By Dec-20*	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options *By Dec-20 (was Sep-20)*	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. Use of suitable digital platform now agreed, and target completion date adjusted to reflect ongoing work.
21.1 Introduction of additional on-line therapy options	This action incorporates the digital delivery of stress management groups via Access Therapies Fife website. These will now be delivered digitally following e-health sign off on use of a specific digital platform. Suite of Silvercloud online therapy options now available via Access Therapies Fife website. ***** ACTION COMPLETE *****
21.2 Development of alternative training and PT delivery methods *By Dec-20*	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

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Finance, Performance & Resources – Finance

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance

Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By		
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000	Covid Unmet Savings £'000
Health Board	420,383	445,762	210,157	213,530	-3,373	-1.60%	2,202	-494	-5,081
Integration Joint Board (Health)	358,477	377,827	186,689	185,175	1,514	0.81%	1,767	0	-253
Risk Share	0	0	0	0	0	0.00%	0	0	0
Total	778,860	823,589	396,846	398,705	-1,859	-0.47%	3,969	-494	-5,334

Key Challenges in 2020/21	- Availability of Covid-19 funding (initial allocation received in September): to match our net additional costs; and costs associated with remobilisation plans – final funding allocation to be made in January - Our ability as a Board to regain traction in our savings and transformation plans in the context of the Covid-19 pandemic journey; and the implications of the funding decision yet to be made by SG on Boards' unmet savings as a consequence of diversion of resources to deal with the Covid-19 pandemic - Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; Covid-19; remobilisation; and Test & Protect positions; and assessing the impact of the Winter flu campaign and the Redesign of Urgent Care Scotland-wide - Ongoing discussions on potential risk share options with SG and respective partners – no IJB risk share has been built in to the in-year position, however £7.2m potential risk share cost (at September) has been reflected in our forecast outturn

Improvement Actions	Update
21.1 Local mobilisation plan *Ongoing throughout FY*	Partnering with the services to: - Identify additional spend relating to Covid-19 - Identify offsets against core positions - Understand and quantify the financial implications of remobilisation of core services across NHSF - Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position.
21.2 Savings *By Jan-21*	The total NHS Fife efficiency requirement for 2020/21 including legacy unmet savings was £20m. As part of the LMP, Boards were asked to provide an estimate of the impact of planned measures re Covid-19 on the delivery of planned Health Board savings. Whilst our early planning assumption indicated some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings; this has

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Finance, Performance & Resources – Finance

	since been updated to reflect £11m expected achievement; and £9m anticipated underachievement of savings.

Commentary

The revenue position for the 6 months to 30 September reflects initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to September, with the exception at this time, of unmet efficiency targets; and offsetting cost reductions due to wide variation across Scotland.

The month 6 position reflects an overspend of £1.859m; which comprises a core underspend of £3.475m; and unmet savings of £5.334m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for quarters 1 and 2 have been match funded from the initial SG allocation received in September. At this point any potential implications of the IJB risk share have not been factored in to the half year position; albeit the potential full year cost is highlighted in our forecast outturn position.

Finance, Performance & Resources – Finance

1.   Annual Operational Plan

1.1   As previously reported, the AOP process for the 2020/21 financial year was paused due to the timing of the Covid-19 pandemic. The revised AOP financial plan reflects both the mobilisation and the remobilisation plan high level impact on the financial position submitted at the end of July. As part of Scottish Government financial governance arrangements, a detailed formal quarter one financial review was submitted on 14 August, with a final submission made, and discussed on a scheduled call with Scottish Government colleagues, on 18 September. Initial funding allocations have been confirmed, based on Boards' quarter one returns, in a letter from SG of 29 September 2020; and received in our September allocation.

2.   Financial Allocations

Revenue Resource Limit (RRL)

2.1   NHS Fife received confirmation of the September core revenue amount on 1 October. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £809.189m - this includes an initial allocation of £33.545m to meet Covid-19 expenditure. Anticipated allocations total £4.667m and includes an expected £1.550m for Covid-19 which relates to payments to primary care. This primarily covers payments to General Practice to meet their additional costs of dealing with the pandemic.

Non Core Revenue Resource Limit

2.2   In addition, NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The anticipated non-core RRL funding totals £9.733m.

Total RRL

2.3   The total current year budget at 30 September is therefore £823.589m as detailed in Appendix 1.

3.   Summary Position

3.1   The revenue position for the 6 months to 30 September reflects an overspend of £1.859m.

3.2   Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and savings positions. An overspend of £3.373m is attributable to Health Board retained budgets; and an underspend of £1.514m is attributable to the health budgets delegated to the IJB.

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Finance, Performance & Resources – Finance

Table 1: Summary Financial Position for the period ended September 2020

Memorandum	Budget				Variance Split By		
	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Health Board	445,762	-3,373	-1.60%	2,202	-494	1,708	-5,081
Integration Joint Board (Health)	377,827	1,514	0.81%	1,767	0	1,767	-253
Risk Share	0	0	0.00%	0	0	0	0
Total	823,589	-1,859	-0.47%	3,969	-494	3,475	-5,334

					Variance Split By		
	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Acute Services Division	210,405	-7,055	-6.79%	-1,868	-460	-2,328	-4,727
IJB Non-Delegated	8,687	68	1.59%	84	-1	83	-15
Estates & Facilities	76,124	492	1.32%	637	-13	624	-132
Board Admin & Other Services	64,441	397	1.14%	624	-20	604	-207
Non-Fife & Other Healthcare Providers	90,973	1,034	2.27%	1,034	0	1,034	0
Financial Flexibility & Allocations	23,718	1,681	100.00%	1,681	0	1,681	0
HB Offsets	2,977	0	0.00%	0	0	0	0
Health Board	**477,325**	**-3,383**	**-1.49%**	**2,192**	**-494**	**1,698**	**-5,081**
Integration Joint Board - Core	416,347	1,424	0.67%	1,677	0	1,677	-253
IJB Offsets	2,724	0	0.00%	0	0	0	0
Integration Fund & Other Allocations	8,940	50	0.00%	50	0	50	0
Sub-total Integration Joint Board Core	**428,011**	**1,474**	**0.69%**	**1,727**	**0**	**1,727**	**-253**
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	**428,011**	**1,474**	**0.69%**	**1,727**	**0**	**1,727**	**-253**
Total Expenditure	**905,336**	**-1,909**	**-0.43%**	**3,919**	**-494**	**3,425**	**-5,334**
IJB - Health	**-50,184**	**40**	**-0.16%**	**40**	**0**	**40**	**0**
Health Board	**-31,563**	**10**	**-0.06%**	**10**	**0**	**10**	**0**
Miscellaneous Income	**-81,747**	**50**	**-0.12%**	**50**	**0**	**50**	**0**
Net Position Including Income	**823,589**	**-1,859**	**-0.47%**	**3,969**	**-494**	**3,475**	**-5,334**

3.3 The core position at month 6 is a net underspend of £3.475m, and takes in to account offsetting cost reductions, albeit SG have indicated further work will be undertaken on the treatment of offsets to inform the final funding tranche to be made in January. Members will recall the principle established in May recognised that due to reduced activity levels, a proportion of the core underspend reported is identified and utilised to support the Covid-19 costs incurred. For the 6 months to September, a total of £5.701m was identified, in conjunction with Directors, General and Service Managers, as offset towards Covid-19 expenditure: comprising £2.977m from Health Board retained; and £2.724m from Health delegated functions. The main contributing factors include: increased vacancies which did not require backfilling; a reduction in radiology requirements and GP referrals for laboratory testing; reduced reliance on private sector support; and a reduction in theatres activity.

3.4 Funding allocations of £8.131m and £3.439m have been allocated to HB and HSCP respectively to match Q1 and Q2 Covid-19 costs incurred. Further detail is provided in section 6 and later in Appendix 5. The net Covid-19 unmet costs after the funding allocation is £5.334m and represents unmet savings.

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £2.328m for the year to date**. This reflects an overspend in operational run rate performance of £1.868m, and unmet savings of £0.460m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.266m. Additional non pay cost pressures of £0.751m relate to medicines within Emergency Care. Various

underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend. Budget rephasing has taken place to reflect the cost impact of the additional capacity required to catch up on postponed services due to resume in October.

Table 2: Acute Division Financial Position for the period ended September 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	70,451	71,689	32,702	32,805	-103	-0.31%	30	-133
Emergency Care & Medicine	74,614	77,344	39,407	41,877	-2,470	-6.27%	-2,306	-164
Women, Children & Cinical Services	54,615	55,063	26,928	27,141	-213	-0.79%	-50	-163
Acute Nursing	607	627	283	269	14	4.95%	14	0
Other	1,990	2,001	910	466	444	48.79%	444	0
Total	**202,277**	**206,724**	**100,230**	**102,558**	**-2,328**	**-2.32%**	**-1,868**	**-460**

Estates & Facilities

4.2 The Estates and Facilities budgets report an **underspend of £0.624m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are offset by an overspend in clinical waste costs.

Corporate Services

4.3 Within the Board's corporate services there is **an underspend of £0.604m**. Included within this position is a cost pressure of £0.066m relating to unfunded costs in connection with the significant flooding to the hospital and specific car parks in August. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

4.4 The budget for healthcare services provided out with NHS Fife is **underspent by £1.034m** per Appendix 3. Notwithstanding the in-year underspend, this area remains one of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels and drug costs.

Financial Plan Reserves & Allocations

4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations continued to be released on a monthly basis. The financial flexibility of £1.681m released to the M6 position is detailed in Appendix 4.

Integration Services

4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.727m for the year to date**. The majority of underlying drivers for the run rate under spend are vacancies in sexual health and rheumatology, community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. Additional underspends are reflected in East against vacancies in community services and administrative posts.

Income

4.7 A small over recovery in income of £0.050m is shown for the year to date.

5. Pan Fife Analysis

5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below (combined position).

Table 3: Subjective Analysis for the Period ended September 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	396,429	197,775	198,072	-298
GP Prescribing	72,330	35,781	35,781	0
Drugs	31,605	16,104	16,488	-384
Other Non Pay	385,413	194,261	191,392	2,869
Efficiency Savings	-13,099	-5,829	0	-5,829
Commitments	32,658	1,731	0	1,731
Income	-81,747	-42,978	-43,028	50
Net overspend	**823,589**	**396,846**	**398,705**	**-1,859**

Pay

5.2 The overall pay budget reflects an overspend of £0.298m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of personal and social care. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.

5.3 Against a total funded establishment of 7,938 wte across all staff groups, there was an average 8,026 wte core staff in post in September. The additional staff in post represent staff cohort groups organised nationally to help support the Covid-19 activity.

Drugs & Prescribing

5.4 Across the system there is a net overspend of £0.384m on medicines. The GP prescribing position is based on 2019/20 trend analysis and June/July 2020 actual information (2 months in arrears). Across Scotland we continue to work through the Covid-19 implications on prescribing and will update when more information becomes available.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively underspent by £2.869m. The in month change in the position is as a result of a number of factors. Equipment spend has now been funded as a result of the allocation received for Covid 19. An updated position on the 2020/21 spend associated with the Royal Hospital for Sick Children is significantly less than had been anticipated. A further analysis of financial flexibility has also taken place.

6 Covid-19 Initial Funding Allocation

6.1 Our initial Covid-19 funding allocation was confirmed on 29 September. The funding allocation has been made across Scotland on either actual costs or NRAC share, and excludes unachieved efficiency savings; and offsetting cost reductions. NHS Fife's additional Covid-19 costs (excluding unmet savings) have been fully match funded for the 6 months to September. At this stage SG have allocated 70% of total funding with a general contingency of 30% retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. A summary of initial funding and anticipated funding is attached at Appendix 5.

6.2 The funding received confirms £7.7m funding for elective/planned care activity which we had already anticipated and reflected in our financial reporting to date.

6.3 It has been confirmed that a separate allocation will follow of £1.5m which relates to payments to primary care for additional costs in responding to the pandemic.

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6.4 Whilst a SG decision has yet to be made on the treatment of unachieved savings; and offsetting cost reductions; there remains a risk that funding may be insufficient to cover additional costs which materialise as the year unfolds. This position will be kept under close review and highlighted in our regular SG reporting.

7 Financial Sustainability

7.1 The Financial Plan presented to Finance, Performance and Resources Committee in March highlighted the requirement for £20.015m cash efficiency savings to support financial balance in 2020/21. Whilst we had initially indicated an expected underachievement of savings of £14.2 via the Local Mobilisation Financial Template process; and a £5.8m efficiency savings target for NHS Fife; this has since been updated to reflect £11.2m expected achievement; and £8.8m anticipated underachievement of savings. SG plan to conduct a review of Boards' unmet savings to inform their decision on potential funding over the coming weeks to inform the January final Covid-19 allocation. Table 4 summaries the position for the 6 months to September. Given our commitment to achieving savings as reported to SG, arrangements are being made to remove from/top-slice budgets the full expected achievement £11.2m target in the month of October.

Table 4: Savings 20/21

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to Sept £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,571	8,297	972	1,485	2,457	4,114
Integration Joint Board	5,147	4,675	472	2,520	1,939	4,459	216
Total Savings	20,015	11,246	8,769	3,492	3,424	6,916	4,330

8 Forecast

8.1 Based on the year to date position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end run rate forecast is an underspend of £0.782m underspend. Whilst we await SG decision on the treatment of offsetting cost reductions, there is a potential benefit of £5.701m if we can retain offsets. We would plan to use these offsetting cost reductions to mitigate some of the anticipated unachieved savings of £8.768m. If the aforementioned assumptions crystallise, the NHS Fife forecast RRL position would be an overspend of £2.285m. Further detailed review work will be undertaken to identify any further financial flexibility in an effort to deliver an improved position with a target balanced position.

8.1 There is however very limited assurance that NHS Fife can remain within the overall revenue resource limit if we are additionally required to cover the impact of the IJB risk share position of £7.2m. This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even without additional funding. NHS Fife and Fife Council are currently reviewing the Integration Scheme and in particular the risk share agreement. The £7.2m is based on current arrangements.

8.3 The component parts which inform the forecast outturn are detailed in Table 5.

8.4 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included the value of the risk share impact in the forecast; and are signposting a potential overspend of £9.492m.

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Table 5 – Forecast (modelling based on actual position at 30 September 2020)

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000
Acute Services Division	-7,768	2,692	-8,264	0
IJB Non-Delegated	89	0	-33	0
Estates & Facilities	535	234	0	0
Board Admin & Other Services	965	51	0	0
Non-Fife & Other Healthcare F	465	0	0	0
Financial Flexibility	3,362	0	0	0
Miscellaneous Income	100	0	0	0
Health Board Retained Budg	**-2,252**	**2,977**	**-8,297**	**0**
IJB Delegated Health Budgets	3,035	2,724	-472	0
Integration Fund & Other Alloc	0	0	0	0
Total IJB Delegated Health E	**3,035**	**2,724**	**-472**	**0**
Risk share	**0**	**0**	**0**	**-7,207**
Total Forecast Outturn	**783**	**5,701**	**-8,769**	**-7,207**

9   Key Messages / Risks

9.1   The month 6 position reflects an overspend of £1.859m; which comprises a core underspend of £3.475m; and unmet savings of £5.334m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for quarters 1 and 2 have been match funded from the initial SG allocation received in September. There is the potential risk exposure if the Covid-19 contingency (second tranche funding) held by the Portfolio is insufficient to meet costs which materialise in the second half of the year.

9.2   At this point any potential implications of the IJB risk share have not been factored in to the half year position; however the potential risk share cost assuming no change to the Integration Scheme would mean a full year cost of £7.2m, which has been factored in to the forecast outturn position.

10   Recommendation

10.1   Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

- **Note** the reported core underspend of £3.475m for the 6 months to date
- **Note** that initial funding allocations for Covid-19 reflected in the month 6 position match fund additional costs to month 6
- **Note** the potential year-end outturn position of £9.492m overspend (includes a forecast risk share cost of £7.2m); with the caveat that this position assumes NHS Fife are allowed to retain offsetting cost reductions to meet unachieved savings.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non-Recurring £'000	Total £'000	Narrative
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
May-20	Confirmed Allocations	-1,307		3,413	2,106	
Jun-20	Confirmed Allocations			-534	-534	
Jul-21	Confirmed Allocations			5,614	5,614	
Aug-20	Hospital Eye Services		9,474	1,547	11,021	
Sep-20	Advanced Breast Practitioner in Radiology			31	31	Pilot Project
	MPP ARISE			68	68	Project within Planned Care
	NSS Top slice Adjustments	-69		-258	-327	Annual Adjustments agreed through Chief Execuitives Gr
	NSS Risk Share			-3,733	-3,733	Annual Adjustment
	PfG Local Inprovement Fund			1,159	1,159	Alcohol and Drugs
	ADP Funding Drug Deaths			136	136	New for 20/21 part of national strategy
	Pre-Registration Pharmacist top slice		-159		-159	Annual Adjustment
	National Cancer Strategy			140	140	In line with previous years allocation
	GP Premises Funding			102	102	20/21 Allocation
	Implementation of Excellence for Care			90	90	Annual Allocation
	Implementation of Health Staffing Act			65	65	Annual Allocation
	Primary Medical Services		56,909		56,909	20/21 Allocation
	Perinatal Funding			342	342	New Alloction 20/21
	NHS Research Scotland Infrastructure			579	579	Annual Allocation
	Sla Children's Hopsices Across Scotland			-409	-409	Annual Contribution
	COVID 19 Q1-Q4			33,545	33,545	In line with Submission and letter of 29 Sept 2020
	Test & Protect			-239	-239	Reversal
	Mental Health Strategy Acton 15			1,146	1,146	Annual Allocation
	Total Core RRL Allocations	**700,161**	**66,224**	**42,804**	**809,189**	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		243		243	
Anticipated	Community Pharmacy Champion		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Adjustments		-2,726		-2,726	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Primary Care Improvement Fund		277		277	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	COVID 19		1,550		1,550	
Anticipated	Top Slice NSS		-962		-962	
	Total Anticipated Core RRL Allocations	**0**	**4,667**	**0**	**4,667**	
Anticipated	IFRS			8,617	**8,617**	
Anticipated	Donated Asset Depreciation			116	**116**	
Anticipated	Impairment			500	**500**	
	AME Provisions			500	**500**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,733**	**9,733**	
	Grand Total	**700,161**	**70,891**	**52,537**	**823,589**	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,545	6,293	6,326	-34
Nhs Fife Chief Executive	206	103	146	-43
Nhs Fife Finance Director	6,403	3,178	2,929	249
Nhs Fife Medical Director	7,310	3,130	3,035	95
Nhs Fife Nurse Director	3,858	1,871	1,759	112
Legal Liabilities	7,282	5,220	5,286	-67
Early Retirements & Injury Benefits	814	407	385	22
Regional Funding	251	140	124	16
Depreciation	17,766	9,116	9,116	0
Nhs Fife Public Health	2,120	1,018	974	45
Nhs Fife Workforce Directorate	3,146	1,602	1,533	69
Nhs Fife Major Incident - Flooding			66	-66
COVID undelivered savings adjustment			-207	207
Total	**61,699**	**32,077**	**31,473**	**604**

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	49	47	2
Borders	45	22	24	-2
Dumfries & Galloway	25	12	28	-16
Forth Valley	3,179	1,590	1,776	-186
Grampian	359	180	152	28
Greater Glasgow & Clyde	1,655	827	813	14
Highland	135	68	99	-31
Lanarkshire	114	57	123	-66
Lothian	31,518	15,760	14,689	1,071
Scottish Ambulance Service	101	51	51	0
Tayside	41,096	20,547	20,321	226
	78,325	**39,163**	**38,123**	**1,040**
UNPACS				
Health Boards	10,627	5,313	5,434	-121
Private Sector	1,245	623	786	-163
	11,872	**5,936**	**6,220**	**-284**
OATS	711	355	79	276
Grants	65	65	63	2
Total	**90,973**	**45,519**	**44,485**	**1,034**

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Sept-20 £'000
Financial Plan		
Drugs	2,869	0
CHAS	0	0
Unitary Charge	100	0
Junior Doctor Travel	37	8
Consultant Increments	198	0
Discretionary Points	205	0
Cost Pressures	3,342	987
Developments	4,232	535
Pay Awards	39	0
Sub Total Financial Plan	**11,022**	**1,530**
Allocations		
Waiting List	3,017	0
AME: Impairment	500	0
AME: Provisions	670	0
Neonatal Transport	15	2
Cancer Access	682	149
Hospital Eye	193	0
Endoscopy	695	0
Advance Breast Practitioner	31	0
ARISE	68	0
National Cancer Strategy	140	
Covid 19	6,685	
Sub Total Allocations	**12,696**	**151**
Total	**23,718**	**1,681**

Finance, Performance & Resources – Finance

Capital Expenditure

NHS Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance

Commentary

The total Capital Resource Limit for 2020/21 is £12.968m including anticipated allocations for specific projects. The capital position for the 6 months to September shows investment of £3.323m equivalent to 25.62% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.

Key Challenges in 2020/21	Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Update
21.1 Managing expenditure programme within resources available *By Mar-21*	Risk management approach adopted across all categories of spend

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Finance, Performance & Resources – Finance

1. Annual Operational Plan

1.1 The capital plan for 2020/21 has been approved by the FP&R Committee and is pending NHS Fife Board approval. NHS Fife received a capital allocation of £7.394m in the August allocation letter; NHS Fife received an allocation of £0.999k for Covid equipment in the September allocation letter; and is anticipating allocations of £4.5m for the Elective Orthopaedic Centre, HEPMA £0.025m, Lochgelly Health Centre £0.025m and Kincardine Health Centre £0.025m. The total capital plan is therefore £12.968m.

2. Capital Receipts

2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer – however the sale of this land will not complete in the current financial year.

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

3. Expenditure To Date / Major Scheme Progress

3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £3.323m or 25.62% 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	£1.532m
Equipment	£0.601m
E-health	£0.575m
Elective Orthopaedic Centre	£0.554m

4. Capital Expenditure Outturn

4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

5.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 30 September 2020 of £3.323m and the forecast year end spend of the total capital resource allocation of £12.968m.

Finance, Performance & Resources – Finance

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	207	43	207
Statutory Compliance	150	91	150
Capital Equipment	31	31	31
Covid Community Equipment	26	0	26
Condemned Equipment	0	0	0
Total Community & Primary Care	413	164	413
ACUTE SERVICES DIVISION			
Statutory Compliance	3,089	1,356	3,089
Capital Equipment	549	108	549
Covid Acute Equipment	973	385	973
Minor Works	160	18	160
Condemned Equipment	90	77	90
Total Acute Services Division	4,861	1,944	4,861
NHS FIFE WIDE SCHEMES			
Equipment Balance	236	0	236
Information Technology	1,041	575	1,041
Minor Works	131	0	131
Statutory Compliance	100	0	100
Contingency	100	0	100
Asbestos Management	85	0	85
Fire Safety	85	85	85
Scheme Development	60	0	60
Vehicles	60	0	60
Capital In Year Contingency (EDG)	1,220	0	1,220
Total NHS Fife Wide Schemes	3,118	660	3,118
TOTAL CONFIRMED ALLOCATION FOR 2020/21	**8,393**	**2,769**	**8,393**
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	4,500	554	4,500
HEPMA	25	0	25
Lochgelly Health Centre	25	0	25
Kincardine Health Centre	25	0	25
Anticipated Allocation for 2020/21	**4,575**	**554**	**4,575**
Total Anticipated Allocation for 2020/21	**12,968**	**3,323**	**12,968**

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2020/21 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to August £'000	September Adjustment £'000	Total September £'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	208	0	207
Covid Equipment	0	0	26	26
Statutory Compliance	0	150	0	150
Total Community & Primary Care	**0**	**388**	**26**	**413**
Acute Services Division				
Capital Equipment	0	969	-420	549
Condemned Equipment	0	57	33	90
Minor Capital	0	159	1	160
Covid 19 Acute Equip	0	0	973	973
Statutory Compliance	0	3,105	-16	3,089
	0	**4,290**	**571**	**4,861**
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,485	16	100
Fife Wide Equipment	2,036	-980	-820	236
Information Technology	1,041	0	0	1,041
Minor Work	498	-462	94	131
Fife Wide Contingency Balance	100	0	0	100
Condemned Equipment	90	-77	-13	0
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	85	0	85
Fife Wide Screen & Speech Units	0	95	-95	0
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency		0	1,220	1,220
Total Fife Wide	**7,394**	**-4,678**	**402**	**3,118**
Total	**7,394**	**0**	**999**	**8,393**
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	4,500	0	0	4,500
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	**4,575**	**0**	**0**	**4,575**
Total Planned Expenditure for 2020/21	**11,969**	**0**	**999**	**12,968**

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
*Improvement Target for 2020/21 = **4.39%***

Local Performance (Source: Tableau, from December 2019)
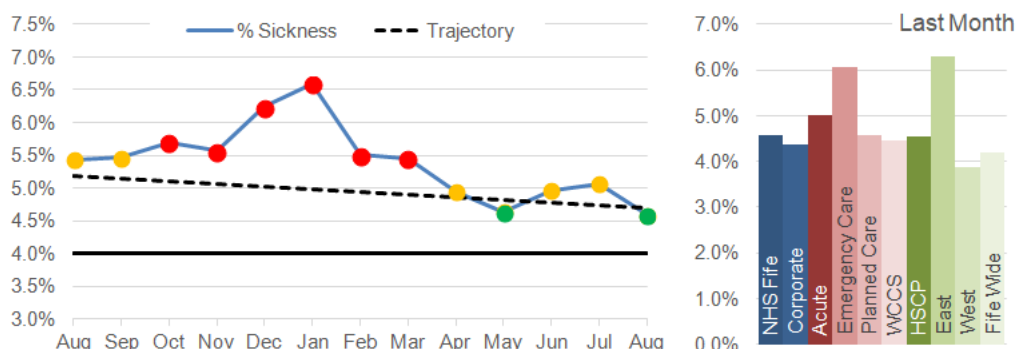
National Benchmarking

Month	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	5.44%	5.46%	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%
Scotland	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%

Key Challenges in 2020/21	Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence *By Dec-20*	The Regional Workforce Dashboard (Tableau) is being rolled out. This provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas. Tableau training to line managers is being undertaken for local Promoting Attendance Groups. Tableau will be utilised in future by Line Managers, Human Resources, and Occupational Health staff, Promoting Attendance and Well@Work groups and Review and Improvement Panels, to target future interventions to the appropriate areas. OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approaches and reflect the Once for Scotland policy implementation, this will be refreshed once services resume to the new normal. Business units are utilising trajectory reporting and RAG status reports. Further OH Drop-in Sessions will take place when COVID-19 activity allows.
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason *By Mar-21*	This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach. Initial consideration of factors including general awareness raising of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff was concluded by April 2020. This has been supplemented and superseded by the additional support and inputs via Psychology and other services during the pandemic and may be included in a much broader consideration and evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group and their successors.

Staff Governance	
	An additional Mental Health Nursing resource has been secured within Occupational Health to provide support to staff who may be struggling with their mental health during the COVID-19 pandemic and will provide Occupational Health clinicians the option of referring employees for interventions which will help support them in the workplace.
21.1 Once for Scotland Promoting Attendance Policy *By Dec-20*	The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised approaches within the new policy, which was just being implemented at the start of the pandemic. We need to ensure, in partnership, that staff are aware of the new policy and the changes which affect them.
21.2 Review Promoting Attendance Group *By Dec-20*	To review the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements around the purpose of each group and how they interrelate, with the aim of providing a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels	

CAROL POTTER
Chief Executive
21st October 2020

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

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Appendix 1: NHS Fife Remobilisation – Activity to end of September 2020

Mobilisation Plan | Projected Activity

Higher than Projected
Lower than Projected

		Month End			Quarter End	Quarter End	Quarter End
		Jul-20	Aug-20	Sep-20	Sep-20	Dec-20	Mar-21
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	398	748	894	2,040	3,044	3,220
	Actual	776	900	1,145	2,578		
	Variance	378	152	251	538		
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected	3,627	4,724	5,691	14,042	22,565	21,906
	Actual	4,977	5,413	6,528	16,918		
	Variance	1,350	689	837	2,876		
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	3,035	4,534	6,033	13,602	20,630	22,208
	Actual	3,532	3,572	4,657	11,761		
	Variance	497	-962	-1,376	-1,841		
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	400	400	848	1,648	2,296	2,544
	Actual	267	333	508	1,108		
	Variance	-133	-67	-340	-540		
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	3,408	3,408	3,258	10,074	11,450	10,850
	Actual	3,451	3,691	4,122	11,264		
	Variance	43	283	864	1,190		
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	6,855	7,270	7,370	21,495	21,705	21,810
	Actual	6,446	7,068	6,789	20,303		
	Variance	-409	-202	-581	-1,192		
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	250	260	265	775	1,000	985
	Actual	249	323	243	815		
	Variance	-1	63	-22	40		
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	2,975	3,100	3,150	9,225	10,100	9,970
	Actual	2,906	3,014	2,853	8,773		
	Variance	-69	-86	-297	-452		
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	1,400	1,470	1,484	4,354	4,350	4,160
	Actual	1,470	1,562	1,435	4,467		
	Variance	70	92	-49	113		
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	750	750	695	2,195	2,140	2,320
	Actual	655	664	772	2,091		
	Variance	-95	-86	77	-104		
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	103	103	103	309	309	309
	Actual	103	76	112	291		
	Variance	0	-27	9	-18		
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	106	109	110	325	356	295
	Actual	86	90	98	274		
	Variance	-20	-19	-12	-51		
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	308	349	313	970	1,956	1,985
	Actual	385	430	418	1,233		
	Variance	77	81	105	263		
		Month End			Month End	Month End	Month End
		Jul-20	Aug-20	Sep-20	Sep-20	Dec-20	Mar-21
Delayed Discharges at Month End (Total Delayed Discharges of Any Reason or Duration, per the Definition for Published Statistics) [1]	Projected	72	80	79	79	79	74
	Actual	69	83	74	74		
	Variance	-3	3	-5	-5		

[1] The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month;

NHS Fife

NHS SCOTLAND

Meeting:	**NHS Fife Board**
Meeting date:	**25 November 2020**
Title:	**Corporate Calendar - Board and Committee Dates to March 2022**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Gillian MacIntosh, Board Secretary**

1   Purpose

This is presented to the Board for:
- Awareness

This report relates to a:
- Local policy

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

2   Report summary

2.1   Situation

The Board is asked to note the planned dates of meetings of Fife NHS Board and its Committees from April 2021 to the end of March 2022. As discussed at the last meeting, from April 2021, the Board will meet on the last Tuesday of the month, and this has been reflected in the overall calendar. Dates for the Board are published on the NHS Fife website to alert staff and members of the public to the meeting dates and meeting papers.

2.2   Background

In accordance with the Code of Corporate Governance, the Board is required to meet at least six times in the year and will annually approve a forward schedule of meeting dates.

2.3   Assessment

The NHS Board dates have been set in relation to the publication/availability of performance and finance information, allowing sufficient information for the production of the Integrated Performance & Quality Report (IPQR), the circulation and consideration by the appropriate sub-committees of the Board and the collation of the Executive Summary of the IPQR for the NHS Board.

The use of the electronic Outlook calendar has continued, enabling diary 'invitations' to be sent to Members for the Board and Committee meetings they participate in. Invitations have now been circulated by email for the respective dates and will be kept updated on an ongoing basis, to aid Members' diary management. Where appropriate, these invitations will contain the MS Teams link for joining the meeting, as the Board continues to meet remotely.

2.3.1 Quality / Patient Care

There are no quality or patient care implications arising from this paper.

2.3.2 Workforce

There are no workforce implications arising from this paper.

2.3.3 Financial

There are no financial implications arising from this paper.

2.3.4 Risk Assessment/Management

There are no risk management implications arising from this paper.

2.3.5 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

Liaison has taken place with the Health & Social Care Partnership and its dates have been set taking account of the NHS Board and Committee schedule and Fife Council meeting dates, avoiding any clashes where at all possible.

2.3.8 Route to the Meeting

Content within this paper has been considered by the Board Secretary. Each individual Standing Committee approved their individual planned dates at the September cycle of meetings.

2.4 Recommendation

The paper is presented for information. The Board is asked to **note** the 2021-22 meeting dates for the Board and its committees (Appendix 1). The previously agreed dates for October 2020 to March 2021 (Appendix 2) are also included for information.

Report Contact
Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

IJB + Committees are provisional dates

Fife NHS Board and Committee Dates 2021/22 - 27.10.20

Month — Committee Meeting Dates

Board/Board Committees in Month		APF	Month
Board Development	27/04/21		April
Endowment Sub	07/04/21		
SG	29/04/21		
Board	25/05/21	19.05.21	May
CG	06/05/21		
FP&R	11/05/21		
AR	13/05/21		
Remuneration	18/05/21		
Board/Development/ BoT	29/06/21		June
Endowment Sub	08/06/21		
AR	17/06/21		
Board	27/07/21	21.07.21	July
SG	01/07/21		
CG	07/07/21		
FP&R	13/07/21		
Remuneration	14/07/21		
Board Development	31/08/21		August
Endowment Sub	03/08/21		
Board	28/09/21	22.09.21	September
SG	02/09/21		
CG	08/09/21		
FP&R	14/09/21		
AR	16/09/21		
Board Development	26/10/21		October
Endowment Sub	06/10/21		
SG	28/10/21		
Board	30/11/21	17.11.21	November
CG	03/11/21		
FP&R	09/11/21		
Remuneration	16/11/21		
Board Development	21/12/21		December
AR	09/12/21		
Board	25/01/22	19.01.22	January
FP&R	11/01/22		
SG	12/01/22		
CG	13/01/22		
Board Development	22/02/22		February
Endowment Sub	01/02/22		
Remuneration	15/02/22		
Board	29/03/22	23.03.22	March
SG	03/03/22		
CG	10/03/22		
FP&R	15/03/22		
AR	17/03/22		

KEY: EDG | ET | Board | Board Development/ Board of Trustees | Committees | IJB Committees | APF | IPR

Fife NHS Board and Committee Dates 2020/21 - 04.11.20

Month — Committee Meeting Dates

October

Board/Board Committees in Month:
- Board Development — 28/10/20
- Endowment Sub — 01/10/20
- IJB C&CG — 02/10/20
- IJB F&P — 06/10/20
- Remuneration — 07/10/20
- IJB — 23/10/20
- SG — 29/10/20

Key dates: 1 | 2 IJB C&CG (10:00) / Endowment Sub (1:00) | 3 | 4 | 5 PH | 6 | 7 Remuneration (3:00) / IJB F&P (10:00) | 8 | 9 IJB DS (9:30) | 10 | 11 | 12 | 13 | 14 | 15 Oct IPQR | 16 | 17 | 18 | 19 Oct IPR to EDG | 20 | 21 | 22 | 23 IJB (10:00) | 24 | 25 | 26 | 27 | 28 (10:00) | 29 SG (10:00) | 30 SG (10:00) | 31

November

Board/Board Committees in Month (APF 18.11.20):
- Board — 25/11/20
- CG — 04/11/20
- Remuneration — 05/11/20
- FP&R — 10/11/20
- Endowment Sub — 10/11/20
- IJB F&P — 11/11/20
- IJB C&CG — 13/11/20
- A&R — 19/11/20
- IJB A&R — 20/11/20

Key dates: 1 | 2 | 3 | 4 CG (2:00) | 5 Remuneration (10:00) | 6 | 7 | 8 | 9 | 10 FP&R (09:30) / Endowment Sub (1:00) | 11 IJB F&P (10:00) | 12 Nov IPQR | 13 IJB C&CG (10:00) | 14 | 15 | 16 Nov IPR to EDG | 17 | 18 APF (1:30) | 19 A&R (2:00) | 20 IJB A&R (10:00) | 21 | 22 | 23 | 24 | 25 BOARD (10:00) | 26 | 27 IJB DS (10:00) | 28 | 29 | 30

December

Board/Board Committees in Month:
- Board Development — 23/12/20
- Endowment Sub — 02/12/20
- Remuneration — 14/12/20
- IJB — 04/12/20
- AR — 17/12/20

Key dates: 1 | 2 Endowment Sub (10:00) | 3 | 4 IJB (10:00) | 5 | 6 | 7 | 8 | 9 | 10 Dec IPQR | 11 | 12 | 13 | 14 Dec IPR to EDG / Rem Com (11:00) | 15 | 16 | 17 AR (9:30) | 18 | 19 | 20 | 21 | 22 | 23 (10:00) | 24 | 25 PH | 26 | 27 | 28 PH | 29 | 30 | 31

January

Board/Board Committees in Month (APF 20.01.21):
- Board — 27/01/21
- FP&R — 12/01/21
- Endowment Sub — 12/01/21
- SG — 13/01/21
- CG — 14/01/21
- Remueration — 26/01/21

Key dates: 1 PH | 2 | 3 | 4 PH | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 FPR (09:30) / Endowment Sub (1:00) | 13 SG (10:00) | 14 Jan IPQR / CG (2:00) | 15 SG (10:00) | 16 | 17 | 18 Jan IPR to EDG | 19 | 20 APF (1:30) | 21 | 22 | 23 | 24 | 25 | 26 Rem Com (09:30) | 27 BOARD (10:00) | 28 | 29 IJB CCGC | 30 | 31

February

Board/Board Committees in Month:
- Board Development — 24/02/21
- Endowment Sub — 03/02/21
- Remuneration — 18/02/21

Key dates: 1 | 2 | 3 Endowment Sub (10:00) | 4 | 5 IJB DS | 6 | 7 | 8 | 9 | 10 | 11 Feb IPQR | 12 IJB F&P | 13 | 14 | 15 Feb IPR to EDG | 16 | 17 | 18 Remuneration (2:00) | 19 IJB (am) | 20 | 21 | 22 | 23 | 24 (10:00) | 25 | 26 IJB CCGC | 27 | 28

March

Board/Board Committees in Month (24/03/21):
- Board — 31/03/21
- SG — 04/03/21
- CG — 11/03/21
- FP&R — 16/03/21
- Endowment Sub — 16/03/21
- AR — 18/03/21

Key dates: 1 | 2 | 3 | 4 SG (10:00) | 5 IJB F&P / SG (10:00) | 6 | 7 | 8 | 9 | 10 | 11 CG (2:00) | 12 IJB DS | 13 | 14 | 15 | 16 FP&R (09:30) / Endowment Sub (1:00) | 17 IJB A&R | 18 March IPQR / AR (9:30) | 19 | 20 | 21 | 22 March IPR to EDG | 23 | 24 APF (1:30) | 25 | 26 IJB (am) Bud | 27 | 28 | 29 | 30 | 31 BOARD (10:00)

KEY:
- EDG
- ET
- Board
- Board Development/ Board of Trustees
- Committees
- IJB Committees
- APF
- IPR