













FINANCE, PERFORMANCE & RESOURCES COMMITTEE

10 November 2020, 09:30 to 12:00
MS Teams

Agenda

- | | | | |
|------|---|------------|-------------------|
| 1. | Apologies for Absence | | Ms R Laing |
| 2. | Declaration of Members' Interests | | Ms R Laing |
| 3. | Minutes of the last Meeting held on 8 September 2020 | | Ms R Laing |
| |  Item 3 FPR Unconfirmed Notes 080920 GMMM.pdf | (8 pages) | |
| 4. | Action List | | Ms R Laing |
| |  4 Rolling Action List Update from Sept 2020.pdf | (1 pages) | |
| 5. | MATTERS ARISING | | |
| 5.1. | Psychological Therapies Update | | Nicky Connor |
| |  5.1 FPR Psychological Therapies Report.pdf | (6 pages) | |
| 5.2. | CAMHS Update | | Nicky Connor |
| |  5.2 FPR CAMHS Report.pdf | (10 pages) | |
| 6. | GOVERNANCE | | |
| 6.1. | Board Assurance Framework – Financial Sustainability | | Margo McGurk |
| |  Item 6.1 BAF Financial Sustainability - SBAR for 101120.pdf | (4 pages) | |
| |  Item 6.1 NHS Fife Board Assurance Framework (BAF) V24.0 041120mm - Financial Sustainability.pdf | (2 pages) | |
| |  Item 6.1 2 BAF Risks - Financial Sustainability Linked Operational Risks as at 310820mm.pdf | (4 pages) | |
| 6.2. | Board Assurance Framework – Strategic Planning | | Chris McKenna |
| |  6.2 SBAR FPR BAF Strategic Planning 041120.pdf | (3 pages) | |
| |  6.2 NHS Fife Board Assurance Framework (BAF) 291020 - Strategic Planning.pdf | (1 pages) | |
| 6.3. | Board Assurance Framework – Environmental Sustainability | | Andrew Fairgrieve |
| |  6.3 SBAR (BAF) Environmental Sustainability FP&R 10-11-2020.pdf | (3 pages) | |
| |  6.3 NHS Fife Board Assurance Framework (BAF) V25.0 240920 - Environmental Sustainability.pdf | (1 pages) | |
| |  6.3 BAF Risks - Environmental Sustainability - | (1 pages) | |

6.4. Review of General Policies & Procedures

Gillian MacIntosh



6.4 General Policies Nov 20.pdf

(16 pages)

7. PLANNING**7.1. Winter Plan**

Claire Dobson/Nicky Connor



7.1 SBAR FPR Committee Winter Plan.pdf

(4 pages)



7.1 NHS Fife H&SC Winter Plan 2020-21 v1.9.pdf

(64 pages)

7.2. Payroll Consortium Outline Business Case

Margo McGurk

7.2 FPR SBAR on Payroll Services Consortium
Business Case mm 021120.pdf

(3 pages)

7.2 South East Payroll Services Consortium
Business Case v1.0.pdf

(71 pages)



7.2 Appendix L - SE Payroll Financial Appraisal.pdf

(7 pages)

7.3. HEPMA Full Business Case

Scott Garden



7.3 20.11.10 - FPRC SBAR HEPMA.pdf

(86 pages)

7.4. Orthopaedic Elective Project Full Business Case

Helen Buchanan



7.4 SBAR FPR committee November.pdf

(3 pages)

7.4 NHSF - Fife Elective Orthopaedic Centre - FBC
- DRAFT 02.10.20.pdf

(103 pages)

APPENDIX A - Fife Elective Orthopaedic Centre -
SA - 13.03.17 Rev. 3.pdf

(1 pages)



APPENDIX B.1 - VHK Ph2 Level 3_Theatres.pdf

(1 pages)



APPENDIX B.2 - VHK Ph2 Level 4_Ward 10.pdf

(1 pages)

APPENDIX C - DCAQ Projections NHS Fife Planned
Ortho Surgery 2016 to 2035 JAB070118.pdf

(1 pages)

APPENDIX D - Fife Elective Orthopaedic Centre -
Options - 05.01.18 - Rev. 2.pdf

(5 pages)



APPENDIX E.1 GF Layout.pdf

(1 pages)



APPENDIX E.2 FF Layout.pdf

(1 pages)



APPENDIX E.3 SF Layout.pdf

(1 pages)

APPENDIX F - AEDET - FEOC - FBC - 18.08.20
Final.pdf

(1 pages)

APPENDIX G.1 - FEOC - HAI SCRIBE Stage 1 - Rev 2
- 17 06 20 - FINAL.pdf

(10 pages)

APPENDIX G.2 - NHSF FEOC HAI Stage 2 - 18 06 20
Rev 1 FINAL Signed.pdf

(14 pages)

APPENDIX H - Fife Elective Orthopaedic Centre -
Design Statement - 19 07 19 - Rev 5.pdf

(22 pages)

APPENDIX I - Derogations Schdule - EOC-NOR-XX-
XX-RP-A-00014_Ver4.pdf

(5 pages)





APPENDIX J - Total Project Summary 01.10.20.pdf

(2 pages)

APPENDIX K - Fife Elective Orthopaedic Centre -
Benefits Realisation Plan - 03.10.19 - Rev. 0.pdf



(2 pages)

	APPENDIX L - Fife Elective Orthopaedic Centre - Benefits Register - 25.09.20 - Rev. 4.pdf	(3 pages)
	APPENDIX M - FEOC - Design and Construction Risk Register - 18.09.20 - Rev 10a.pdf	(6 pages)
	APPENDIX N - Elective Orthopaedic Centre Communications Plan V3.pdf	(3 pages)
	APPENDIX O - FEOC - Signed Project Board Statement Template.pdf	(1 pages)
	APPENDIX P - NHS Fife Elective Commissioning Statement.pdf	(9 pages)

8. PERFORMANCE


8.1. Procurement Lessons Learned Report - PPE / Supplies

Margo McGurk

	8.1 Draft Board Paper PPE Lessons Learned.pdf	(4 pages)
	8.1 Appendix 1 Lessons learned.pdf	(3 pages)


8.2. Integrated Performance & Quality Report

Claire Dobson/Margo McGurk/Nicky Connor

	8.2 SBAR IPQR FPR Committee.pdf	(4 pages)
	8.2 IPQR Oct 2020.pdf	(46 pages)

9. ITEMS FOR NOTING

9.1. Internal Audit Report B17/20 – Operational Performance Management

	9.1 B17-20 Organisational Performance Management REISSUE.pdf	(16 pages)
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9.2. Minute of IJB Finance & Performance Committee, dated 11 September 2020

	9.2 Draft Minute of Meeting 061020.pdf	(5 pages)
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10. ISSUES TO BE ESCALATED

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

11. Any Other Business

12. Date of Next Meeting: 12 January 2021 at 9:30am, location TBC

**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.

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).

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

No.	Original Action Date	Item	Action By	Action Required / Current Status	Date Due
130	14.05.19	Review of General Policies & Procedures	GM/AF	Consider potential software solutions for managing policy updates, seeking opinions from other Boards. Written report to be submitted in November 2020 outlining proposed changes to the approval process.	November 2020
133	10.09.19	Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements	NC	Include in the Outline Business Cases information on how technology and digitisation would be utilised.	Date TBC
136	14.01.20	Update on PT and CAMHS	NC	Give an update in November 2020 on performance of both services to the Committee.	November 2020
138	10.03.20	FP&R Development Session	MM/GM	Bi-annual Committee development sessions to be arranged from May 2020.	January 2021
139	08.09.20	Smoke Free Environment Strategy	NC	Present an update to inform the Committee on the proposed strategy for a Smoke Free Environment.	January 2021
140	08.09.20	Mental Health Strategy	NC	Present a paper to the Committee at appropriate time around the implementation of the Mental Health Strategy.	Date TBC

COMPLETED ACTIONS					
111	27.02.18 15.01.19 10.03.20	Stratheden IPCU – PPE	NC	Written report to be submitted in September 2020, detailing the smoking cessation activities taking place to create a smoke-free site.	Closed September 2020
137	14.01.20	Scottish Access Collaborative	CP/SF/GM	A future Board Development session to be arranged to update the Board on this national workstream, to help inform local developments around enhancing waiting times / clinical pathways.	Completed, September 2020

Meeting:	Finance, Performance & Resources
Meeting date:	10 November 2020
Title:	Psychological Therapies Update
Responsible Executive:	Nicky Connor, Director of Health & Social Care Partnership
Report Author:	James Crichton, Interim Divisional General Manager (Fife-wide)

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operational Plan

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

As requested following the meeting of Finance, Performance and Resources Committee in January 2020, this report gives an update on Fife's performance on the LDP Standard for Psychological Therapies (PTs). The PT Standard has 2 objectives: to reduce waiting times for PTs and to increase the numbers of children, young people, working age adults and older adults who have access to PTs.

The waiting times component of the LDP Standard for Psychological Therapies states: *At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies.* Fife, along with most other Boards in Scotland, has not achieved this.

Previous reports to Finance, Performance and Resources committee have outlined the significant improvement work undertaken by services which has served to increase access to PTs in Fife. This work has been commended at a national level.

2.2 Background

During 2019 the psychology service began working with staff from the Scottish Government's Mental Health Directorate Performance and Improvement Unit to better understand the issues impacting waiting times performance. This work utilised the Government's Demand, Activity, Capacity, Queue (DCAQ) modelling tool that the Psychology service had been employing for a number of years. A key output from this work was a detailed model of performance trajectory. Four trajectory scenarios and their corresponding resource requirements were set out in a paper to EDG in March 2020. Understandably, consideration of this paper was not possible due to the COVID pandemic.

The key points to note from this paper are that:

- The profile of the Q is such that it was not possible to meet the RTT by December 2020
- With no additional resources the service could not remain in balance and the Q at December 2021 would be larger than in February 2020
- With 4.0wte additional posts, the service could remain in balance during 2021 with a very gradual reduction in longest waits; the earliest the RTT could be met would be December 2023
- With 7.0wte additional posts the service would remain in balance, be robust enough to deliver improvement actions in a sustainable fashion and meet the RTT by April 2022
- With 11.0 wte additional posts, the service would remain in balance, be robust enough to deliver improvement actions in a sustainable fashion and be able to meet the referral to treatment target by December 2021. In addition, the service would deliver on a 12 week target in the early months of 2022 (assuming no dramatic reduction in staffing).

These projections were based on the successful implementation of extended use of group delivery of PTs, both within psychology service and jointly between psychology and nursing staff in AMH Day Hospitals.

2.3 Assessment

The COVID pandemic impacted significantly on both access to PTs and waiting times performance.

Access to PTs

Access to almost all face to face PTs, both individual therapy and in groups, was halted as staff took on new roles (e.g. Mental Health Emergency Service, Staff support services). At the same time, clinicians responded by modifying some PT group programmes to make them suitable for digital delivery and modifying others for brief 1:1 digital delivery.

Following SG investment, access to online PTs was expanded with a range of new options being added to the Access Therapies Fife website. Following remobilisation, Psychology services resumed delivery of PTs 1:1 (by Near me and telephone). Digital delivery of some group programmes began in October following agreement around use of a suitable platform. Access however is currently reduced compared to pre-COVID levels. There are also specific issues around digital exclusion.

RTT performance

Although far fewer PTs were delivered during the pandemic period, performance on the RTT waiting times target improved. Table 1 shows RTT performance over the 12 months to September 2020.

Table 1. NHS Fife % waiting <=18 weeks RTT for PTs

2019/2020								2020/2021					
Month	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
% <=18 weeks	69.0	64.2	66.0	75.8	66.6	69.0	78.4	74.2	79.2	73.6	74.5	77.9	77.0

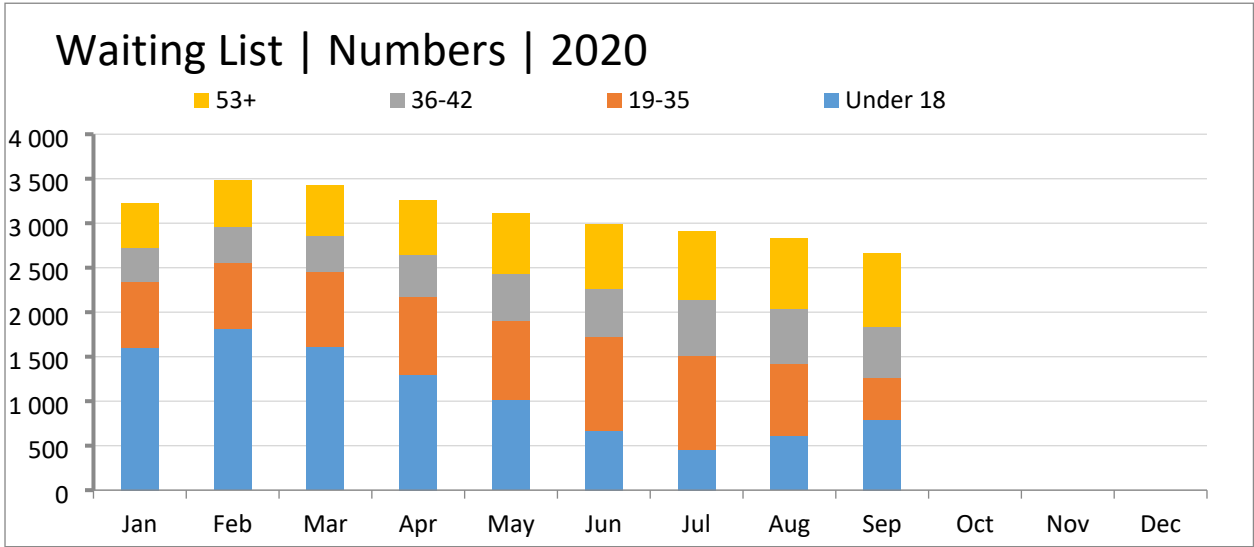
The reason for this improvement lies in how the LDP standard RTT is measured - taking the number of people who have commenced psychological therapy in any given month and calculating the % of them who have waited less than 18 weeks to do so. In the pandemic response period overall activity was significantly reduced, however the percentage of activity from parts of the service for which there was either no waiting time or a short waiting time was far higher than usual. For example, the percentage of activity attributable to the computerised CBT service in January 2020 was 16.4% whereas in August it had risen to 62.6%.

Any sustained improvement in RTT performance therefore requires a focus on addressing the longest waiting patients as well as attention to whether the services can meet current demands and remain in balance.

Waiting list for PTs

Figure 1 shows the current waiting list. The waiting list has decreased during the pandemic response period from a high of 3481 in February to 2665 in September. However, the profile of the list has changed with a far higher percentage of people now waiting over 18weeks.

Figure 1

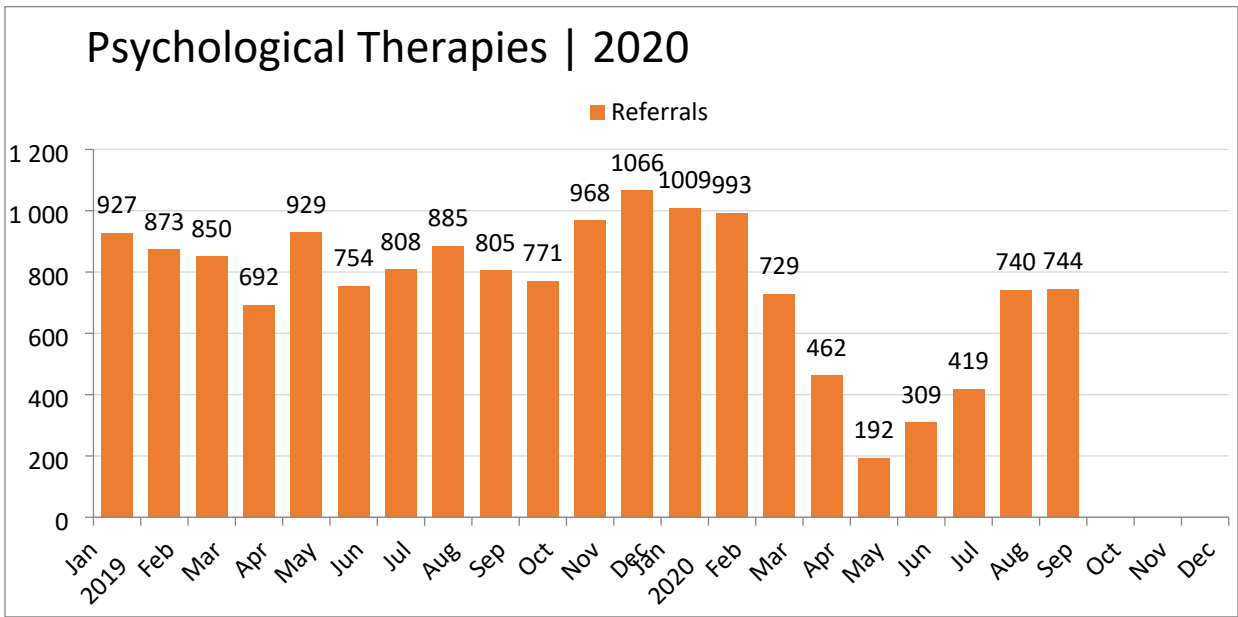


As clinicians commence therapy with patients from the waiting list the performance on the RTT target will deteriorate.

Referral rates

Figure 2 illustrates how referral rates, which dropped substantially between April-July 2020, are returning to their pre-COVID levels.

Figure 2.



The Scottish Government’s Mental Health Research Advisory Group (established to monitor and identify emerging research to guide its response to the COVID-19 pandemic) has estimated an 8% current worsening of the incidence of mental health disorders as a result of the COVID-19 pandemic. We therefore anticipate that the impact of COVID on mental health and well-being will result in increased referrals for PTs across the lifespan.

Recovery planning

The DCAQ modelling outlined above showed that more resource was required to meet the RTT waiting times target and that the earliest that the target could have been met was December 2021. It also showed that once the longest waiting patients had been seen (ie the Q was cleared) services were able to remain in balance.

The recovery plans which underpinned this model relied heavily on the introduction of an expanded group programme for PTs including for people with complex mental health needs. These plans have been significantly disrupted by COVID and can no longer form the basis of a renewed recovery plan. In response to this, the psychology service has modified its group programmes to make them suitable for digital delivery or to make them a digital resource to support 1:1 work. These enforced modifications mean that a significant number of the group programmes can no longer deliver the same increase in capacity. They also mean that aspects of the system wide redesign in the delivery of PTs in Secondary care AMH services have had to be revised.

Similarly, the digital delivery of 1:1 psychological therapy with people with complex needs is less efficient than face to face work - we estimate a 15% reduction in terms of numbers of patients clinicians working in secondary care adult mental health psychology services can see per clinic. This is due to the cognitive and emotional demands of this form of working. In addition to the change in group PTs, clinicians are therefore exploring different models of working with certain patient groups.

It is currently too early in the introduction of these enforced service changes for us to have the data that is needed to allow further capacity modelling. We shall continue to work with Scottish Government's Mental Health Directorate Performance and Improvement Unit and as soon as we have the necessary data we shall repeat the DCAQ modelling to provide revised performance trajectories.

Conclusion

Based on the capacity modelling work undertaken in February/March 2020 and the anticipated increase in demand due to the impact of COVID, it is not premature to conclude that without additional resource the performance gap for PTs will deteriorate.

2.3.1 Quality/ Patient Care

The long waiting times experienced by patients waiting for psychological therapy in some parts of the service impacts negatively on the quality of service and ability to provide patient care.

2.3.2 Workforce

Limited capacity in current mental health nursing workforce and recruitment issues pose a potential risk to performance recovery plans.

2.3.3 Financial

Details of resources required for performance recovery cannot be provided until new capacity modelling work is completed. This work will be progressed once relevant data relating to the new post-COVID service options is available.

2.3.4 Risk Assessment/Management

An increase in number of patient complaints about length of waiting time is anticipated.

2.3.5 Equality and Diversity, including health inequalities

The evidence base indicates that deprivation is a key factor in people experiencing mental health problems. Where possible, Psychology services weight the allocation of resources accordingly and have implemented service models to try and better meet the needs of people living in areas of higher socio-economic deprivation.

An impact assessment has not been completed because this report is an update on current service performance.

2.3.6 Other impact

Poor mental health impacts negatively on physical health and wellbeing as well as engagement in treatment for physical health problems. This impacts demand for Primary

Care services. The evidence base indicates a health economics argument for timely interventions to improve psychological health.

2.3.7 Communication, involvement, engagement and consultation

This paper is an update on service performance.

2.3.8 Route to the Meeting

This report provides an update on Fife's performance on the LDP Standard for Psychological Therapies requested following the January meeting of Finance, Performance and Resources Committee.

2.4 Recommendation

- **Discussion** – Examine and consider the implications of a matter.

3 List of appendices

The following appendices are included with this report:

n/a

Report Contact

James Crichton

Interim Divisional General Manager (Fife-wide)

Email James.Crichton2@nhs.scot

Meeting:	Finance, Performance and Resources
Meeting date:	10 November 2020
Title:	Children and Adolescent Mental Health Services – Update Report
Responsible Executive:	Nicky Connor, Director of Health & Social Care Partnership
Report Author:	Jim Crichton, Interim Divisional General Manager (Fife-wide)

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Annual Operational Plan
- Government policy/directive
- Local policy
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Scottish Government Child and Adolescent Mental Health Service (CAMHS) HEAT target and the Local Delivery Plan (LDP) target requires that 'no one will wait longer than 18 weeks from referral to treatment'.

Due to increasing demand, limited resources and long waiting times, Fife CAMHS was identified as an area requiring additional focus by the Scottish Government's Mental Health Directorate, Performance & Improvement Unit. Detailed modelling has been

completed which highlighted existing challenges, specifically around staffing and ability to meet demand whilst providing effective and safe care. This work has also identified the resources that will be required to achieve sustainable change whilst working towards achieving the local and national standards set for CAMH services. A report detailing the resources required to meet the demand was submitted to SLT for consideration and presentation to EDG.

The impact of the COVID-19 pandemic has enforced a number of changes in how CAMH services are delivered. The prioritisation of key services for those who are most at risk has impacted on wider resource availability and responsiveness to non-urgent referrals thus effecting Referral to Treatment Time (RTT) and the longest wait list.

This report provides information on the progress made towards achieving the referral to treatment target (RTT) within the context of Covid-19 and provides an update on the impact of the initiatives undertaken to promote earlier intervention in line with the Scottish Government Task Force's Delivery Plan on Children and Young Peoples Mental Health, the Scottish Government Mental Health Strategy 2017-2027 and the Fife HSCP Mental Health Strategy 2020-2024.

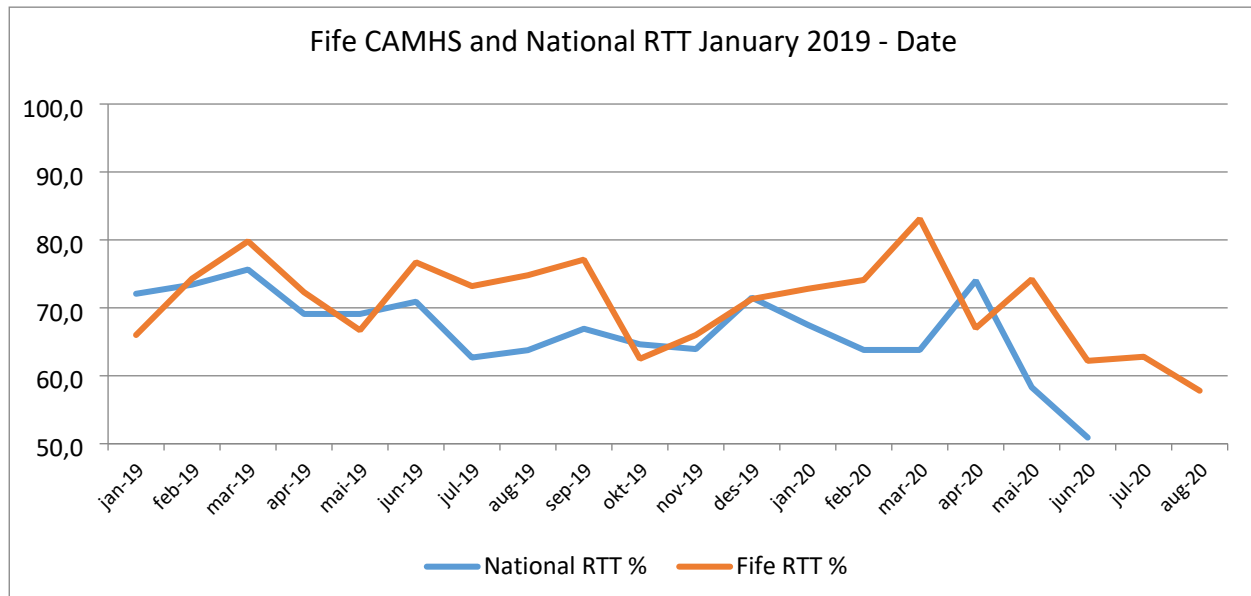
2.2 Background

- The referral rate to specialist CAMHS services in Fife continues to exceed the capacity of the current resources.
- Referrals have increased by 7.35% year on year since 2015.
- Referrals since the onset of Covid initially reduced with 47 referrals in April. However, with the return to school in August referrals have increased significantly with 260 received in September.
- In order to meet the growing demand, Fife CAMHS has implemented a number of initiatives to achieve the Referral to Treatment Target (RTT) whilst minimising the growth of the waiting list.
- Fife CAMHS has completed the work with the Scottish Government's Mental Health Directorate, Performance & Improvement Unit. This work provided an analysis of the current data and activity, and led to detailed modelling work allowing the development of an accurate performance trajectory and identification of the resources required to achieve this.
- At the same time, Fife CAMHS has ensured that it meets the commitments of both the Scottish Government's Mental Health Strategy and the Children and Young People's Mental Health Task Force Delivery Plan by developing the workforce at Universal and Additional support levels to promote earlier intervention, increase the capabilities of other service providers and effectively manage the flow of referrals to Specialist CAMHS.
- This approach ensures that any progress made around RTT is sustainable, that CAMHS is accessed as a Specialist clinical resource rather than a first point of contact and children and young people experience a more positive care journey.

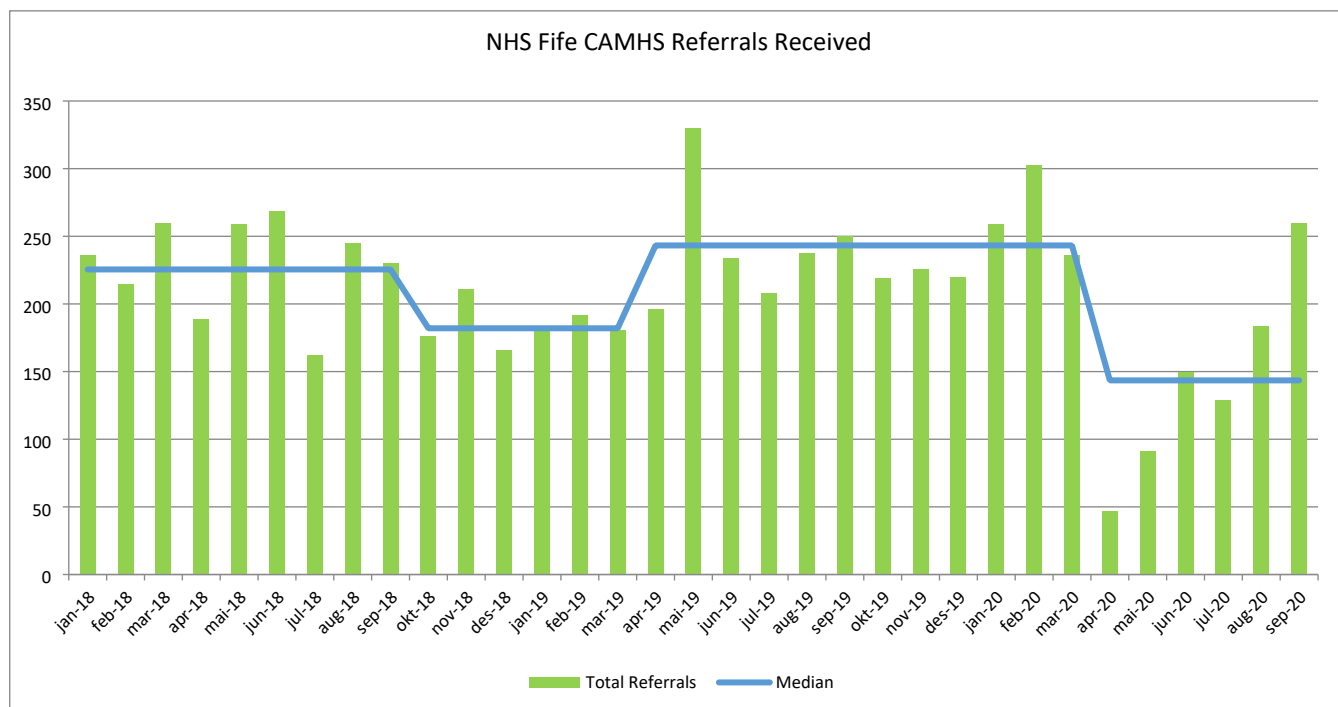
- The current system for recording and reporting RTT has significant implications on where clinical resource can be placed without adversely impacting on longest waits or RTT. Due to the limited size of the Fife CAMHS workforce this requires a balanced and flexible approach to the use of resources rather than focussing on one specific target alone.

2.3 Assessment

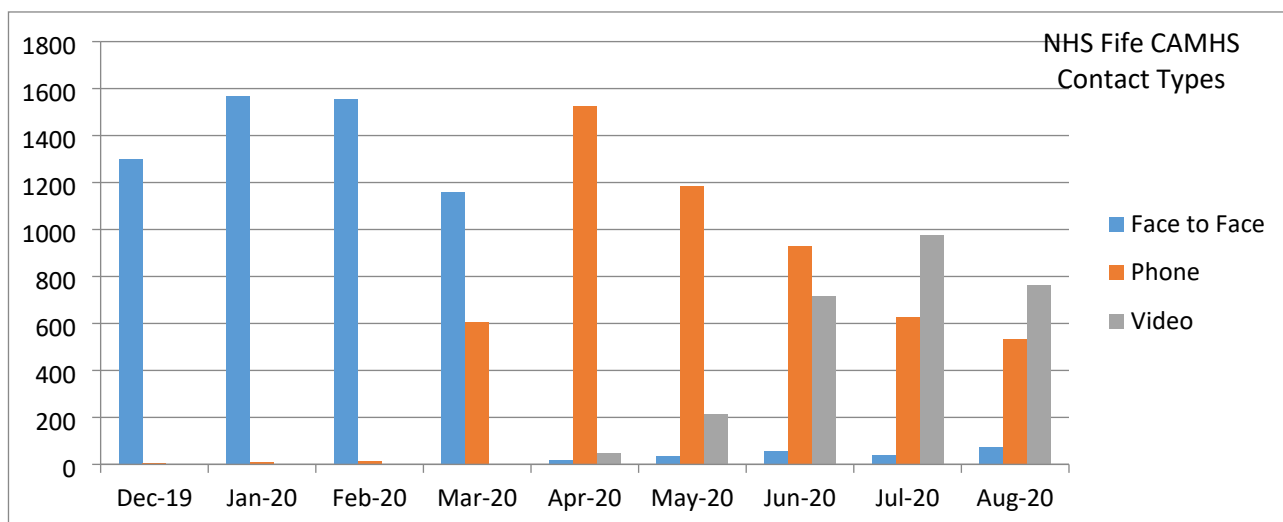
Headline figures:



- Fife CAMHS RTT at August 2020 was 57.8% children and young people seen within 18 weeks.
- The low RTT figure represents ongoing work with the longest waits, with only 10 cases waiting over a year at the end of August.
- Incremental improvement is difficult to sustain due the need to address both Referrals and Longest waits as demand continues to exceed capacity.
- Dips in the RTT graph are a result of the work to contain longest waits and staff absence which has a significant impact on the limited capacity
- Fife CAMHS RTT has, on average (71.5%), outperformed the National RTT (64.3%) since July 2019



- Referral figures for 2020 to date is (avg) 184, reflecting the drop in referrals during, and coming out of lockdown.
- In 2019, Fife CAMHS received an average of 223, given the sharp rise and expected continued increase referrals, this is likely to be exceeded in 2020.
- From September 2019 to August 2020, an average of 108 new and 1150 follow-up appointments have been attended per month.
- Appointments during the Covid period have been largely phone or Near Me video calls



- All children and young people presenting with urgent & severe mental health issues are seen within 1 week of referral, with those posing most risk seen on the day of referral.
- All children and young people identified as priority are seen within 6-8 weeks.

- Average waiting time for CAMHS continues to be 11 weeks.
- Fife CAMHS currently meets all of the 22 Rejected Referrals Publication's recommendations for Specialist CAMH services

Covid-19:

In response to Covid-19 pandemic Fife CAMHS:

- **Prioritised Key Services:** Intensive Therapy Service and Self Harm Support Service were identified as essential care providers. Wider CAMHS workforce was mobilised and prepared to supplement these services if staffing levels reduced.
- **Implemented Temporary CAMHS Threshold:** Prioritised children and young people who were at high risk to themselves and others, presenting with obvious symptoms of psychiatric disorder (e.g: Psychosis, Bi-polar disorder, severe depression) and/or at risk of physical deterioration due to their mental illness (eg: anorexia nervosa).
- **Provided CAMHS Weekend on-call provision:** Providing assessment to children and young people who present with Overdose/self harm to ED/Paed inpatient units.
- **Developed CAMHS Hub:** to ensure a safe, centralised, identified point for face to face contact with patients.
- **Identified a CAMHS Priority /Vulnerable List:** All children and young people who were active caseloads were prioritised based on level of need and stage of intervention(RAG list)
- **Implemented Near Me virtual appointment platform:** All referrals and ongoing contact is offered via Near me unless there is urgent/specific requirement for face to face contact.
- **Services Placed on Hold:** Non-essential assessment services were temporarily placed on hold. CAMHS Trauma services (LAC and Sexual Trauma) were consolidated to ensure capacity remained within the workforce to provide support to vulnerable groups.
- **Provided Primary Mental Health Assessments:** CAMHS PMHW's provided Primary Assessments of Need Appointment's (PANA's) for those children and young people, referred by GP's, who previously would have been accepted to CAMHS and who presented with a degree of risk/vulnerability.

As part of the re-mobilisation programme, Fife CAMHS has:

- **Re-established normal referral thresholds.**
- **Resumed all therapeutic work:** This is within the context of social distancing and delivered through alternative modes of communication (Near Me/telephone)
- **Prioritised** those children and young people who present with significant risk and urgent and complex mental health issues
- **Developed remobilisation plans** for each individual service and site to prepare for fully operational services as the organisation moves through Phase 3.
- **Effectively used resources:** As a result of smaller referral numbers capacity has been available to start treatment with those who have waited longest.
- **Learned** through the Covid-19 experience and implemented service changes including:

- Centralised screening and allocation process
- Ongoing use of Virtual Resources (Near Me)
- Development of online resources (Hand On website, Virtual group programmes)
- Improving responsiveness of CAMHS Self Harm Service

Impact of Covid-19:

- 292 face to face appointments were cancelled re Covid in March, with 280 cancelled in April, dropping to 21 in May
- All cancelled contacts were re-established throughout May and June and all clinical work that was seen as non-essential and paused has been resumed.
- Additional Longest wait cases were allocated to clinicians when referral's dropped during May/June 2020. As a result, at July 2020, 8 children were waiting longer than 52 weeks compared to 95 in July 2019.

CAMHS Waiting Times Initiatives:

CAMHS PMHW Assessment of Need Appointments (PANA):

- The focus on early intervention has been prioritised in order to ensure that those children and young people who were previously referred and then seen by CAMHS are now assessed and redirected to more appropriate care providers where appropriate.
- The enhanced CAMHS Primary Mental Health Workers service commenced in April 2019 in order to provide early, specialist assessment of need and redress the balance of care provision across all agencies thus providing support to primary care providers and reducing the pressure on GPs and Specialist CAMHS provision. This funding adds 4 additional staff to the existing 3 PMHWs allowing for an expanded role.
- **58%** of all children and young people referred to CAMHS and assessed by the PMHWs were signposted to alternative, more appropriate services.
- **PMHWs also provide additional training and staff development across Fife's 7 localities thus increasing the confidence and competence of the universal workforce.**
- **This resource significantly improves the young person's journey, provides direct and early access to specialist services, increases competence of the universal workforce and reduces pressure on GP provision. It will also ensure that appropriate referral to specialist CAMHS is ensured thus freeing up highly skilled, Tier 3 CAMHS staff to address the needs of those with the greatest need within appropriate time scales.**
- The introduction of PANA's have resulted in **no children or young people being redirected back to GPs** for alternative signposting.
- Children and Young people seen for a PANA have had a facilitated **onward referral to over 40 different Universal, Additional, Third sector and Specialist providers**, where they would previously have been seen by CAMHS

- From April 2019 to August 2020, PMHWs have provided 1692 PANA appointments.

Month/Year	Attended	DNA	Total
Apr-19	45	7	52
May-19	91	11	102
Jun-19	87	16	103
Jul-19	121	32	153
Aug-19	114	17	131
Sep-19	66	5	71
Oct-19	68	16	84
Nov-19	62	4	66
Dec-19	45	7	52
Jan-20	59	17	76
Feb-20	56	6	62
Mar-20	133	29	162
Apr-20	161	53	214
May-20	91	22	113
Jun-20	66	3	69
Jul-20	93	13	106
Aug-20	65	11	76
Grand Total	1423	269	1692

CAMHS Evening Clinics:

- Evening clinics ran from October 2019– March 2020 in 2 locations with 10 staff offering assessment and intervention to children and young people who had waited the longest.
- Clinics were facilitated by existing staff who were willing to work additional, evening hours.
- Clinics ceased as Covid-19 impacted on service delivery models.
- The number of children and young people who are accepted to CAMHS and who are required to wait exceeds the amount of resource available through waiting times initiatives.
- Potential for re-establishing evening clinics will be reviewed once staffing levels and the ongoing impact of Covid restrictions are stabilised.

Impact of Evening Clinics at March 2020:

Status	Number	%
Attended	78	67%
DNA and discharged	19	16%
Waiting - appt not yet booked	7	6%
Waiting - appt booked	7	6%
Appt not needed (cancelled by patient)	4	3%
Needs daytime appt	2	1%
TOTAL	117	

CAMHS Group Provision:

- Clinical Psychology alongside CAMHS have developed a range of group based interventions targeting common referral issues such as anxiety, low mood and self esteem.
- Commenced in Feb 2019, the programme is now accessible through Clinical Psychology ACCESS Therapies website.
- From the website children, young people and families can directly access helpful materials and enrol in therapeutic groups following a short screening process.
- The group programme is an embedded component of the CAMHS Screening process whereby children and young people can be directed to these interventions rather than being placed on waiting lists.
- Redesign of the Delivery of the group programmes are under development to ensure these are delivered in a safe and effective manner in light of the Covid-19 restrictions

Referral & Screening Process

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

Risks

- It is widely anticipated that there will be a significant increase in referrals post Covid-19. This has been evidenced since schools resumed in August 2020.
- Despite preparations to ensure processes are robust, specialist CAMHS does not have the capacity to meet existing demand let alone any further demand.
- Under normal circumstances, referral rates and the number of children requiring specialist intervention from CAMHS continues to be significantly higher than the number of 'new' appointment slots available within CAMHS.
- Significant increase of children & young people presenting with urgent/priority needs which means that those children and young people who meet a CAMHS threshold but are not priority will wait significantly longer than 18 weeks.
- Fife CAMHS has one of the smallest substantive workforces in mainland Scotland.
- Due to limited staffing numbers any absence has significant impact on activity levels due to the workforce consistently working at full capacity.

- All clinical staff working within CAMHS are carrying caseloads that are significantly higher than that recommended by the Scottish Government and professional governing bodies.
- The direct consequence of this level of work has seen increased incidence of staff absence and staff resignations: 9 staff over past 6 months absent due to stress related issues; 7 staff resignations citing workload and temporary contract as reason for leaving.
- The provision of evidence-based interventions for complex mental health issues with children, young people and families cannot be defined within set time frames and therefore capacity within the service to take on 'new' cases is rapidly diminishing.
- This results in longer delays in the median wait time for those with urgent and priority care needs and longer wait times for those with less urgent needs.
- Any progress towards achieving the recommended waiting times or reducing the waiting list will not be possible without additional resource.
- This is due to insufficient capacity to meet ongoing demand, increasing complexity of presentations, increasing staff absence & vacancies and a requirement of the service to respond to a broadening remit of national directives.
- In order to address this ongoing challenge, Fife CAMHS needs to ensure that the staffing resource is sufficient and sustainable, that current systems are as efficient as possible, that a clear threshold for referral is articulated and adhered to and a balanced and evidence-based approach to care is provided.
- Early intervention must have multi-agency collaboration, occur at the source of the issue and avoid unnecessary pathologising of the difficulties.
- Ultimately by addressing issues early and developing the wider workforce to provide impactful interventions the number of referrals to specialist CAMHS will reduce.
- This will allow CAMHS to provide specialist interventions to those with the greatest need and result in lowered waiting times.

2.3.1 Quality/ Patient Care

CAMHS continues to strive to ensure that children and young people who require access to specialist services, do so timeously as per the content of this report.

2.3.2 Workforce

CAMHS staff continue to work to capacity. The health and well being of staff working in this extremely busy service remains a priority.

2.3.3 Financial

There are no financial implications as this report is an update report only.

2.3.4 Risk Assessment/Management

None noted

2.3.5 Equality and Diversity, including health inequalities

No EQIA is required as no change in policy is indicated. This report is a progress update only.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Ongoing patient engagement through survey of impact of COVID and Service user satisfaction questionnaires

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.

- Progress updates are provided to every second meeting of the Health and Social Care Partnership's Clinical and Care Governance Committee Committee/Group/Meeting

2.4 Recommendation

- **Awareness** – For Members' information only.
- This report has been produced in order to provide the board with assurance that work is ongoing to address the challenges of meeting the National and Local Referral to Treatment Target.
- These initiatives have been undertaken to ensure a balanced approach to ensure safety, sustainability and achievability within the services limited resources.

3 List of appendices

The following appendices are included with this report:

n/a

Report Contact

James Crichton

Interim Divisional General Manager (Fife-wide)

Email James.Crichton2@nhs.scot

Meeting:	Finance, Performance and Resources Committee
Meeting date:	10 November 2020
Title:	BAF – Financial Sustainability
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Margo McGurk, Director of Finance, Rose Robertson, Deputy Director of Finance

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners. This report provides the Committee with an update on NHS Fife BAF specifically in relation to Financial Sustainability as at 31 October 2020.

2.2 Background

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

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

The Committee is invited to consider the following:

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

2.3 Assessment

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

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

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

The attached schedule reflects the position at 31 October 2020. The BAF current score has been held at High, with the target score remaining Moderate. This recognises 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 in delivering the Board efficiency savings target as a consequence of the impact of Covid 19. Linked operational risks are also attached for information.

Further detail on the financial position and projected year-end forecast is set out in the Integrated Performance & Quality Report.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Please refer to the full report at Annex 1.

2.3.4 Risk Assessment/Management

Please refer to the full report at Annex 1.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- EDG 4 November 2020

2.4 Recommendation

The Committee is invited to:

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

3 List of appendices

The following appendices are included with this report:

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

Report Contact

Margo McGurk
Director of Finance
Email margo.mcgurk@nhs.net

NHS Fife Board Assurance Framework (BAF)

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

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	<i>Ongoing actions designed to mitigate the risk including:</i> 1. Ensure budgets are devolved to an appropriate level aligned to management responsibilities and accountabilities. This includes the allocation of any financial plan shortfall to all budget areas. This seeks to ensure all budget holders are sighted on their responsibility to contribute to the overall requirement to deliver breakeven. 2. Refreshed approach established for a system-wide Transformation programme to support redesign; reduce unwarranted variation and waste; and to implement detailed efficiency initiatives. Lessons will be learned from the successes of the medicines efficiency programme in terms of the system-wide approach and use of evidence based, data-driven analysis 3. Engage with external advisors as required (e.g. property advisors) to support specific aspects of work. In addition, appoint external support to accelerate a programme of cost improvement across Acute Services.	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value. 2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations. 3. Continue to scrutinise and review any potential financial flexibility. 4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement	Director of Finance / Chief Operating Officer / Director of Health & Social Care	Ongoing	1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery. 2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.	1. Internal audit reviews on controls and process; including Departmental reviews . 2. External audit review of year end accounts and governance framework.	1. Enhanced reporting on various metrics in relation to supplementary staffing. 2. Confirmation via the Director of Health & Social Care on the robustness of the social care forecasts and the likely outturn at year end	The 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 additional costs and 70% of the forecast costs to the year-end. There is a significant 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.
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Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

Risk ID	Risk Title		Reason for unlinking from BAF	Current Risk Rating	Risk Owner
522	Prescribing & Medicines Management - unable to control Prescribing Budget		No longer a high risk	Moderate 12	Dr C McKenna
1357	Financial Planning, Management & Performance		No longer a high risk	Moderate 12	M McGurk
1846	Test and Protect		No longer a high risk	Moderate 9	N Connor

ID	1363	1364	1513
Position of Risk (Risk Register)	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Brexit Risk Register
Opened	13.06.2017	13.06.2017	04.10.2018
Title	Health and Social Care Integration	Efficiency Savings	Financial and Economic impact of Brexit
Description	There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.
Likelihood (Initial)	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not
Consequence (Initial)	5 - Extreme	4 - Major	5 - Extreme
Risk level (Initial)	High Risk	High Risk	High Risk
Rating (Initial)	20	16	25
Current Management Actions	An Integration Scheme Review chaired by the Director of Health & Social Care; and a Risk Share Review chaired by the Chief Finance Officer, were established in 2019/20 - this was temporarily paused due to Covid 19, conversations across the partners are in progress to conclude the review. The Director of Finance has proposed a variation to the current risk-share scheme to remove the GMS, PMS and Resource Transfer budgets from the risk-share calculation. A response is awaited from Fife Council who are currently considering the proposal. The aim to reach a final position on this issue by the end of November 2020.	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 additional funding over the coming weeks to inform the January final Covid-19 allocation. 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 however, based on the current IJB Risk-Share agreement, the potential year-end outturn position could rise to £9.492m overspend.	The Director of Estates and Facilities has been appointed lead Director for the EU exit locally and is liaising with SG and NSS on this matter and will report updates through the EDG and governance committees. Modelling has been done at a national level with an intial focus on anticipated supply levels into the UK post the withdrawal in the event of a no-deal departure.
Likelihood (current)	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not
Consequence (current)	5 - Extreme	5 - Extreme	4 - Major
Risk level (current)	High Risk	High Risk	High Risk
Rating (current)	20	20	20
Likelihood (Target)	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	1 - Remote - Can't believe this event would happen
Consequence (Target)	3 - Moderate	3 - Moderate	1 - Negligible
Risk level (Target)	Moderate Risk	Moderate Risk	Very Low Risk
Rating (Target)	9	9	1
Risk Owner	McGurk, Margo	McGurk, Margo	McGurk, Margo
Handler	Robertson, Rose	Robertson, Rose	Stewart, Laura
Previous Review Date	01.09.2020	01.09.2020	01.09.2020
Next Review	30.11.2020	30.11.2020	30.11.2020

1363	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Health and Social Care Integration	Title
There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	Description
4 - Likely - Strong possibility this could occur	Likelihood (Initial)
5 - Extreme	Consequence (Initial)
High Risk	Risk level (Initial)
20	Rating (Initial)
An Integration Scheme Review chaired by the Director of Health & Social Care; and a Risk Share Review chaired by the Chief Finance Officer, were established in 2019/20 - this was temporarily paused due to Covid 19, conversations across the partners are in progress to conclude the review. The Director of Finance has proposed a variation to the current risk-share scheme to remove the GMS, PMS and Resource Transfer budgets from the risk-share calculation. A response is awaited from Fife Council who are currently considering the proposal. The aim to reach a final position on this issue by the end of November 2020.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
McGurk, Margo	Risk Owner
Robertson, Rose	Handler
01.09.2020	Previous Review Date
30.11.2020	Next Review

1364	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Efficiency Savings	Title
There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
16	Rating (initial)
Current Management Actions	
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 additional funding over the coming weeks to inform the January final Covid-19 allocation. 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 however, based on the current IJB Risk-Share agreement, the potential year-end outturn position could rise to £9.492m overspend.	
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
McGurk, Margo	Risk Owner
Robertson, Rose	Handler
01.09.2020	Previous Review Date
30.11.2020	Next Review

1513	ID
NHSFBD - Brexit Risk Register	Position of Risk (Risk Register)
04.10.2018	Opened
Financial and Economic impact of Brexit	Title
Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
25	Rating (initial)
The Director of Estates and Facilities has been appointed lead Director for the EU exit locally and is liaising with SG and NSS on this matter and will report updates through the EDG and governance committees. Modelling has been done at a national level with an intial focus on anticipated supply levels into the UK post the withdrawal in the event of a no-deal departure.	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
1 - Negligible	Consequence (Target)
Very Low Risk	Risk level (Target)
1	Rating (Target)
McGurk, Margo	Risk Owner
Stewart, Laura	Handler
01.09.2020	Previous Review Date
30.11.2020	Next Review

Meeting:	Finance, Performance and Resource Committee
Meeting date:	10 November 2020
Title:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

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

The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners.

This report provides the Committee with the next version of the NHS Fife BAF 5 on 4.11.20.

2.2 Background

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

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

2.3 Assessment

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

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

The Integrated Transformation Board (ITB) had been established in 2019 and provided strategic oversight of all of the health transformation programmes by NHS Fife, Fife IJB and Fife Council.

A full review of the Transformation programme and Strategic Planning has been undertaken currently in line with the Clinical Strategy and Remobilisation Plan.

However, due to the COVID-19 Emergency Planning Measures in place until 31 March 2021, the transformation work has been paused but will be recommenced when appropriate to do so.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

No change.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Risk Assessment is part of the restart of services process.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

n/a

2.3.7 Route to the Meeting

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

- Chief Executive, 29 October 2020

2.4 Recommendation

The Committee is invited to:

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

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser3@nhs.scot

Meeting: FP&R
Meeting date: 10th Nov 2020
Title: Update on NHS Fife Board Assurance Framework (BAF)

Environmental Sustainability

Responsible Executive: Andy Fairgrieve Director of Estates , Facilities & Capital Services
Report Author: Andy Fairgrieve Director of Estates , Facilities & Capital Services

1 Purpose

This is presented to FP&R for:

- Decision

This report relates to a:

- Board Governance & Strategic Objectives

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

- Safe

2 Report summary

2.1 Situation

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

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

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

- Does the risk score feel right?
- Do the current controls match the stated risk?

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

This report provides EDG with an update on NHS Fife BAF in relation to BAF risks .

2.2 Background

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

2.3 Assessment

Assessment of FHB's current position-

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

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

There has been no change to the previous BAF report .

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

There is no negative impact to the workforce.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Please see attached risks and BAF.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

External stakeholders are appointed where appropriate:

2.3.8 Route to the Meeting

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

EDG is the first Group to be consulted .

2.4 Recommendation

- **Decision** – Note the report

3 List of appendices

The following appendices are included with this report:

- BAF Environmental Sustainability
- BAF Environmental Sustainability linked operational risks

Report Contact

Andy Fairgrieve
andrewfairgrieve@nhs.net

[illegible]

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	Director of Estates, Facilities & Capital Services Ongoing as limited funding available	1. Capital Investment delivered in line with budgets 2. Sustainability Group minutes. 3. Estates & Facilities risk registers. 4. SCART & EAMS 5. Adverse Event reports	1. Internal audits 2. External audits by Authorising Engineers 3. Peer reviews	None	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 - Remote - Can't believe this event would happen	5 - Extreme	5	Low	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.
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Risk ID	Risk Title	Current Risk Rating	Risk Owner
1296	Emergency Evacuation - VHK- Phase 2 Tower Block	High 20	A Fairgrieve
1007	Theatre Phase 2 Remedial work	High 15	M Cross
1252	Flexible PEX hoses Phase 3 VHK - Legionella Risk	High 15	A Fairgrieve

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

ID	1296	1007	1252
Position of Risk (Risk Register)	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Corporate Directorate - Estates Risk Register
Opened	22.08.2016	11.02.2015	02.06.2016
Title	Emergency Evacuation, VHK Phase 2 Tower Block	Theatre Phase 2 Remedial work	Flexible PEX hoses in PHASE 3 VHK
Description	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.
Likelihood (initial)	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (initial)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (initial)	High Risk	High Risk	High Risk
Rating (initial)	20	15	15
Current Management Actions	JR/AF - 17/12/2019 - Situation is still the same, however adjustments have been made to the fire alarm system which gives a clear definition now between a full fire alarm tone for evacuation, and an intermittent tone for prepare to evacuate. Previously this fire tone was unrecognizable between the two as the gap was 250ms and is now 1.6 seconds. Feedback from ward staff is positive. This will assist clinical teams in confirming clarity on the need to evacuate or not. Also with ward 13 only being used now as winter pressure ward. Extra pagers have been purchased by Estates and now all clinical coordinators hold their own.	13/4/20 Risk remains unchanged and plans are being taken forward as outlined on 30/4/2019 M.C 30/04/2019 funding has been agreed and plans are well underway for a new Orthopaedic Building which will accommodate theatres, ward are and out-patient area. This will not be complete until 2022 Executive team reviewing options of undertaking surgery in alternative theatres.	JR/KD It was agreed that the flexible hose replacement would be a 2 year programme of work. The first 50% is to be rolled out this year, although this is likely to start later due to the current situation, and 50% is to be replaced in 2021.
Likelihood (current)	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (current)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (current)	High Risk	High Risk	High Risk
Rating (current)	20	15	15
Likelihood (Target)	1 - Remote - Can't believe this event would happen	1 - Remote - Can't believe this event would happen	2 - Unlikely - Not expected to happen - potential exists
Consequence (Target)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (Target)	Low Risk	Low Risk	Moderate Risk
Rating (Target)	5	5	10
Risk Owner	Fairgrieve, Andrew	Cross, Murray	Fairgrieve, Andrew
Handler	Ramsay, Jimmy	Lowe, David	Bishop, Paul
Previous Review Date	23.04.2020	14.04.2020	28.04.2020
Next Review	31.03.2021	30.04.2021	31.03.2021

Meeting:	Finance, Performance & Resources Committee
Meeting date:	10 November 2020
Title:	General Policies Update
Responsible Executive:	Susan Fraser, Associate Director of Planning & Performance
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):

- Safe
- Effective

2 Report summary

2.1 Situation

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

2.2 Background

All policies and procedures are currently classified as either General, Human Resources or Clinical. The responsibility for managing the three separate policy groupings within the Corporate Risk Register has been aligned to the relevant standing Committees of the Board as follows:

- General Policies – Finance, Performance & Resources Committee
- Clinical Policies – Clinical Governance Committee
- Human Resources – Staff Governance Committee

2.3 Assessment

An update on General Policies was last provided to the Committee in January 2020. Of the 56 General Policies, as at end of October 2020, 23 (41%) remain beyond their due date. This is a moderately improved position to that reported previously and the historic backlog is slowly being caught up. Of the 23 policies that are out of date, however, work is presently underway on 15 of these, including 13 of these which are currently out for review / consultation to the General Policies group, prior to seeking final EDG approval in the next few weeks, which, when all approved, will improve the position. Further work is required on improving the position with General Procedures, with policy owners being asked to look at these in conjunction with the review of their overarching policy.

In January 2020, it was reported to the Committee that a meeting had been arranged with Estates and H&S staff to discuss progressing the backlog of outstanding policies in these areas. Though this meeting took place and good progress has been made on their policy reviews, further discussions about trialling a new approach to the approval of largely departmental-specific policies has stalled due to the impact of Covid on overall workload. It is hoped to pick this up again when these pressures ease.

Following discussion at previous Committee meetings on the benefits of introducing an electronic solution for policy management, myself and colleagues from Clinical Governance attended a demonstration of the qPulse system then under review by eHealth for purchase for use by Laboratories. It was noted that this system would do the same job as the Pentana system which was in place in Forth Valley (this software had been demonstrated by colleagues there for management of their policies). Since that update given to the Committee in March 2020, eHealth has confirmed that the introduction of qPulse has **not** been supported for Business Case funding and consideration of its potential use organisationally has thus stalled. At current costing, it is too expensive for individual services to fund.

Colleagues in Clinical Governance have noted that, with the proposed introduction within the Board of a revised cloud-based software for Datix risk management, an additional module, [PolicyStat](#) (not however within the current scope of costings), is offered by those suppliers, which could provide an electronic solution for policy management, aligned with a product that is already used widely over the organisation. The costs are again significant, with estimates of £5-10k implementation and potential annual recurring costs of £30k (as the lowest estimate). No decision has yet been made about including the above module in the Datix upgrade.

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

As detailed above, the estimated financial costs of introducing potential policy management software have proved to be significant and likely beyond the budget of an individual service to meet.

2.3.4 Risk Assessment/Management

Ensuring policies and procedures are reviewed and revised as necessary, on a regular cycle, is an important mitigation of risk.

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

The Finance, Performance & Resources Committee is the first group that has reviewed this paper.

2.4 Recommendation

This paper is provided for:

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, General Policies, October 2020
- Appendix No 2, General Procedures, October 2020

Report Contact

Gillian MacIntosh

Board Secretary & Head of Corporate Governance

gillian.macintosh@nhs.scot

Corporate

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/E5	GP/E5 - Policy For Processing External Hazard and Safety Notices and Alerts	01/02/2007	30/06/2022	3	Board Secretary & Medical Directorate Business Manager	Board Secretary	Board Secretary	NONE
GP/O2	GP/O2 - Online Communications	15/05/2013	15/05/2017 - rewrite in progress to reflect new website management (to be accompanied by a new and updated suite of Comms-related procedures)	1	Web and Intranet Coordinator	Communications Manager	Head of Comms	GP/O2-1 Online Enquiries Procedure GP/O2-2 Web Services Provision Procedure GP/O2-3 All Staff Email Procedure - 15/04/2014 GP/O2-4 Social Media Procedure - 15/04/2016
GP/R4	GP/R4 - Management, Retention, Storage and Destruction of all Business and Administrative Information and Records	01/08/2012	01/08/2019 - currently under review as part of submission of new Records Management Plan due Feb 2021	4	Public Records Manager	Head of Corporate Services	Director of Planning and Strategic Partnerships	GP/R4-1 - Disposal of Confidential Waste Procedure - Paper Records - 31/03/2020 GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - 01/12/2015 GP/D3-8 - Lost & Stolen Health Records Procedure - 01/12/2015

eHealth

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A4	GP/A4 - Acceptable Use Policy	01/06/2009	01/07/2022	4	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/B2	GP/B2 - eHealth Remote Access Policy	01/01/2007	19/11/2022	4	eHealth Network and Telecoms Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	GP/D3-2 - Access Controls for Information Systems 01/09/2019 GP/P3-1 - Picturing Archiving and Communications System (PACS) Procedure 20/01/2016
GP/C10	GP/C10 - Clear Desk Clear Screen Policy	01/06/2009	11/11/2022	4	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/D3	GP/D3 - Data Protection & Confidentiality Policy	01/07/2012	01/06/2021	5	Data Protection Officer	eHealth Security Manager, IG Advisor, IG&S Group	Senior Information Risk Owner (SIRO)	GP/D3-2 - Access Controls for Information Systems 01/08/2019 GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - 01/12/2015 GP/C9-6 - Procedure for Use and Transfer of Data via Removable Device 18/04/2014 GP/D3 - 12 - Subject Access to Health Records 01/12/2016 GP/D3 - 11 - Supplier Relationships Procedure 01/09/2020 GP/D3 - 13 - System Access Provisioning Procedure 30/09/2020
GP/D6	GP/D6 - Data Encryption Policy	01/06/2009	13/09/2022	3	eHealth Security Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager - eHealth &IMT	COO	NONE
GP/E6	GP/E6 - Email Policy	01/01/2007	01/10/2020 - Out for comments / approval to General Policies Group	6	eHealth Security Manager	eHealth Systems Support Team Leader	COO	GP/D3-5 - 'Safe Haven' Procedure for Operating Fax Machines 01/12/2015 GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - 01/12/2015
GP/E7	GP/E7 - Non NHS Fife Equipment Policy	01/01/2007	18/11/2022	5	eHealth Endpoint Infrastructure Manager	eHealth Business Manager, eHealth ICT Manager, General Manager - eHealth &IMT	COO	GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - 01/12/2015
GP/H6	GP/H6 - eHealth Equipment Home Working Policy	01/11/2011	01/05/2019 - Has been reviewed by General Policies Group - awaiting recommended amendments from owner	3	eHealth Network and Telecoms Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/I3	GP/I3 - Internet Policy	01/01/2007	01/05/2019 - Has been reviewed by General Policies Group - awaiting amedments from owner	4	eHealth Security Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager - eHealth &IMT	COO	GP/O2-5 - Use of Staff Intranet Discussion Forums - 16/01/2016
GP/I4	GP/I4 - eHealth Procurement Policy	01/09/2008	01/05/2019 - Currently with author for revision	5	eHealth Business Manager, Transitions Support Officer	Quality & Governance Manager - eHealth IMT	COO	GP/P3-1 - Picture Archiving and Communication System (PACS) - 20/01/2016
GP/I5	GP/I5 - Information Security Policy	01/01/2007	01/05/2019 - Has been reviewed by General Policies Group - awaiting amendments from owner	4	eHealth Security Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager - eHealth &IMT	COO	GP/P3-1 - Picture Archiving and Communication System (PACS) - 20/01/2016 GP/D3-11 - Supplier Relationships Procedure - 01/09/2020 GP/D3-13 - System Access Provisioning Procedure - 30/09/2020 GP/O2 - 5 - Use of Staff Intranet Discussion Forums 16/01/2016
GP/I6	GP/I6 - IT Change Management Policy	01/02/2009	01/06/2021	4	eHealth CCR Manager	eHealth Quality & Performance Manager	COO	GP/D3-2 - Access Controls for Information Systems - 01/09/2019 GP/D3-11 - Supplier Relationships Procedure - 01/09/2020
GP/M4	GP/M4 - Media Handling Policy	01/06/2009	01/06/2019 - Has been reviewed by General Policies Group - awaiting amendments from owner	3	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager - eHealth &IMT	COO	NONE
GP/M5	GP/M5 - Mobile Device Management Policy	01/10/2007	01/05/2019 - Has been reviewed by General Policies Group - awaiting amendments from owner	4	eHealth Systems Support Team Leader	eHealth Information Security Manager, eHealth Endpoint Manager	COO	NONE
GP/P2	GP/P2 - Password Policy	01/01/2007	01/05/2019 - Has been reviewed by General Policies Group - awaiting amendments from owner	4	eHealth Security Manager	eHealth Security Manager, General Manager - eHealth & IMT	COO	GP/D3-2 - Access Controls for Information Systems - 01/09/2019 GP/P3-1 - Picture Archiving and Communication System (PACS) - 20/01/2016
GP/P8	GP/P8 - Patient Access Policy	01/10/2012	29/09/2020 - Has been reviewed by General Policies Group - awaiting amedments from owner	11	Head of Health Records	Divisional Head of Health Records	Associate Director of Planning and Performance	NONE

GP/R8	GP/R8 - Health Records Retention and Destruction	01/01/2011	01/06/2023	4	Head of Health Records	Assistant Head of Health Records	Director of Clinical Delivery	NONE
GP/R9	GP/R9 - Health Records	01/01/2011	01/01/2020 - Policy has been reviewed and is out for consultation	3	General Manager - Clinical and Support Access	Divisional Head of Health Records	Director of Acute Services	NONE
GP/S8	GP/S8 - eHealth Incident Management Policy	01/06/2009	01/11/2020 - Currently with author for revision	3	eHealth Security Manager	eHealth Business Manager & Delivery Manager, eHealth Quality and Governance Manager	COO	NONE
GP/V2	GP/V2 - IT Virus Protection Policy	01/06/2009	01/01/2022	4	eHealth Security Manager	eHealth Systems Infrastructure Manager	COO	NONE

Estates & Facilities

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A1	GP/A1 - Asbestos Policy	01/01/2006	01/12/2020 - Email review reminder sent 05/10/2020	3.1	Estates Officer - Specialist and Compliance	Estates, Sector Estates Manager	Director of Estates, Facilities & Capital Services	NONE
GP/C1	GP/C1 - Confined Spaces	01/01/2006	01/07/2019 - Out for comments / approval to General Policies Group	2	Estates Services Manager (G&NEF)	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/C4	GP/C4 - Control of Construction Contractors	01/04/2007	01/07/2019 - Email reminder sent 05/10/2020	3	Estates service Manager	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/C8	GP/C8 - Car Parking Policy	11/01/2011	01/01/2023	4	Security Manager/Travel Plan Co-ordinator	Security Manager/Travel Plan Co-ordinator	Director of Estates, Facilities & Capital Services	NONE
GP/D1	GP/D1 - Fife Wide Decommissioning of Premises Policy	01/05/2017	21/02/2023	1	Jim Rotheram (Facilities Manager)	Director of Estates, Facilities & Capital Services (Andrew Fairgrieve)	Director of Estates, Facilities & Capital Services	NONE
GP/E3	GP/E3 - Electrical Safety	01/01/2006	01/11/2020 - Out for comments / approval to General Policies Group	5.6	Estates Officer - Specialist and Compliance	Head of Estates, H&S Advisor, Sector Estates Managers	Director of Estates, Facilities & Capital Services	NONE
GP/E4	GP/E4 - Medical Equipment Management	01/09/2015	01/11/2020 - Email reminder sent 05/10/2020	2	Medical Physics Manager	Head of Estates	Director of Estates, Facilities & Capital Services	GP/E4 - 01 - Medical Physics Operational Procedure - 01/07/2019
GP/F2	GP/F2 - Fire Safety Policy	31/05/2015	01/05/2021	4	Senior Fire Advisor	Estates Compliance Manager, Fire Safety Advisor	Director of Estates, Facilities & Capital Services	GP/F2-1 - Fire Safety Procedure Guidance - 01/05/2021
GP/H4	GP/H4 - Hospitality Policy	01/05/2013	01/04/2019 - Email reminder sent 05/10/2020	2	Facilities Manager	Facilities Manager	Director of Estates, Facilities & Capital Services	GP/E8-7 - Rooms Bookings - 01/05/2016
GP/L1	GP/L1 - Water Systems Management	07/03/2013	23/03/2023	3	Head of Estates	Water Safety Group	Director of Estates, Facilities & Capital Services	NONE
GP/M1	Manual Handling	01/02/2006	01/11/2022	2.1	H&S Manager	H&S Manager	Director of Estates and Facilities and Capital Services	
GP/M2	GP/M2 - Mercury Control	01/09/2006	09/07/2021	3.3	Estates Services Manager (G&NEF)	Estates Services Manager (G&NEF) Head of Estates, H&S Advisor, Sector Estates Managers	Director of Estates, Facilities & Capital Services	NONE
GP/M3	GP/M3 - Management of Medical Gases	01/12/2009	01/11/2022	5	Estates Services Manager, OHSAS, Lead Community Services Pharmacy Technician	Estates Services Manager, OHSAS, Lead Community Services Pharmacy Technician	Director of Estates, Facilities & Capital Services	GP/M3-1 - Procedure from Medical Gas Cylinders - 01/02/2015 GP/M3-2 - Medical Gas Pipeline Systems - 01/02/2015 GP/M3-3 - Procedure for the Safe Storage, Use and Transport of Liquid Nitrogen - 01/02/2015
GP/P7	GP/P7 - Care of patients personal clothing	01/02/2009	01/09/2020 - Email reminder sent 05/10/2020	8	Support Services Manager	Support Services Manager	Director of Estates, Facilities & Capital Services	GP/E8-5 - Safe Handling of Laundry - 23/04/2016
GP/S3	GP/S3 - Safe And Effective Use Of Unwrapped Instrument And Utensil Sterilizers	01/08/2006	01/07/2019 - Out for comments / approval to General Policies Group	4	Estates Officer - (Decontamination)	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/V1	GP/V1 - Ventilation Systems	09/08/2019	20/08/2020 - Out for comments / approval to General Policies Group	1	Estates Compliance Manager	Estates Managers	Director of Estates, Facilities & Capital Services	
GP/W1	GP/W1 Waste Management	30/11/2013	21/03/2021	2	Waste Management Officer	Head of Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/W4	GP/W4 - Window Management	01/01/2006	09/07/2021	3.3	Head of Estates	Estates Compliance Manager, Sector Estates Managers, H&S Adviser	Director of Estates, Facilities & Capital Services	GP/E8-9 - Work Environment Procedure - 10/01/2014

Health & Safety

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/HI	GP/H1 - Health & Safety Policy	20/10/2017	01/11/2022	2.1.	Health & Safety Manager	Health & Safety Manager	Director of Estates, Facilities & Capital Services	NONE
GP/H5	GP/H5 - Health Assessment and Surveillance	15/10/2009	15/10/2011 - rewrite in progress - Email reminder sent 05/10/2020	3	Health & Safety Adviser/Occupational Health		Director of Estates, Facilities & Capital Services	GP/E8-9 - Work Environment Procedure - 10/01/2014
GP/M1	GP/M1 - Manual Handling	01/02/2006	01/02/2022	3	Manual Handling Co	Manual Handling Co	Director of Estates, Facilities & Capital Services	NONE
GP/P4	GP/P4 - Personal Protective Equipment (PPE)	01/03/2007	01/10/2022	3	Facilities Manager	H&S Manager	Director of Estates, Facilities & Capital Services	GP/E8-5 - Safe Handling of Laundry - 23/04/2016 GP/E5 - 8 - Dangerous Substance and Explosive Atmosphere - 01/05/2020 GP/E8-9 - Work Environment Procedure - 10/01/2014
GP/V4	GP/V4 - Violence and Aggression at Work	01/01/2006	01/12/2020 - Email reminder sent 05/10/20	6	Health & Safety Advisor	Violence and Aggression Reduction Advisor	Director of Estates, Facilities & Capital Services	NONE

Medical Director

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/I1	GP/I1 - Management of Intellectual Property	01/02/2007	13/10/2022	8	Research & Development Manager	Research & Development Manager, Research & Development Manager	Medical Director	GP/I1-1 - Procedure for the management of intellectual property - 30/06/2019
GP/I9	GP/I9 - Adverse Events	03/06/2013	22/03/2021	4	Risk Manager NHS Fife	Risk Manager & Head of Quality and Clinical Governance NHS Fife	Medical Director	NONE
GP/M7	GP/M7 - Medical Revalidation and Appraisal Policy	Replaced by HR Policy MED HR2 and related procedure MED HR3.						
GP/P3	GP/P3 - Picture Archiving and Communications System (PACS)	02/10/2005	01/03/2023	1	Radiology IM&T Systems Manager	Radiology IM&T Systems Manager	Medical Director - Primary Care	GP/P3-1 - Picture Archiving and Communications System - 20/01/2016
GP/R3	GP/R3 - Research Fraud and Misconduct	01/10/2006	12/09/2022	7	Research & Development Manager	Research & Development Commercial Manager, Research & Development Manager	Medical Director - Primary Care	NONE
GP/S2	GP/S2 - Smoking	01/03/2013	01/03/2016 - email reminder sent 08/10/2020	2	Health & Safety Team Leader, OHSAS; Tobacco Co-ordinator, NHS Fife; Consultant in Public Health Medicine, NHS Fife	NHS Fife General Policies Group/EDG	Medical Director / Director of Nursing	NONE
GP/S6	GP/S6 - Screening of NHS Fife staff during an outbreak of an infectious disease	01/01/2007	01/12/2020	2	Medical Director, Operational Division	Infection Control Manager	Medical Director	NONE

Nurse Director

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A2	GP/A2 - Use of Independent Advocacy	01/07/2009	22/12/2021	5	Director of Nursing	Legislation Manager (Clinical Services), Public Partnership Development Co-	Nurse Director	NONE
GP/I8	GP/I8 - Infection Control	01/04/2010	01/09/2020 - Reminder email sent 19 October	3	Infection Control Manager	Infection Control Manager	Nurse Director	NONE
GP/R7	GP/R7 - Risk Register and Risk Assessment	01/11/2009	01/12/2018 - Reminder email sent 19 October	3	NHS Fife Risk Manager	NHS Fife Risk Manager	Nurse Director	GP/E8 -8 - Dangerous Substance Hazardous to Health Procedure 01/05/2020 GP/E8-9 - Work Environment Procedure - 10/01/2014
GP/V3	GP/V3 - Volunteering Policy	01/04/2010	01/10/2020 - Reminder email sent 19 October	3	Patient Relations Manager	Equality and Human Rights Lead	Nurse Director	NONE

Estates, Facilities and Capital Services

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP/E4 - 01	Medical Physics Operational Procedure	01/07/2018	01/07/2019 - Email reminder sent 21 Oct 2020	1	Medical Physics Manager	Director of Estates, Facilities & Capital Services	NONE
GP/E8-1	Food Safety	01/01/2006	22/02/2016 - Email reminder sent 21 Oct 2020	1	Quality Assurance Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-10	Drivers Operating Procedures	01/05/2015	01/03/2021	2.1	Fleet Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-2	Catering Services - Contingency Plan Kitchen Failure	01/12/2007	22/04/2015 - Email reminder sent 21 Oct 2020	1	Facilities Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-3	Emergency/Restoration Cleaning	01/04/2008	22/03/2016 - Email reminder sent 21 Oct 2020	3	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-4	Catering: Hazard Analysis Critical Control Point (HACCP)	01/03/2007	23/04/2016 - Email reminder sent 21 Oct 2020	1	PPP Operational Control Manager (St Andrews)	Director of Estates, Facilities and Capital Services	NONE
GP/E8-5	Safe Handling of Laundry	01/04/2006	23/04/2016 - Email reminder sent 21 Oct 2020	1	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-6	Grounds and Gardens	01/05/2008	01/10/2022	3	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-7	Room Bookings	07/11/2007	01/05/2016 - Email reminder sent 21 Oct 2020	2	Facilities Officer	Director of Estates, Facilities and Capital Services	GP/H4 - Hospitality Policy
GP/F2-1	Fire Safety Procedure Guidance	31/01/2015	01/05/2021	1	Senior Fire Advisor	Director of Estates, Facilities and Capital Services	GP/F2 - Fire Safety Policy
GP/L2	Dealing with Lead at Work	01/03/2006	01/02/2021	4	Estates Service Manager	Director of Estates, Facilities and Capital Services	GP/M1 - Manual Handling
GP/M3-1	Procedure for Medical Gas Cylinders	01/05/2013	01/05/2015- Email reminder sent 21 Oct 2020	4	Estates Service Manager (VHK)	Director of Estates, Facilities and Capital Services	GP/M3 - Management of Medical Gases
GP/M3-2	Medical Gas Pipeline Systems	01/05/2013	01/05/2015 - Email reminder sent 21 Oct 2020	4	Estates Service Manager	Director of Estates, Facilities and Capital Services	GP/M3 - Management of Medical Gases
GP/M3-3	Procedure for the Safe Storage, Use and Transport of Liquid Nitrogen	01/05/2013	01/05/2015 - Email reminder sent 21 Oct 2020	2	OHSAS H&S Advisor	Director of Estates, Facilities and Capital Services	GP/M3 - Management of Medical Gases
GP/N1	Noise At Work	01/04/2014	01/11/2022	3	Health & Safety Adviser	Health & Safety Adviser	Director of Estates, Facilities & Capital Services
GP/R1 -1	NHS Fife Out of Hours Urgent Care Service Transport Procedure	16/12/2019	16/12/2020- Email reminder sent 21 Oct 2020	1	Urgent Care Services Fife, West Division	Urgent Care Services Fife, West Division	GP/R5 - NHS Fife Taxi Procedure
GP/V1	Control of Vibration of Work Procedure	01/08/2006	01/08/2019 - Being reviewed by the GP Group	2	H&S Advisor	Director of Estates, Facilities and Capital Services	GP/H5 Health Assessment and Surveillance/ GP/R7 Risk Register and Risk Assessment

Health & Safety

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP	Monitoring of Trainee Doctors' Hours	01/06/2011	01/09/2017	2	Associate Medical Director's Directorate Manager/Head of Human Resources		NONE
GP/C3	Control of Substances Hazardous to Health Procedure	01/05/2010	01/05/2019 - Being reveiwed by the GP Group	4	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/H5 - Health Assessment and Surveillance GP/R7 - Risk Register and Risk Assessment
GP/D1 - 1	Display Screen Equipment Risk Assessment Procedure	10/07/2015	07/06/2023	2	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/R7 - Risk Register and Risk Assessment
GP/E8-8	Dangerous Substance and Explosive Atmosphere (DSEAR)	01/10/2008	01/05/2020 - reminder email sent 21 Oct 2020	3	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/C3 - Control of Substances Hazardous to Health Procedure GP/P4 - Personal Protective Equipment (PPE) GP/R7 - Risk Register and Risk Assessment
GP/E8-9	Work Environment Procedure	01/01/2006	10/01/2014 - reminder email sent 21 Oct 2020	3	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/H5 - Health Assessment and Surveillance GP/R7 - Risk Register and Risk Assessment GP/P4 - Personal Protective Equipment (PPE) GP/W4 - Window Management GP/W2 - Work at Height
GP/G1-1	Glove Selection Procedure	21/12/2015	07/12/2020 - - reminder email sent 21 Oct 2020	2	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	NONE
GP/L6	Lone Worker Procedure	01/11/2007	01/11/2021	2	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/E7 - Non NHS Fife Equipment
GP/W2	Work at Height	01/01/2006	01/01/2021	2	PIN	Director of Estates, Facilities & Capital Services	GP/E8-9 - Work Environment Procedure - 10/01/2014

eHealth

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP/D3-1	<u>Data Protection - Annexe 1 - Compliance Aims</u>	01/11/2008	01/12/2015 - reminder email sent 21 Oct 2020	2	Data Protection Coordinator	COO	NONE
GP/D3-2	<u>Access Controls for Information Systems</u>	01/10/2017	01/09/2019 - reminder email sent 21 Oct 2020	4	Information Security Officer	COO	GP/D3 -Data Protection and Confidentiality GP/I6 - eHealth Change Management GP/B2 - eHealth Remote Access Policy GP/P2 - Password Policy
GP/D3-3	<u>Safe Haven' Procedure on Holding & Transmission of Personal, Confidential & Patient Identifiable Information</u>	01/12/2008	01/12/2015 - reminder email sent 21 Oct 2020	2	Data Protection Coordinator	COO	NONE
GP/D3-4	<u>Safe Haven' Procedure for Fax Machines - Position and Access Controls</u>	01/12/2008	01/12/2015 - reminder email sent 21 Oct 2020	2	Data Protection Coordinator	COO	NONE
GP/D3-5	<u>Safe Haven' Procedure for Operating Fax Machines</u>	01/12/2008	01/12/2015 - reminder email sent 21 Oct 2020	2	Data Protection Coordinator	COO	GP/E6 - Email Policy
GP/D3-6	<u>Safe Haven' Procedure - Actions to be taken in event of fax sent or received in error</u>	01/12/2008	01/12/2015 - reminder email sent 21 Oct 2020	2	Data Protection Coordinator	COO	NONE
GP/D3-7	<u>Good Practice Guide - Using Office Equipment & Machinery</u>	02/12/2008	01/12/2015 - reminder email sent 21 Oct 2020	2	Data Protection Coordinator	COO	GP/D3 - Data Protection and Confidentiality GP/E6 - Email Policy GP/R4 - Management, Retention, Storage and Destruction of all Business and Administrative Information and Records GP/E7 - Non NHS Fife Equipment
GP/D3-8	<u>Lost & Stolen Health Records Procedure</u>	01/07/2011	01/12/2015 - reminder email sent 21 Oct 2020	2	Data Protection Coordinator	COO	GP/R4 - Management, Retention, Storage and Destruction of all Business and Administrative Information and Records
GP/D3-9	<u>Lost & Stolen Health Records Procedure (CHP's)</u>	01/07/2011	01/12/2015 - reminder email sent 21 Oct 2020	2	Data Protection Coordinator	COO	NONE
GP/D3-10	<u>Lost & Stolen Health Records Procedure (Operational Division)</u>	01/07/2011	01/12/2015 - reminder email sent 21 Oct 2020	2	Data Protection Coordinator	COO	NONE
GP/D3-11	<u>Supplier Relations Procedure</u>	01/09/2017	01/09/2020 - reminder email sent 21 Oct 2020	3	Information Security Manager	COO	GP/D3 -Data Protection and Confidentiality GP/I6 - eHealth Change Management GP/I5 - Information Security Policy
GP/D3-14	<u>Guidance for Staff on Information Sharing with Police</u>	01/08/2009	01/08/2016 - reminder email sent 21 Oct 2020	3	Data Protection Coordinator	COO	GP/D3 -Data Protection and Confidentiality
GP/R9-1	<u>Procedure - Transportation of Health Records - Best Practice Guide</u>	01/04/2014	01/04/2017 - reminder email sent 21 Oct 2020	1	Assistant Head of Health Records	COO	GP/I2 - Incident Management Policy (GP/I2)

Medical Director

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policies
GP/D3-12	Subject Access to Health Records	01/12/2013	01/12/2016	1	Head of Health Records	Medical Director	GP/D3 -Data Protection and Confidentiality
GP/D3-13	System Access Provisioning Procedure	14/09/2017	30/09/2020	1	eHealth Business and Delivery Manager/Information Governance Advisor	Medical Director	GP/D3 -Data Protection and Confidentiality GP/L5 - Information Security Policy
GP/I1-1	Procedure for the Management of Intellectual Property	01/10/2013	30/06/2019	7	Research & Development Manager	Medical Director	GP/I1 - Management of Intellectual Property Policy
GP/M7-1	Medical Revalidation and Appraisal Procedure	Replaced by HR procedure MED HR3.					
GP/O1-1	Out Of Hours Urgent Care Service Transport Procedure	16/12/2019	16/12/2020	1	Urgent Care Services, West Division	Director of Health & Social Care	GP/R5 - Taxi Procedure
GP/P3-1	Picture Archiving and Communications System (PACS) Procedure	20/01/2014	20/01/2016	1	Radiology IM&T Systems Manager	Medical Director, Primary Care	GP/I4 - eHealth Procurement Policy GP/B2 - eHealth Remote Access Policy GP/I5 - Information Security Policy GP/P2 - Password Policy GP/P3 - Picture Archiving and Communications System (PACS) Policy

Corporate

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

Misc.

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

Meeting:	Finance, Performance and Resources Committee
Meeting date:	10 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 Finance, Performance and Resources Committee 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 surges.

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 are to be submitted to Scottish Government by 2nd November. This was requested by Scottish Government on 22nd October. First draft was reviewed by EDG on 12th October with development session with NHS Board on 28th October. Plan will be 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 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

First draft was reviewed by EDG on 12th October.

2.4 Recommendation

The Finance, Performance and Resources Committee is requested to:

- **Discussion** – the draft Winter Plan

3 List of appendices

None

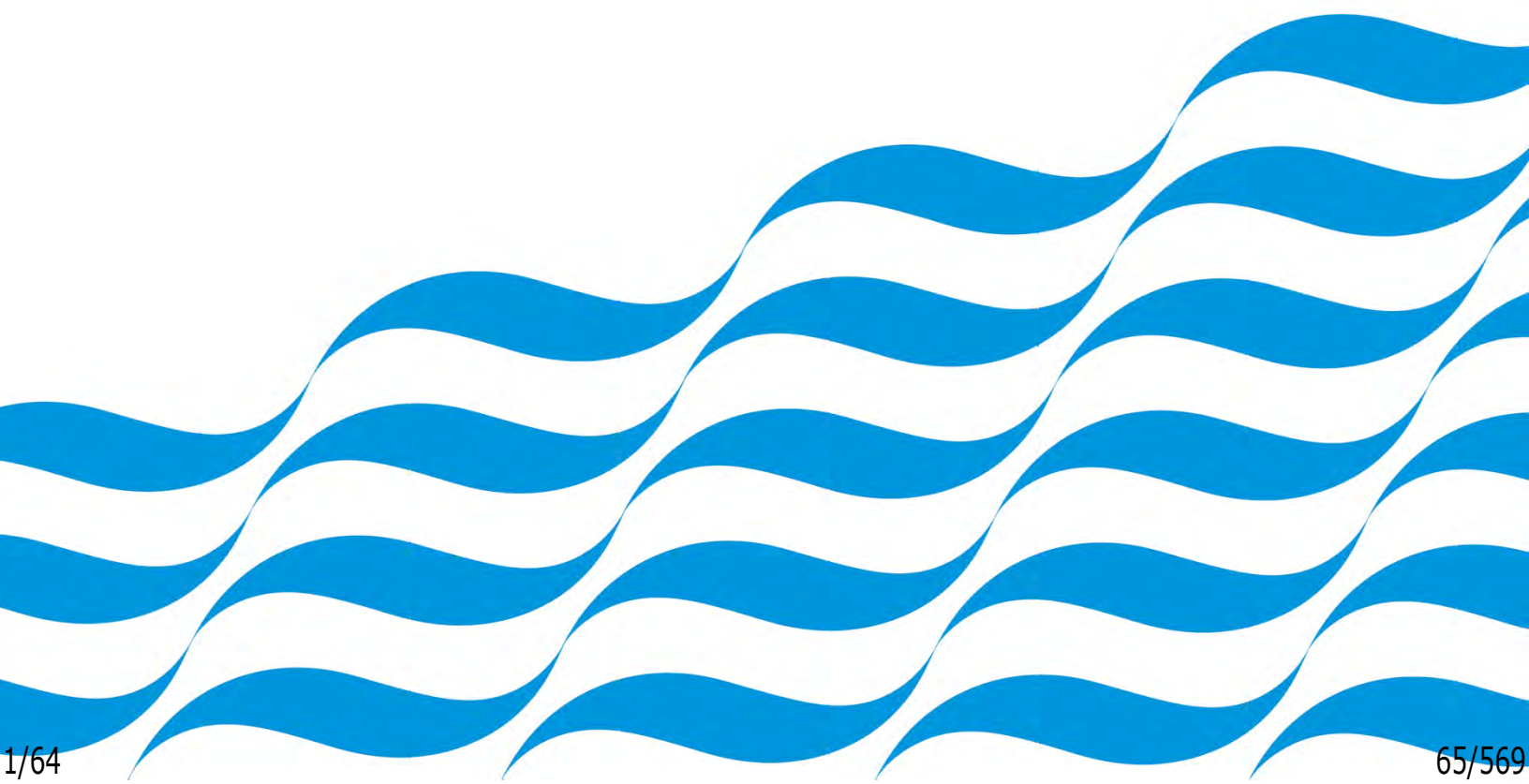
Report Contact

Susan Fraser

Associate Director of Planning & Performance

Email Susan.Fraser3@nhs.scot

NHS Fife Winter Plan 2020/21



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1 Introduction

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

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			Status	Workforce	Finance
				Corp	Acute	H&SC			
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 Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods

a) *Winter Review 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			Status	Workforce	Finance
				Corp	Acute	H&SC			
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			

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	DOHS C			DGM West			
9	Create and enact a workforce plan to staff surge capacity taking into account Fife Council Christmas shut down	October 2020	DOHS C		DCOO GMs	DGM West			

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

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

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			Status	Workforce	Finance
				Corp	Acute	H&SC			
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					

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			

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					
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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](#)

[Appendix 2: Fife Winter Surge Bed Plan](#)

[Appendix 3: Fife Additional Wave ICU Response Plan](#)

[Appendix 4: Fife H&SC Additional Wave Response Plan](#)

[Appendix 5: Winter Plan Financial Table](#)

[Appendix 6: Weekly Winter Monitoring Report](#)

[Appendix 7: HSCP Provisional Winter Placement Tracker](#)

[Appendix 8: Preparing for Winter 2020-21 Supplementary Checklist](#)

[Appendix 9: COVID Surge Bed Capacity](#)

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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: <ul style="list-style-type: none">All acute beds available for any patientOrganisational business continuity plans invokedMove all delayed patients to other locations in FifeSurgery proceeds on the premise that Ward 52 cannot receive Amber patients without impacting on the green status of the wardIn the event of surgery cancellation redirect available theatre staff to support inpatient activity.11 intermediate bedsCommission up to a maximum of 35 external nursing home placementsIncrease QMH W8a by 5 bedsOpen Cameron Balfour dependent on medical cover and staffing plan – 16 beds			<table><tr><th>Hosp</th><th>Tot</th><th>Core</th><th>Surg</th></tr><tr><td>All</td><td>739</td><td>691</td><td>48</td></tr><tr><td>CC</td><td>36</td><td>36</td><td>-</td></tr><tr><td>AS</td><td>437</td><td>417</td><td>20</td></tr><tr><td>HSC</td><td>266</td><td>238</td><td>28</td></tr></table> <p>H@H - 51 admissions</p> <p>ICASS - 100 Beds</p> <p>Intermediate beds - 11</p> <p>Increase in care packages - 25</p> <p>Nursing home placements - 35</p>		Hosp	Tot	Core	Surg	All	739	691	48	CC	36	36	-	AS	437	417	20	HSC	266	238
Hosp	Tot	Core	Surg																					
All	739	691	48																					
CC	36	36	-																					
AS	437	417	20																					
HSC	266	238	28																					
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 <i>Review requirement for delivery of non-critical services with a view to deploy staff into clinical areas</i> <i>Critical review of planned activities across all staff groups to focus on patient care and flow</i>																							
	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	<table><tr><th>Hosp</th><th>Tot</th><th>Core</th><th>Surg</th></tr><tr><td>All</td><td>714</td><td>691</td><td>23</td></tr><tr><td>CC</td><td>36</td><td>36</td><td>-</td></tr><tr><td>AS</td><td>433</td><td>417</td><td>16</td></tr><tr><td>HSC</td><td>245</td><td>238</td><td>7</td></tr></table> <p>H@H - 51 admissions</p> <p>ICASS - 100 Beds</p> <p>Intermediate beds - 11</p> <p>Increase in care packages - 25</p>		Hosp	Tot	Core	Surg	All	714	691	23	CC	36	36	-	AS	433	417	16	HSC	245	238
Hosp	Tot	Core	Surg																					
All	714	691	23																					
CC	36	36	-																					
AS	433	417	16																					
HSC	245	238	7																					
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 UDTG 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	<table><tr><th>Hosp</th><th>Core</th></tr><tr><td>All</td><td>691</td></tr><tr><td>CC</td><td>36</td></tr><tr><td>AS</td><td>417</td></tr><tr><td>HSC</td><td>238</td></tr></table> <p>H@H - 45 admissions</p> <p>ICASS - 80 Beds</p>		Hosp	Core	All	691	CC	36	AS	417	HSC	238									
Hosp	Core																							
All	691																							
CC	36																							
AS	417																							
HSC	238																							
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 <ul style="list-style-type: none">Huddle discussion and predictor indicates that hospital is able to accommodate both elective and emergency patients for the dayThere are no patients in A&E or Admission Units awaiting admission without allocated beds		The normal flow to H&SC services is expected (10/12 patients to exit each day)																					

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	<ul style="list-style-type: none"> Additional resource if contracting out to private providers – either spot purchasing or book advanced hours/runs 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Dependent on recruitment - will dictate increased capacity Additional investment required for Band 3 Rehab Support workers to increase daily capacity – (90K 6 months) 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Recruitment will dictate increased capacity in particular as skill set required for H@H is highly specialist at NP level 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> AHP cover required Medical cover required Sexual health would require remobilisation 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	22 WTE 13 WTE registrants 8 WTE 2 1 WTE 7 3 x Medical Sessions	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 ward 8a 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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																													
	3 rd Red ICU opened – critical care floor becomes full level 3 support	Surgical programme reduced to P1 activity only	1:6 critical care nurse / patient ratio PLUS 4 deployed RNs PLUS 4 deployed nRNs	<table><tr><th>CC</th><th>T</th><th>R</th><th>A</th><th>G</th></tr><tr><td>All</td><td>54</td><td>32</td><td>18</td><td>4</td></tr><tr><td>L3</td><td>38</td><td>28</td><td>10</td><td></td></tr><tr><td>S L2</td><td>8</td><td></td><td>4</td><td>4</td></tr><tr><td>M L2</td><td>8</td><td>4</td><td>4</td><td></td></tr></table>		CC	T	R	A	G	All	54	32	18	4	L3	38	28	10		S L2	8		4	4	M L2	8	4	4	
	CC		T			R	A	G																						
	All		54			32	18	4																						
	L3		38			28	10																							
	S L2		8				4	4																						
M L2	8	4	4																											
Amber ICU remains in Recovery 2	Nursing staff deployed from surgical specialty ward areas																													
Green SHDU remains Ward 52	Prioritise support from anaesthetic team into critical care																													
Amber SHDU into Recovery 1	15 WTE physiotherapists allocated to critical care																													
Amber medical level 2 care into CCU																														
Red medical level 2 care remains in Ward 43																														
Stage 3 Scale up 24-48hrs 7 COVID +ve patients in ICU	Silver command to agree sequence of actions DAILY – Gold command briefed DAILY																													
	2 nd Red ICU opened in SHDU area	Surgical program reduced to P1&2 only Reduce QMH theatre programme to support reallocation of staff. F2F Outpatient activity suspended – focus on inpatient care	Move to 1:4 critical care nurse / patient ratio PLUS 3 deployed RNs PLUS 4 deployed nRNs	<table><tr><th>CC</th><th>T</th><th>R</th><th>A</th><th>G</th></tr><tr><td>All</td><td>42</td><td>24</td><td>14</td><td>4</td></tr><tr><td>L3</td><td>26</td><td>20</td><td>6</td><td></td></tr><tr><td>S L2</td><td>8</td><td></td><td>4</td><td>4</td></tr><tr><td>M L2</td><td>8</td><td>4</td><td>4</td><td></td></tr></table>		CC	T	R	A	G	All	42	24	14	4	L3	26	20	6		S L2	8		4	4	M L2	8	4	4	
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	L3		26			20	6																							
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M L2	8	4	4																											
Amber level 2/3 move from SHDU to Recovery 2	Nursing staff with transferrable skills deployed from Theatres and Recovery																													
Red medical level 2 care into Ward 43	Reduction in theatre program critical to releasing anaesthetic support																													
	9.0 WTE physiotherapists allocated to critical care																													
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																													
	ICU becomes red ward	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	Move to 1:2 critical care nurse/patient ratio PLUS 2-3 deployed appropriately trained RNs	<table><tr><th>CC</th><th>T</th><th>R</th><th>A</th><th>G</th></tr><tr><td>All</td><td>32</td><td>10</td><td>18</td><td>4</td></tr><tr><td>L3</td><td>16</td><td>10</td><td>6</td><td></td></tr><tr><td>S L2</td><td>8</td><td></td><td>4</td><td>4</td></tr><tr><td>M L2</td><td>8</td><td></td><td>8</td><td></td></tr></table>		CC	T	R	A	G	All	32	10	18	4	L3	16	10	6		S L2	8		4	4	M L2	8		8	
	CC		T			R	A	G																						
	All		32			10	18	4																						
	L3		16			10	6																							
	S L2		8				4	4																						
M L2	8		8																											
Amber level 2/3 created in SHDU	Increased medical support from Anaesthetic staff																													
SHDU (surgical level 2 care) move to Ward 52 (4 green in 52 – 4 Amber in SHDU)	Prepare to remobilise respiratory physiotherapist																													
*Should ICU be accommodating COVID +ve patients on main floor – potential to accommodate level 2 medical patients to prevent MHDU expansion. Situation dependent.																														
Stage 1	4 x ICU side rooms (2x -ve pressure) 2 x MHDU side rooms and Bay 1	Full surgical program in operation.	No impact on nurse / medical staffing.	<table><tr><th>CC</th><th>Total</th></tr><tr><td>All</td><td>25</td></tr><tr><td>L3</td><td>9</td></tr><tr><td>S L2</td><td>8</td></tr><tr><td>M L2</td><td>8</td></tr></table>		CC	Total	All	25	L3	9	S L2	8	M L2	8															
	CC	Total																												
	All	25																												
	L3	9																												
	S L2	8																												
	M L2	8																												
Available for use for COVID or other query-infectious patients	Maintain availability of negative pressure rooms in Wd 51 for COVID patients requiring NIV	1:1 critical care nurse /patient ratio																												
		No impact on physiotherapy																												

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

Winter Plan 2020/21 Financial Impact <i>Cost based on 6-month winter period</i>				
Ref	Description	Area	Timescale	Cost (CYE)
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	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

Costs in relation to Surge Plan (see Appendix 2)

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	37	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 A&E 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	180	308	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	643	642	647	675	714	681	702	678	678	672	708	714	646	657	672	638	695	662
	Emergency		487	459	517	554	533	553	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%	20.3%	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	3	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	63	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
	DO Bed Days		10	12	16	14	17	19	46	53	60	38	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		81%	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	8	1	4	2	1	3	3	0
	DO Bed Days		233	208	188	194	218	228	201	238	248	238	295	297	332	348	318	385	421	341	325	302	329	352	342	344	300	254
	DO Standard		109	98	82	86	108	106	81	127	143	153	185	183	218	235	215	295	333	245	211	188	216	230	215	211	158	122
	DO Code 9		124	110	106	108	110	122	120	111	105	105	108	114	114	115	103	92	88	96	114	114	113	122	127	133	142	132

Appendix 7: HSCP Winter Placement Tracker

	Downstream Beds (DSB)	Social Care Discharge Models						Other Discharge Routes				
	Placed / Moved within Community Hospital	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 1. Resilience 2. Unscheduled / Elective Care 3. Out of Hours 4. Norovirus 5. Covid -19, Seasonal Flu, Staff Protection & Outbreak Resourcing 6. Respiratory Pathway 7. Integration of Key Partners / Services	<p>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.</p> <p>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.</p> <p>NHS Special Boards should support local health and social care systems to develop their winter plans as appropriate</p>
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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

	cover all potential requirements in respect of various risk scenarios.			
1.3	<p>The NHS Board and HSCPs have appropriate policies in place should winter risks arise. These cover:</p> <ul style="list-style-type: none"> • 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. <p><i>Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.</i></p>	☒		<p>HR18 - Disruption of Staff Travel Arrangements Policy is in place and staff will be directed accordingly as required.</p> <p>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.</p>
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.

				<p>A silver command Brexit Group will meet WB 02/11/20.</p> <p>A Fife Multi-Agency Winter Preparedness Review is being planned where key members from all partner organisations will be present.</p>
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2	Unscheduled / Elective Care Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
2.1	Clinically Focussed and Empowered Management			
2.1.1	<p>Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity.</p> <p><i>To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>	<input checked="" type="checkbox"/>		<p>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.</p> <p>Hospital Control Room established within Acute during COVID, now part of core Site Management process and will remain in place through winter.</p> <p>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. Improvement actions will be identified and progressed with escalation to Silver Command as necessary.</p>
2.1.2	<p>Effective communication protocols are in place between clinical departments and senior managers to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked.</p>	<input checked="" type="checkbox"/>		<p>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</p>

				of accommodating elective and emergency admissions is part of this process and informs the decision to open additional capacity if necessary
2.1.3	<p>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.</p> <p><i>This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.</i></p> <p><i>Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care and discharged without further delay</i></p>	<input checked="" type="checkbox"/>		<p>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.</p>
2.1.4	<p>Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period.</p> <p><i>All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.</i></p>	<input checked="" type="checkbox"/>		<p>As above – Escalation plans link to staffing requirement. Additional capacity costed under financial plan.</p>
2.2	<p>Undertake detailed analysis and planning to effectively manage scheduled elective, unscheduled and COVID activity (both short and medium-term) based on forecast emergency and 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.</p>			
2.2.1	<p>Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions</p> <p><i>Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.</i></p>	<input checked="" type="checkbox"/>		<p>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.</p>

	<p><i>Weekly projections for Covid 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.</i></p> <p><i>Plans in place for the delivery of safe and segregated COVID care at all times.</i></p> <p><i>Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.</i></p> <p><i>NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.</i></p>			<p>Daily discussion in Acute of predict admissions and discharges (using EDD) and projection of profile on weekly basis.</p>
2.2.2	<p>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.</p> <p><i>This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. 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.</i></p> <p><i>Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of</i></p>			<p>A full escalation plan with actions re emergency and elective work has been put together and is now in place to avoid unnecessary disruption.</p>

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

	<p><i>outreach services and mitigate for any change in service provision from partner organisations</i></p>			
2.3.4	<p>Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered.</p> <p><i>Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.</i></p>	<input type="checkbox"/>		<p>All rotas in place to ensure public can access OOH across the winter period and public holidays.</p>
<p>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.</p> <p>Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.</p>				
	<p>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.</p> <p>Referrals to the flow centre will come from:</p> <ul style="list-style-type: none"> • NHS 24 • GPs and Primary and community care • SAS • A range of other community healthcare professionals. <p>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</p>	<input type="checkbox"/>		<p>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.</p> <p>Go live date confirmed as 1/12/20</p> <p>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.</p> <p>Workforce Modelling is progressing within ED / MIU to support the virtual FNH.</p> <p>Training needs analysis is being completed with RAG status being reviewed.</p> <p>Algorithm has been reviewed by UCSF clinical colleagues awaiting ED sign off.</p>

	<p>appointments / timeslots at A&E services.</p> <p>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.</p>			<p>Existing Clinical Pathways mapped and pathway Subgroups are progressing work to enhance existing models.</p> <p>Readiness assessment discussed with Scot. Gov 23/10/20 Phased implementation plan in development</p> <p>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</p> <p>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.</p> <p>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.</p>
	<p>Professional to professional advice and onward referral services should be optimised where required</p> <p>Development of pathways across whole system for all unscheduled care working with Scottish Ambulance Service to access pathways and avoid admission.</p>	<p>☒</p>		<p>Existing Professional to Professional pathways have been mapped and aligned to clinical pathways</p> <p>Existing clinical Pathways mapped and pathway Subgroups are progressing work to enhance existing models</p> <p>Multi disciplinary engagement to develop whole system pathways in collaboration with partner agencies eg. SAS and NHS24</p>

2.4	Optimise patient flow by proactively managing Discharge Process utilising 6EA – Daily Dynamic Discharge to shift the discharge curve to the left and ensure same rates of discharge over the weekend and public holiday as weekday.			
2.4.1	<p>Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process.</p> <p><i>Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.</i></p> <p><i>Utilise Criteria Led Discharge wherever possible.</i></p> <p><i>Supporting all discharges to be achieved within 72 hours of patient being ready.</i></p> <p><i>Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector 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.</i></p>	<input checked="" type="checkbox"/>		<p>Within the Acute hospital, the Discharge Hub facilitates the discharge of those who require ongoing support from health and social care following an in-patient stay. This service offers a multi-agency, integrated, person centred approach to the assessment of an individual's needs as they approach discharge. The hub has a key role in community and whole system flow.</p> <p>Close working relationship with SAS to ensure sufficient patient transport support, utilising the HALO to link between teams.</p>
2.4.2	<p>To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate.</p> <p><i>Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during</i></p>	<input checked="" type="checkbox"/>		<p>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.</p>

	<i>this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.</i>			
2.4.3	<p>Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon.</p> <p><i>Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.</i></p> <p><i>Extended opening hours during festive period over public Holiday and weekend</i></p>	☒		Discharge lounge 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	<p>Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge</p> <p><i>There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes</i></p>	☒		The H&SC Discharge Model is based on demand for services from last year. Weekly monitoring reporting and escalation plan are in place where provision of services is reviewed and increased if 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.	☒		There is a plan incorporating predicted demand into planning for Social Work packages of care.

	<p><i>This will be particularly important over the festive holiday periods.</i></p> <p><i>Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions.</i></p> <p><i>Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.</i></p> <p><i>Assessment capacity should be available to support a discharge to assess model across 7 days.</i></p>			
2.5.2	<p>Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible.</p> <p><i>Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.</i></p> <p><i>All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible</i></p>	<input checked="" type="checkbox"/>		As above
2.5.3	<p>Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge.</p> <p><i>Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.</i></p>	<input checked="" type="checkbox"/>		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	<p>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.</p> <p><i>KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.</i></p>	<input checked="" type="checkbox"/>		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	<p>Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government.</p> <p><i>Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>	<input checked="" type="checkbox"/>		<p>This is addressed during the morning safety huddles and weekly winter meetings between NHS Fife and HSCP General Managers.</p> <p>Established link with SAS through Hospital Ambulance Liaison Officer (HALO).</p>
2.6.2	<p>Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent.</p> <p><i>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.</i></p> <p><i>The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.</i></p> <p><i>The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.</i></p>	<input checked="" type="checkbox"/>		<p>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.</p>

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

			<p>baseline for formulate festive planning. Updated data will be available from NHS24 closer to Christmas giving Boards the chance to revisit requirements and amend accordingly. Activity rates are reviewed weekly in conjunction with data received from public health and Scottish Government regarding activity.</p> <p>Additional recruitment and training has taken place for both admin and clinical staff to ensure as flexible a workforce as possible is in place to meet the requirements of the service</p> <p>Bank staff are also available organised through the respiratory nurse service for H@H only.</p>
3.3	<p>There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.</p>	☒	<p>UCSF plans to increase staffing levels over the winter period on Saturday and Sundays to supplement the home visiting capacity as this has previously been identified as critical to the delivery of care. Activity is closely monitored during the winter months and reviewed along with guidance from HPS and SGHD.</p> <p>New ways of working are now established as part of Urgent Care Transformation, including Clinical HUB Supervision, UCP Home Visiting. Evaluation evidences safe, appropriate and effective care. UCPs work within specific clinical criteria, releasing time to care for GPs to manage more complex clinical presentations.</p>
3.4	<p>There is reference to direct referrals between services.</p> <p><i>For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?</i></p>	☒	<p>Direct referrals are encouraged between UCSF and MIU and A & E. Fife Urgent Care Practitioners can directly refer to other specialties, including tertiary services such as ENT, without the need for a GP to be involved. Direct referrals ensure that the patient journey is not added to by an unnecessary reassessment in A&E.</p> <p>Specialist Paramedics can now directly refer to AU1 and other services, removing the need for a further clinical consultation and ensuring an appropriate patient journey and effective use of resources.</p>

3.5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	<input checked="" type="checkbox"/>		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	<input checked="" type="checkbox"/>		<p>The use of the professional to professional line is encouraged at all times and is routinely used by Pharmacists; District Nurses, Labs and SAS. Calls come directly into Fife's Dispatcher and details are entered into Adastra for a clinician to clinically manage.</p> <p>Pharmacists have repeat prescribing PGDs which have further reduced calls to NHS24 and UCSF. .</p> <p>Community pharmacies within the health board area can manage minor illness through the Pharmacy First service.</p> <p>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.</p> <p>Dispatch and the Centres will utilise the flowchart – "Accessing medicines OOH" which was devised by Pharmacy. Oxygen concentrators are now available in all centres.</p> <p>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.</p> <p>Prior to the festive period all drug levels are assessed, and additional stocks are agreed, for commonly used medications such as, antibiotics, inhalers, steroids, analgesia and emergency contraception. This includes those used in the Centres by GP's and UCP's and those in the mobile bags</p>

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

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

				Festive arrangements will be shared in detail with NHS24 and vice versa to enable the two organisations to work in close partnership.
3.13	<p>There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan.</p> <p><i>This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.</i></p>	☒		Planning is shared with colleagues from the Acute Sector, in particular, the Emergency Care Directorate.
3.14	<p>There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan.</p> <p><i>This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.</i></p>	☒		UCSF can refer directly to emergency Social Work if necessary. Public Protection referral polices available to support effective referral in the urgent care period.
3.15	<p>There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic flu and other emergency plans, including provision for an escalation plan.</p> <p><i>The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.</i></p>	☒		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	<p>Prepare for & Implement Norovirus Outbreak Control Measures</p> <p><i>(Assessment of overall winter preparations and further actions required)</i></p>		RAG	Further Action/Comments
4.1	<p>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</p> <p><i>This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.</i></p>	☒		




4.2	<p>Infection Prevention and Control Teams (IPCTs) will be supported in the execution of a Norovirus Preparedness Plan before the season starts.</p> <p><i>Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which nursing and care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in these settings.</i></p>	☒		
4.3	<p>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.</p>	☒		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	<p>NHS Board communications regarding bed pressures, ward closures, etc are optimal and everyone will be kept up to date in real time.</p> <p><i>Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.</i></p>	☒		<p>Daily safety huddle, attended by Senior Management and IPCT.</p> <p>Use of Boards at entrances to provide information about ward closures.</p> <p>Use of social media.</p>
4.5	<p>Debriefs will be provided following individual outbreaks or at the end of season to ensure system modifications to reduce the risk of future outbreaks.</p> <p><i>Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.</i></p>	☒		
4.6	<p>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.</p>	☒		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.	<input checked="" type="checkbox"/>		
4.8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. <i>While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.</i>	<input checked="" type="checkbox"/>		Microbiologists provide 24 / 7 cover. 2 IPCNs on 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. <i>As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.</i>	<input checked="" type="checkbox"/>		
4.10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation. <i>HPT/IPCT and hospital management colleagues should ensure that they are all aware of their internal processes and that they are still current.</i>	<input checked="" type="checkbox"/>		
4.11	The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus.	<input checked="" type="checkbox"/>		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.	<input type="checkbox"/>		Communications plan: including use of social media via comms team
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5	Covid-19, Seasonal Flu, Staff Protection & Outbreak Resourcing <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
5.1	<p>Staff, 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</p> <p><i>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.</i></p>	<input type="checkbox"/>		Peer vaccination in all areas.
5.2	<p>All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible.</p> <p><i>It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; 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.</i></p>	<input type="checkbox"/>		<p>Peer vaccination being delivered within teams. No drop in clinics are available, but strong pool of peer vaccinators.</p> <p>HSCP colleagues are being supported to have flu immunisations through local pharmacy settings.</p>
5.3	<p>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.</p>	<input type="checkbox"/>		Increased capacity has been developed within the immunisation team to ensure a safe and effective delivery of the flu programme.

5.4	<p>Delivery model(s) in place which:</p> <ul style="list-style-type: none"> • 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 <p><i>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.</i></p>			<p>Increased capacity has been developed within the immunisation team to ensure a safe and effective delivery of the flu programme.</p> <p>Social Distancing is in place across all services</p>
5.5	<p>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.</p> <p><i>If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. In addition, the centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals)</i></p>			<p>Near patient testing in AAU and ED will take place. Test turnaround time reduced to half hour, which assists in bed management decisions</p>
5.6	<p>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.</p> <p><i>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.</i></p>			<p>Weekly distribution of information to key staff</p>

5.7	<p>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:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>	<input type="checkbox"/>		
5.8	<p>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.</p> <p><i>NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.</i></p>	<input type="checkbox"/>		Winter plan and escalation plan in place

5.9	<p>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.</p>	☒		Planning in progress to make sustainable
5.10	<p>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.</p> <p><u>Aerosol Generating Procedures (AGPs)</u> 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.</p> <p><i>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</i></p>	☒		<p>Covid-19 PPE Guidance shared and adhered to across all areas.</p> <p>Aeroborne precautions are being followed in areas with AGP's</p>

5.11	<p>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:</p> <ul style="list-style-type: none"> • 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. 			<ul style="list-style-type: none"> • 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 • Covid 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 rota's reflective of covid pathways • Estates monitoring all areas
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5.12	<p>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</p> <p>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.</p> <p><i>Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/</i></p>	<input type="checkbox"/>		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	<p>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/</p> <p>The checklist can be used within a COVID ward or when there is an individual case or multiple cases in non-COVID wards.</p>	<input type="checkbox"/>		Checklist used which would inform local PAG's led by Microbiology for all ward outbreaks
5.14	<p>Ensure continued support for routine weekly Care home staff testing</p> <p>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.</p>	<input type="checkbox"/>		Covid Care Home HUB in Place to support staff testing with care homes.

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

	Business Continuity / Resilience Leads, Emergency Planning Managers	<input type="checkbox"/>	
	OOH Service Managers	<input type="checkbox"/>	
	GP's	<input type="checkbox"/>	
	NHS 24	<input type="checkbox"/>	
	SAS	<input type="checkbox"/>	
	Other Territorial NHS Boards, eg mutual aid	<input type="checkbox"/>	
	Independent Sector	<input type="checkbox"/>	
	Local Authorities, inclLRPs & RRP's	<input type="checkbox"/>	
	Integration Joint Boards	<input type="checkbox"/>	
	Strategic Co-ordination Group	<input type="checkbox"/>	
	Third Sector	<input type="checkbox"/>	
	SG Health & Social Care Directorate	<input type="checkbox"/>	

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.

Meeting:	Finance Performance and Resources Committee
Meeting Date:	Tuesday 10 November 2020
Title:	South East Payroll Services Consortium Business Case
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Margo McGurk, Director of Finance

1. Purpose

This is presented to Finance Performance and Resources Committee members for:

- Discussion on the Business Case and consideration of next steps in the governance and review process.

This report relates to:

- Delivery against the national “Once for Scotland Policy”

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The Payroll Service Consortium Business Case has been developed in line with the “Once for Scotland” national policy. The consideration of the business case was paused in March in the context of the COVID-19 pandemic, the payroll consortia have now requested that all Boards in the consortium consider the proposal and determine the level of support to progress.

2.2 Background

There is a long history to this Business Case. In 2016 a Payroll Service Programme Board was established by the NHS Board Chief Executives which was tasked with exploring a regional consortia approach to develop a more sustainable and resilient payroll service. The business case provides an analysis of payroll services in the South East (SE) and explains the range of issues affecting the service, the key issue being the sustainability of the service workforce.

2.3 Assessment

The Business Case describes the benefits criteria considered when assessing the options available to deliver this change. The benefits criteria were: Sustainability, Staff Focus, Service Quality, Efficiency & Productivity, Customer Focus, Strategic Fit and Technology and Innovation.

An Option Appraisal exercise was carried out and the preferred option of a 'Single Employer and Multiple Base' was agreed from both the non-financial and financial appraisal perspectives. The main benefits for a single employer within the SE will enable a robust governance structure and provide more flexible and resilient management arrangements. A single employer will also help with workforce planning, identify skill gaps and support the creation of career paths. Multiple bases could support recruitment and retention of staff with a potential for staff to remain in their existing base or have the opportunity to move to another base.

Whilst there is a requirement to ensure payroll services remain resilient into the future, given the current work pressures for all our staff it will be important that should the case be supported and approved by the Board that very careful consideration be given to the timing of the change. Consideration should also be given to determining whether there could be a pragmatic and more staged approach to its introduction. That could potentially involve agreement to the creation of a single management structure with the full change programme to be delivered at an appropriate time in the future.

2.3.1 Quality / Patient Care

Delivering a more resilient service over time will ensure staff continue to be paid correctly and timeously for the services they deliver.

2.3.2 Workforce

The full proposal represents a significant change to the current arrangements for staff where they would require to be TUPE transferred to NSS should the full Business Case be approved. It is critically important that the engagement with our staff continues and that the decision taken reflects the current context where all staff are working remotely and will not necessarily have access to the same team support dynamic which was in place pre COVID-19.

2.3.3 Financial

The new service delivery model can be fully funded from within the existing NHS Fife budget for payroll services. There are no significant financial efficiencies associated with delivering this change.

2.3.4 Risk Assessment / Management

An East Region Risk Register for the transformation programme is in place.

2.3.5 Equality and Diversity, including health inequalities

A full integrated Impact assessment (IIA) was carried out and is located at section 9 of the Business Case.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

NHS Fife payroll staff are aware and have been actively engaged in the development of the proposed model and the business case. There have been a number of staff briefing and engagement sessions over the past 12-18 months. The key issue raised by staff is in relation to TUPE Transfer and their preference not to lose their NHS Fife identity.

2.3.8 Route to the Meeting

This paper was considered by EDG on 22 October 2020 and the resilience case approved in principle subject to key consideration being given to the need to consider carefully the timing of such a change in the context of the current pandemic. EDG also supported that the Director of Finance should liaise with NSS on the potential for a more staged approach which could involve moving to a single management structure in the first instance.

The paper was also considered at Staff Governance on 29 October 2020. The Staff Governance Committee cover paper should however have contained greater clarity on the governance process in relation to local decision-making on this issue. The Director of Finance agreed to bring the Business Case back to the January 2021 meeting for further consideration.

2.4 Recommendation

Finance Performance and Resources Committee members are asked to discuss and determine Committee support in principle for this proposed change. The Committee is asked to consider in particular:

- the value of the key benefit from the case which is to protect the resilience of payroll services both locally and nationally
- the need to consider carefully the timing of such a change in the context of the current pandemic with all the ongoing challenges for teams across the organisation
- advise on their support for the Director of Finance to liaise with NSS on the potential for a more staged approach which could involve moving to a single management structure in the first instance.

3. List of Appendices

- **Appendix 1 – South East Payroll Services Consortium Business Case**

Report Contact: Margo McGurk, Director of Finance
Email: Margo.McGurk@nhs.scot

South East Payroll Services Consortium

Business Case v1.0

10 January 2020

Document Control

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Version	Date	Author(s)	Comments
0.1	26/11/19	Laura Dodds	1 st draft
0.2	11/12/19	Donald Boyd	2 nd Draft – following review by SE Payroll Services Consortium Board
0.3	16/12/19	Donald Boyd	3 rd Draft – Further review by Programme Working Group
0.4	30/12/19	Donald Boyd	4 th Draft – Updated changes made from SE Payroll Services Consortium Board
1.0	10/01/20	Donald Boyd	Version 1.0

Executive summary

The South East Payroll Consortium is made up of seven Boards: NHS Fife, NHS Forth Valley, NHS Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS). From April 2020 the new public body, Public Health Scotland will also be included. It is one of three consortia in Scotland tasked with developing a consistent and sustainable approach to payroll services on a regional basis.

This report provides an analysis of payroll services in the South East (SE) and sets out to explain issues affecting the services. The reasons for change are highlighted and the subsequent Options Appraisal process detailed. The case for a regionalised 'Single Employer, Multiple Base' solution is proposed as a preferred option and details are explored on how this proposed service model could be implemented from a day one perspective.

Issues

The report summarises the main issues driving change. This includes the sustainability of the payroll services workforce, the Scottish Government 'Once for Scotland' approach and limitations with existing technology and systems. The increasing complexity and volume has led to increasing demand. Changes to staff terms & conditions which have had an impact in 2019/20 include new pay protection arrangements, the continuing implementation of eESS and changes to the 'Pay As If At Work' calculations during periods of annual leave.

Findings

An Option Appraisal exercise was carried out with the preferred option of a 'Single Employer and Multiple Base' from both the non-financial and financial appraisal perspectives. The main benefits for a single employer within the SE will enable a robust governance structure and provide more flexible and resilient management arrangements. A single employer will also help with workforce planning, identify skill gaps and support the creation of career paths. Multiple bases will support recruitment and retention of staff with a potential for staff to remain in their existing base or have the opportunity to move to another base.

Vision

An assumption within the Scottish Government Framework highlights that effective regional working could deliver on 1% of productivity savings. The preferred option could provide further savings through advances in technology. There are also opportunities to share technical capabilities and service knowledge, for example, gains in productivity such as reduction in unnecessary manual keying and the introduction of electronics payslips and eESS.

Next Steps

NHS Lothian and NHS NSS formally expressed interest in becoming the Single Employer. Formal submissions were received and an independent panel was convened on January 10th 2020. Following an evaluation of the submissions and presentations from both boards the panel reached a decision. The preferred single employer is National Service Scotland.

The appointment of a Single Employer of Payroll Services across the South East Payroll Consortium will require that payroll staff employed within the four other NHS Boards to transfer the Single Employer. This transfer will be enacted in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (updated in 2014) - TUPE.

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1. Strategic Context

1.1 Introduction

This Business Case sets out the preferred option for payroll services in the South East (SE) Payroll Services Consortium which aims to deliver a service that is sustainable, efficient and cost-effective, and to a quality that is consistent and nationally agreed.

1.2 Drivers for change

There are three main drivers for why change is required:

- The sustainability of the payroll services workforce
- The Scottish Government's expectation for a 'Once for Scotland' approach
- Issues and limitations with existing technology and systems

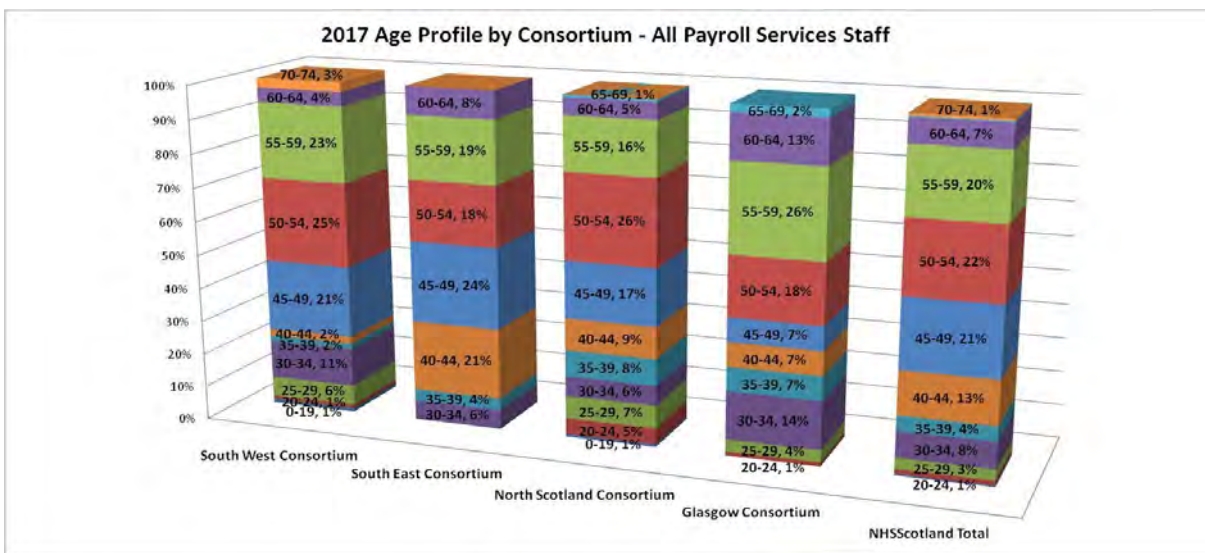
1.3 Workforce Sustainability

The main driver for change within the payroll services community is to address issues in relation to workforce sustainability.

- **Age Profile**

In 2017, 50% of all NHS Scotland Payroll Services staff were over the age of 50 and 28% of all NHS Scotland Payroll Services staff were over the age of 55¹. Within the South East Consortium, the figures were 45% and 27% respectively.

Figure 1 Age profile of Regions



The age profile for Payroll Services in the South East Consortium has been updated in 2019 and shows that this upward trend is continuing with 52% of the workforce now aged 50 and over whilst only 4% are under the age of 30.

¹ Since 2017, the number of consortia has reduced to three (North, West and South East).

- **Recruitment and Retention**

Another workforce sustainability issue within the SE Consortium is staff recruitment and retention. This has been particularly the case within NHS Lothian where a nationally agreed Recruitment and Retention Premium (RRP) is in place for Payroll Officers until August 2020 in an attempt to address this issue.

From April 13 – April 18 NHS Lothian lost 16.13 WTE experienced payroll administrator staff, which is equivalent to 76% of their total payroll administration team. The majority left to go to other employers in the Edinburgh area where they would receive a higher annual salary than NHS Lothian were able to offer.

The inability to retain payroll staff and the struggle to recruit experienced payroll staff has a substantial impact on the sustainability of the payroll service within NHS Lothian.

NHS Lothian has developed a 2 year training programme and along with a Recruitment and Retention Premium (RRP) there is an expectation of a reduced turnover of staff within the payroll team and an improvement in the quality of applicants expressing an interest in any future vacancies.

Following years of workforce stability, NHS Fife has also experienced three members of staff leaving in 2019 which equates to a 20% turnover. Whilst Fife has not experienced any significant difficulty recruiting into these posts, it illustrates that any individual team can be affected by retention issues. This has a an immediate impact on the remaining workforce in covering the 'gaps' to meet ongoing service demand whilst recruitment is underway and then training new members of staff who are subsequently recruited into the team. Since August 2018 4 staff have left NHS Lothian, 2 due to retirement, 1 to NHS Greater Glasgow and Clyde and the other due to ill health. No one has left NHS Lothian to go to the private sector.

- **Managing Demand and Capacity**

The existing service model (five teams with separate processes) also significantly contributes to the inability to flex capacity to meet peaks in demand; for example, the Doctors and Dentists in Training intake in NHS Lothian and NHS National Services Scotland (NSS).

1.4 Scottish Government 'Once for Scotland' approach

The second key driver for change is in response to the Scottish Government's 'Once for Scotland' approach.

- **Health and Social Care Delivery Plan**

In December 2016, the Scottish Government Health and Social Care Delivery Plan confirmed the Government's continued 'Once for Scotland' direction of travel stating:

'We will...build on the work that has already taken place through a 'Once for Scotland' approach to provide efficient and consistent delivery of functions and prioritise those non-patient facing services which make sense to be delivered on a national basis...Our territorial and patient facing national boards such as the Ambulance Service and NHS 24 must be allowed to focus on delivery of the "triple aim" of better care, better health and better value.'

The plan subsequently set out the following action with implications for payroll services:

‘Ensure that NHS Boards expand the ‘Once for Scotland’ approach to support functions – potentially including human resources, financial administration, procurement, transport and others. A review will be completed in 2017, and new national arrangements put in place from 2019.’

- **Payroll Services Response**

In response to the ‘Once for Scotland’ agenda and following on from previous attempts to develop a shared approach to payroll services, a national Payroll Services Programme Board, reporting to the NHS Chief Executives Group, was established in 2016.

The Board aims to provide national strategic direction and oversee the approach to payroll services across Scotland with service delivery developed through regional models in the three consortia. Whilst operating regionally, it is expected that services deliver a consistent and sustainable approach to payroll, SSTS and expenses for NHS Scotland.

The South East Payroll Services Consortium is one of the three consortia in Scotland and its Project Board was formally established in 2017, reporting to the South East Consortium Directors of Finance at key decision points and to the national Payroll Programme Board for professional endorsement.

1.5 Limitations with Technology

The third driver for change is the limitations of existing technology, in particular the national payroll systems that all payroll services teams in Scotland use. The need to replace the existing national systems is well recognised and is being taken forward as part of the wider national Business Systems Strategy programme.

Whilst this is not within the direct remit of the South East Payroll Services Consortium, it is acknowledged that a new payroll system has the potential to support the full realisation of the benefits of moving to a regional service model.

1.6 Scottish Government Financial Framework

Whilst the main driver for payroll services is to develop a more sustainable service, this needs to be set within the context of the Scottish Government Medium Term Health and Social Care Financial Framework.

The Scottish Government Financial Framework (October 2018) highlights the need for continued savings and sets out the following assumptions:

- Regional Working – it is assumed that productivity savings of just over 1% could be delivered through effective regional working.
- Once for Scotland – 0.25% reduction in cost is assumed, to reflect potential savings.

The Framework also states that these savings estimates could increase further in the future through advances in technology which, in the case of payroll services, is recognised both in relation to national systems and local technology improvements. This could lead to future long term savings. (see Section 8).

2. Overview of Payroll Services

2.1 Payroll Services in Scotland

There are 13 payroll services for 22 Boards across Scotland. Payroll services most commonly consist of the following functions: payroll, expenses and SSTS (see Appendix A for further information).

Whilst payroll services staff mainly undertake the same tasks, they do not always have the same working practices and processes. There are also differences in staffing structures in the 13 departments.

Payroll services teams utilise national systems which are part of the national IT contract with Atos. These include the payroll system, expenses system, SSTS and the Electronic Employee Support System (eESS). In addition to these national systems, there are a number of other systems used on an individual Board basis, for example, helpdesk and document storage and retrieval systems.

2.2 Payroll Services in the South East

The SE Payroll Services Consortium is currently made up of seven Boards: NHS Fife, Forth Valley, Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS).

There are five payroll teams within the SE Consortium with NSS providing a service to HIS and NES through a Service Level Agreement arrangement. In April 2020, NSS will also take on the provision of the payroll service for the new public health body – Public Health Scotland, increasing the number of Boards within scope to eight.

The teams have a combined staff headcount of 86 (77.51 WTE); this includes some existing shared management arrangements.

Table 1 Headcount by board – December 2019

NHS Board	Head Count	WTE
Fife	16	13.88
Forth Valley	13	11.65
Lothian	40	35.51
NSS	10	10
SAS	7	6.5
Total	86	77.51

Within the SE Consortium, there are approximately 70,000 employees (including bank staff); and in 2018/19, just under one million payslips were generated; 165,000 expenses claims processed; and nearly 50,000 employees were administered through SSTS².

² NHS Scotland Payroll, Expenses & SSTS 2018 Baseline Data

In May 2019, NHS Borders formally confirmed it would no longer be participating in the SE Consortium Programme due to the need to prioritise initiatives that will help address its financial challenges; NHS Borders indicated that it could not commit to implementing changes unless the programme had a focus on savings.

2.3 Payroll Services Demand

- **Statutory and Legislative Requirements**

The administration of payroll services has increased in complexity due to statutory and legislative changes as well as revised terms and conditions of service which has led to increasing demands on the service. Whilst national workforce systems have been developed to accommodate such changes there requires an enhanced level of preparatory work and system control on an ongoing basis to ensure compliance.

Examples include pension auto re-enrolment, secondary pension scheme (NEST); HMRC Real Time Information; Agenda for Change Payment As If At Work (PAIAW) and significant increase in protection arrangements being put in place.

- **NHSScotland Workforce**

Demand on payroll services has also increased as a direct result of an increase in the NHS workforce. There have been seven consecutive years of growth and whilst the growth has slowed in recent years (June 2016 0.5%; June 2017 0.6%; June 2018 0.1%), the latest census³ shows a higher rate of annual growth. At 30 June 2019, there were 163,617 staff employed by NHSScotland representing an increase of 0.8%, compared to the previous year.

From August 2018, employment arrangements for Scotland's junior doctors have also affected demand. Under the new arrangements, trainees continue to work in different Board areas, but for administrative purposes, the 22 health board employers has been reduced to four, with trainees benefitting from having one employer for the duration of their training programme. Two of the four lead employers are within the SE Consortium: NHS Lothian for the East Region and NES (delivered by NSS) for GP trainees across Scotland

In relation to future demand, NHS boards are required to provide workforce projections based on staff in post whole time equivalent (WTE). Within the SE, NHS workforce projections for 2019/20 project a continued increase, with the biggest increase due to NES taking on responsibility for national programme trainees.

³ NHSScotland Workforce Quarter ending 30 June 2019 - A National Statistics publication for Scotland (NHS National Services Scotland Information Statistics Division, Publication date: 03 September 2019)

Table 2 Workforce Projections

NHS Board	Board baseline 31 March 2019	31 March 2020 Projections	Projected Change	Projected Change %
Fife	7,356.5	7,550	194.3	2.6%
Forth Valley	5,382.3	5,554.2	171.8	3.2%
HIS	408.6	416.5	7.9	1.9%
Lothian	20,644.0	20,847.8	203.8	1.0%
NES	1,628.3	2,201.1	572.8	35.2%
NSS	3,238.2	3,438.4	200.2	6.2%
SAS	4,672.0	4,759.4	87.4	1.9%
Total	43,329.90	44,767	1,437.1	3.3%

It should be noted that the figures above do not include:

- Bank staff (in the SE, on average, approximately 4,000 bank staff are paid weekly and 10,000 paid monthly⁴)
- 280 NHS Health Scotland employees who, along with a number of existing staff from NSS, will form the new Public Health body receiving payroll services from NSS from April 2020.
- The introduction of the lead employer model for Dentists in Training expected to be implemented in 2020 that will, in the main, sit with NES.

2.4 Payroll Service Capacity

Whilst the increase in demand above has been incremental and relatively small there is a cumulative impact; it should also be considered within the context of a reduction in payroll services capacity.

Since 2011, there has been a reduction in payroll services staffing levels in the SE Consortium of 21.63 WTE (22%) from 97.85 WTE to 76.22 WTE. The table and graphs below shows that whilst all payroll teams have shown a reduction, the biggest reductions have been in NSS, Lothian and Fife.

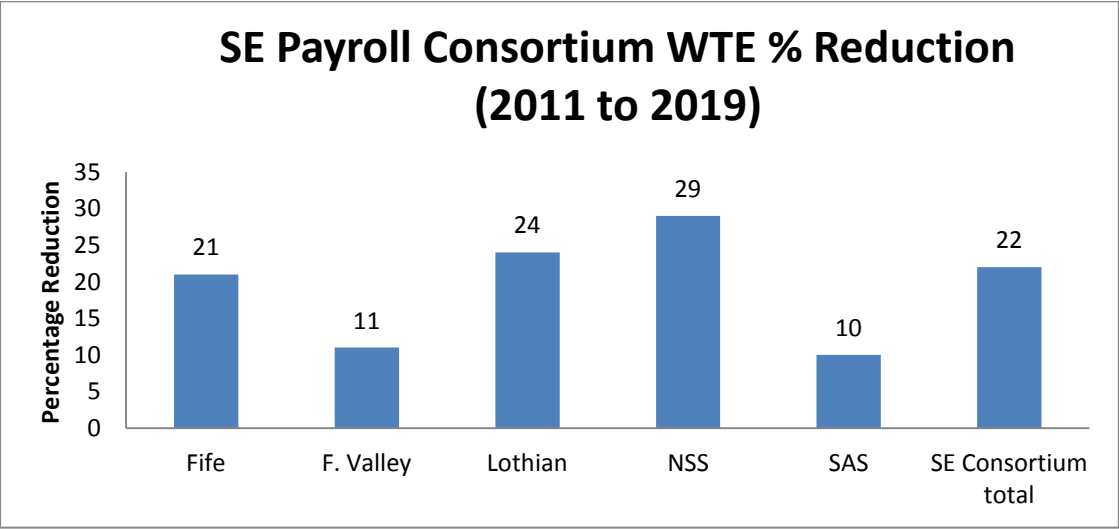
Table 3 Payroll staffing levels

NHS Board	2011	2012	2013	2014	2015	2016	2017	2019*	WTE Reduction since 2011
Fife	17.6	16.98	17.08	16.08	16.08	15.92	15.21	13.88	3.72 (21%)
F. Valley	13.11	12.79	12.74	12.14	12.14	12.13	11.45	11.65	1.45 (11%)
Lothian	45.94	39.22	39.37	36.7	37.05	36.62	36.74	35.51	11.04 (24%)
NSS	14	14.1	13.15	13	12	11.5	10	10	4 (29%)
SAS	7.2	6.4	6.4	7.33	6.4	6.5	6.5	6.5	0.7 (10%)
Total	97.85	89.49	88.74	85.25	83.67	82.67	79.9	77.51	21.63 (22%)

*2019 data correct at December 2019; historical data from national baseline activity reports.

Figure 2 WTE% reductions (2011-2019)

⁴ South East Consortium Demand and Capacity Modelling (January 2019)



Similar to the SE, there has been a reduction in payroll services staff WTE across Scotland; these reductions have been translated into cost savings:

- Since 2010 there has been a net reduction in Payroll Services Staff (Payroll, Expenses and SSTs) of 90.22 WTE with an overall reduction in cost of £345,244.
- Taking into account annual pay awards and the increase in employer costs, in today's terms the cost savings of 90.22 WTE would equate to £2,958,772.

2.5 Payroll Services Costs

In 2018/19, the total payroll services budget in the SE Consortium was in excess of £3.6 million. Over 75% of this budget is comprised of staff costs (at £2.8 million).

It should be noted that these figures differ from the cost of the 'Status Quo' Option 1 included in the Economic and Financial Appraisals. The costing exercise (see Section 5) considers the full cost of delivering the Payroll Service which includes Atos National Payroll Systems costs. These costs are dealt with differently by Boards, with some Boards capturing this cost within IT budgets.

2.6 Key Performance Indicators (KPI)

There is a 99.5% accuracy KPI set at a national level. The consortium board members consistently perform above this and it is to be noted that the KPI accuracy rate is not considered in the case for change. It is anticipated the boards will continue the high performance in the new proposed model.

3. Non-financial Option Appraisal

3.1 Engagement

Non-financial option appraisal workshops were held in 2018 and were attended by a range of participants including staff and staff-side representatives (see Appendix B).

3.2 Benefit Criteria

Participants developed and agreed seven (non-monetary) benefit criteria for a future SE Consortium payroll service, defining the criteria in service or output oriented terms; avoiding overlap; relating them closely to service objectives and performance measures; and defining so the Status Quo option could be given a score other than zero.

Participants then ranked and weighted the criteria, achieving a high level of consensus. Although it was recognised that all the benefit criteria are important, the second column in the table below shows the *order* of importance and the third column shows how important the benefit criteria are *in relation to each other*; this was done by agreeing what weighting to give the benefit criteria out of a total of 100.

Table 4 Benefit Criteria ranking

Benefit Criteria	Ranking	Weighting
Sustainability	1	23
Staff focus and experience	2	20
Service quality	3=	15
Efficiency and productivity	3=	15
Customer focus and experience	5	12
Strategic fit	6	8
Technology and innovation	7	7

3.3 Option Generation

Options for how payroll services could be set up across the SE were generated using the following principles: option generation should be open, transparent and accessible; initial thinking should lead to a 'long list' of options; people should be encouraged to think creatively; shortlisting against specified criteria may be required; the shortlist should include the 'status quo' as a benchmark option.

Participants were given a framework to help guide option generation discussions and generated an initial long list of options (see Appendix A).

3.4 Non Short listed Options

The long list of options was reviewed using the following principles: in theory, all options could be scored - in practice, a shorter list would be more manageable; a high level of consensus should be reached, and a robust rationale given, if not shortlisting an option; the Status Quo to be shortlisted to act as a benchmark.

A high level of consensus was reached in relation to not shortlisting the following options as well as agreeing the rationale for that decision:

Table 5 Non short listed options

Long List Reference	Description	Rationale for Not Shortlisting
Status Quo & Opportunistic Collaboration (2)	This option would take advantage of team changes e.g. staff leaving, with an assessment to consider workload re-allocation within the consortium. This would rely on 'goodwill' rather than a formal arrangement.	<ul style="list-style-type: none"> • Will not deliver a sustainable service model. • Is not in line with national payroll services strategic direction.
Status Quo & Formal Resource Allocation (3)	This option would see a formal arrangement between Boards across the Consortium so, when appropriate and/or necessary, resource is re-allocated between boards. Examples could include cover for high absence levels, Doctors and Dentists in Training.	<ul style="list-style-type: none"> • Will not deliver a sustainable service model. • Is not in line with national payroll services strategic direction.
Outsourcing (4)	Outsourcing is an agreement that would contract the internal payroll services activity to an external company.	<ul style="list-style-type: none"> • Does not fit with Scottish Government workforce commitments. • Is not in line with national payroll services strategic direction. • Would not be supported by Trade Unions.
Extended role (5)	<p>Staff would have an extended role to include wider HR transactions e.g. recruitment contracts.</p> <p>There could also be a separate option where staff have a wider Finance service role beyond payroll.</p>	<ul style="list-style-type: none"> • HR shared service discussion timeframe does not align with payroll; this option would negatively impact on agreed timescales. • There would be merit in revisiting this option following payroll service model implementation but current focus should be on the payroll service.

3.5 Remaining Options

The remaining long list of options included Single and Multiple Employer options and Single and Multiple Base options. There was *mixed views* as to whether Multiple Employer options and Single Base options should be shortlisted and therefore, in line with the shortlisting principles above, it was agreed that these options should not be ruled out at this stage.

The remaining long list of options also included potential high level service structure options, however it was recognised that more time was required to fully develop, discuss and debate service structure and process flow detail.

3.6 Shortlisted Options

Taking all of the above into account, there was agreement that *all* shortlisted options should include:

Table 6 Shortlisted Options aspects

Aspect	Agreement
Boards	NHS Borders*, Fife, Forth Valley, Lothian, NSS, HIS, NES and SAS
Functions	Payroll, SSTS and Expenses functions
Structure	A Consortium wide Single Management Structure (as a minimum)
Reporting Line	Finance

*NHS Borders has withdrawn from the Consortium since the non-financial option appraisal stage.

Car Leasing was also considered for inclusion and while some car leasing related tasks are undertaken in most payroll services teams, only one team has full responsibility for the overall function; it was therefore decided that car leasing would be considered out of scope.

It was agreed that discussions about the detailed service model design would come later and the key differences in the shortlisted options related to Employer and Service Base. The shortlisted options were subsequently re-numbered as below:

Table 7 Shortlisted Options

Shortlisted Option	Description
Option 1	Status Quo (Current Service)
Option 2	Single Employer, Single Base
Option 3	Single Employer, Multiple Base
Option 4	Multiple Employer, Single Base
Option 5	Multiple Employer, Multiple Base

3.7 Scoring

25 out of a possible 32 participants took part in the scoring exercise, giving a participation rate of 78%. Participants individually scored the shortlisted options against the benefit criteria using the scoring scale below and outlining the reasons for their score.

Table 8 Scoring Criteria

Scale	Definition
4	Fully delivers the benefit criteria
3	Mostly delivers the benefit criteria
2	Moderately delivers the benefit criteria
1	Slightly delivers the benefit criteria
0	Will not/ unlikely to deliver the benefit criteria

3.8 Overall Results

The table below shows the options in results order of total combined individual scores, both unweighted and with the weighting applied.

Table 9 Shortlisted Options Results

Options (in results order)	Total Score	Total Weighted Score
Option 3 - Single Employer, Multiple Base	600	8741
Option 2 - Single Employer, Single Base	491	6695
Option 5 - Multiple Employer, Multiple Base	352	5130
Option 4 - Multiple Employer, Single Base	333	4642
Option 1 – Status Quo (Current Service)	267	3843

Analysis of the individual scores demonstrated the following areas of consensus:

- 23 out of 25 (92%) participants scored Option 3 as their preferred option; the remaining two participants scored Option 3 first equal with Option 2.
- 20 out of 25 (80%) participants scored Option 2 as their second preferred option (as above, two scored Option 2 first equal with Option 3).
- 13 out of 25 (52%) participants scored the Status Quo as their least preferred option; a further six participants scored it second last or equal last with other options.

3.9 Results by Benefit Criteria

The highest possible score for each benefit criteria is 100 (25 participants X maximum score of 4). The table below shows the total (unweighted) score for each benefit criteria, with the highest scoring option highlighted in green and the lowest scoring option highlighted in red.

Table 10 Total Score of Benefit Criteria

Benefit Criteria	Option 1	Option 2	Option 3	Option 4	Option 5
Sustainability	19	59	93	38	47
Staff Focus	40	49	89	40	49
Service Quality	59	76	84	53	60
Efficiency & Productivity	40	82	86	58	52
Customer Focus	71	65	90	51	70
Strategic Fit	3	88	86	40	31
Technology & Innovation	35	72	72	53	43

- Option 3 (Single Employer, Multiple Base) scored highest (or equal highest) for six out of seven benefit criteria, and second highest for the remaining benefit criteria.
- Option 1 (Status Quo) scored lowest (or equal lowest) for five out of seven benefit criteria, and second lowest for one of the remaining benefit criteria.

- Option 4 (Multiple Employer, Single Base) scored lowest (or equal lowest) for three out of seven benefit criteria.

3.10 Results by Stakeholder Group

Individual total scores were analysed by Stakeholder Group. As suggested in Section 3.8 there was a high level of consensus across all stakeholder groups in relation to both the preferred option (Option 3) and the second preferred option (Option 2).

There was also consensus across Stakeholder Groups in relation to the ranking of the Status Quo in the bottom three of the five options. However, Deputy/ Associate Directors of Finance and payroll managers were more likely to score it as their least preferred option than payroll staff and trade union representatives.

3.11 Scoring Rationale

This section summarises the scoring rationale for Option 1 – Status Quo as well as the Employer and Service Base aspects of the remaining shortlisted options. Appendix E summarises the main reasons given for participant scores for each of the shortlisted options individually. For ease of reference, total scores (out of a possible 100) have been rated as High (67 or over); Medium (34-66) or Low (33 or less).

• Option 1 – Status Quo

The current service scored High in relation to the Customer Focus benefit criteria in recognition of the experienced and knowledgeable staff in the service and a generally responsive and accessible payroll service.

This option achieved a Medium score for Staff Focus because of a lack of dedicated training and development and limited career progression opportunities. The current service also had a Medium score for Service Quality, Efficiency and Productivity, and Technology and Innovation because whilst there is a high level of service accuracy there is a lack of process standardisation and consistency in application of best practice and technology solutions.

The option scored Low on Sustainability because of the lack of flexibility and the age profile and recruitment and retention issues in some payroll teams. It is also scored Low in terms of Strategic Fit because it is not in line with the 'Once for Scotland' approach or the national payroll services programme agenda.

• Employer Status

Options 2 and 3 scored higher than the Status Quo and the Multiple Employer options partly because of the Single Employer aspect of both these options.

It was considered that a Single Employer for all SE payroll services staff would deliver a more robust governance structure and provide more flexible and resilient management arrangements.

Under one management team, it would be possible to ensure a more joined up and seamless approach to workforce planning, that would enable early identification of resource and skills gaps, facilitate staff learning and development planning and support the creation of career pathways which would provide wider opportunities for staff to develop and progress within the Single Employer organisation.

It was also felt that a Single Employer would increase opportunities to streamline and digitalise systems and processes and thereby deliver a greater consistency and standardisation of service to all customer Boards.

- **Service Base**

The other main difference in the shortlisted options is in relation to bases, with some Single Base and Multiple Base options.

The main benefits of a Single Base option are it would support the management of and communication across the team. It is also likely that it would be easier to develop a team identity if team members were able to interact face to face on a frequent basis. Under a Single Base, developing, implementing and monitoring best practice would also be easier.

However, whilst there are obvious benefits of a Single Base option, significant risks were also identified (see Section K).

The main benefits of a Multiple Base option are in relation to Sustainability and Staff Experience. Multiple Bases could support recruitment and retention; if there are issues recruiting to one base, there would be the opportunity to recruit in an area where these issues either do not exist or are not as extensive. This is most likely to be in Kirkcaldy and Falkirk, where a flexible, Multiple Base option could also improve local employment opportunities as a result. In terms of Staff Experience, the potential to remain in their existing base or have the opportunity to move to another base was scored highly compared to a Single Base.

3.12 Non-financial Preferred Option

Following the non-financial option appraisal process, **Option 3 – Single Employer, Multiple Base**, is the non-financial preferred option for payroll services in the South East.

4. Risk Assessment

A formal assessment of the risks associated with the Status Quo and the two highest scoring options was undertaken. A summary of the outcome of this assessment can be found below (see Appendix K for further details)

4.1 Option 1- Status Quo Option

Seven key risks were identified with Option 1 – Status Quo: three scored Very High and four scored High before mitigation; with one of the Very High risks reducing to High following mitigation.

Very High Mitigated Risks:

- There is a risk that staff recruitment and retention issues in NHS Lothian payroll team are not addressed.
- There is a risk that the current service model does not meet the Scottish Government Once for Scotland agenda

High Mitigated Risks:

- There is a risk that the increasing age profile of the workforce across the Consortium is not addressed.
- There is a risk that payroll teams across the Consortium continue to be unable to flex capacity to meet increasing demand/ changes in demand.
- There is a risk that there is insufficient capacity to train and develop staff fully to support them in their current roles.
- There is a risk that there are limited opportunities for career progression in payroll services in the NHS for staff who wish to progress.
- There is a risk that the service is not as efficient and cost-effective as it could be.

Potential Impact

Continuing with the Status Quo option will not address the issues and risks facing the service currently, resulting in the potential for insufficient payroll services staff affecting business continuity and service delivery (e.g. late or inaccurate employee pay) and subsequent reduced staff morale and negative customer experience. The current serviced model will also not address continuing budgetary pressures or deliver on strategic direction.

4.2 Option 2 – Single Employer, Single Base Option

Twelve key risks were identified with Option 2 – Single Employer, Single Base; three Very High, seven High; one Medium and one Low before mitigation; with three High risks reducing to Medium and one Medium risk reducing to Low following mitigation.

Very High Mitigated Risks:

- There is a risk that some payroll staff are unable to travel to a single base and choose not to transfer to the Single Employer.
- There is a risk that some payroll staff do not support a shared service model following TUPE transfer.

- There is a risk that the shared service model will not address the current sustainability issues e.g. workforce retention in Edinburgh based boards; increasing workforce age profile.

High Mitigated Risks:

- There is a risk that some Boards do not approve the Business Case and withdraw from the consortium.
- There is a risk that there is a disconnect between the expectation that the programme will deliver financial savings and the payroll service driver to develop a sustainable service.
- There is a risk that there is insufficient payroll management buy-in to, and a collective vision of, a shared service model.
- There is a risk that there is a reduction in productivity as a result of the impact of change on staff.

Potential Impact:

Under the Single Employer, Single Base option, it is almost certain that there would be wide scale disruption to the existing workforce due to an anticipated high staff attrition rate. Overtime working would be required to ensure the workload is met whilst new staff are recruited and adequately trained.

It is anticipated that it would take a minimum of 12 months to train new staff. The cumulative impact of organisational change, overtime and training new staff over a 12-18 month period would be an unacceptable burden for existing staff. A further practical consideration would be the additional management time required to recruit and support the training of new staff.

In relation to the potential location of a single base service, the only existing payroll team base that would be able to accommodate 78 WTE payroll services staff is Gyle Square. This location would not only lead to the unacceptable risk above but would also not address existing recruitment and retention issues more prevalent in Edinburgh.

4.3 Option 3 – Single Employer, Multiple Base Option

Thirteen key risks were identified with Option 3 – Single Employer, Multiple Base Option; one Very High, nine High, two Medium and one Low before mitigation; with the one Very High risk moving to High; seven High risks moving to Medium, and one Medium risk moving to Low.

High Mitigated Risks:

- There is a risk that there is a disconnect between the expectation that the programme will deliver financial savings and the payroll service driver to develop a sustainable service.
- There is a risk that there is insufficient payroll management buy-in to, and a collective vision of, a shared service model.
- There is a risk that some payroll staff do not support a shared service model following TUPE transfer.

Potential Impact:

Under the Single Employer, Multiple Base Option, the potential impact of the risks identified could be that the Business Case is not approved; the benefits of a shared service model are not fully delivered; staff do not engage or buy-in to the model leading to low morale reduced service quality and productivity.

4.4 Preferred Option – Risk Mitigation

The risks and associated impact of Option 3 as the Preferred Option, are recognised and some of the key mitigating actions required are outlined in terms of implementation considerations in Section 7.

5. Economic Case

5.1 Monetary Costs and Benefits

Costs have been valued on an opportunity cost basis at current market prices⁵. A whole life costing approach has been applied when considering the costs and benefits relevant to the options. Sunk costs have been excluded from the economic appraisal⁶. The total cost approach has been adopted for this appraisal, as recommended by Scottish Government guidance⁷.

Costs are net of VAT and subsidies. The standard discount rate of 3.5% has been applied.

The costs produced have been used to produce the economic costs for each option and determine value for money. These have been incorporated in to the cost-benefit analysis to determine the preferred option (Section 5.6), and the financial costs for use in the affordability analysis (Section 5.5). Finally, a sensitivity exercise has been undertaken to identify possible risks in terms of potential variability of identified costs.

5.2 Short listed Options for Costing

A long list of options was identified as part of the non-financial option appraisal stage in the programme. The following options were then subsequently short listed and subject to an indicative costing exercise.

Table 11 Financial Appraisal Options

Scenario	Description
Status Quo / Do Nothing Option 1	Multiple employers Multiple bases Existing staffing structure
Option 2	Single employer Single base – Gyle Square, NSS

⁵ Opportunity costs are the valuation of assets based on the higher of the best value that could be obtained for its current use and the most valuable feasible alternative use.

⁶ Sunk costs are costs which have already been incurred and are irrevocably committed.

⁷ The total cost approach concerns the total resource consequences of all options (including option 1 – do minimum).

	Proposed new service model
Option 3	Single employer Multiple bases – retain 4 existing pay department sites Proposed new service model

5.3 Single Base Option

The five Consortium pay departments occupy the following premises:

Table 12 Premises of Consortium departments

Health Board	Pay Department Location
NHS Lothian and SAS	Waverley Gate, Edinburgh
NSS	Gyle Square, Edinburgh
NHS Fife	Flexspace, Kirkcaldy
NHS Forth Valley	Falkirk Community Hospital, Falkirk

It is likely that NSS is the only Consortium Health Board who could practically accommodate the whole South East payroll function under the Single Base option (see Appendix F). Under this option, NHS Lothian, SAS, NHS Fife and NHS Forth Valley employees would be entitled to excess travel expenses for four years.

In recognition that it is unlikely all staff would be retained under a single base option, an attrition rate of 50% for NHS Fife and NHS Forth Valley employees has been assumed. It has also been assumed that it is more likely for lower graded staff to terminate their employment.

5.4 Proposed New Staffing Model

A new staffing model has been agreed and the required posts and staffing numbers identified (See Section 7). The proposed staffing model is a 'Day One' staffing model following an Organisational Change process that will be the responsibility of the Single Employer. It is anticipated that as the service embeds there may be changes to staffing in future years.

Table 13 Future Staffing

Proposed New Staffing Model – Indicative Bands			
Role	Band	WTE	Year 1 2020-21
Payroll Assistant	Band 3	4	117,259
Payroll Officer	Band 4	57	1,853,593
Technical Officer & Training Officer	Band 5	5	207,559
Payroll Services Team Manager	Band 6	8	413,129
Assistant Head of Services	Band 8a	3	212,488
Head of Payroll Services	Band 8c	1	95,009
TOTAL		78	2,899,037

5.5 Economic Analysis

Table 14 Options Costs

Option	Equivalent Annual Charge	Average Annual Revenue Cost	Rank
Option 1 Status Quo	4,690,563	4,978,884	3
Option 2 Single employer, single base, new service model	4,619,176	4,836,792	1
Option 3 Single employer, multiple bases, new service model	4,638,598	4,928,994	2

The table above shows that, in terms of pure economic cost, Option 2 is the most affordable option. However these options have been subject to an economic appraisal which considers the overall value for money of each option. The results are presented in section 5.6 below.

5.6 Economic Appraisal

The economic appraisal considers the benefits, costs and risks of the shortlisted options to inform a value for money assessment and arrive at a rank order of the options in terms of value for money.

The economic appraisal is shown in the table below:

Table 15 Economic Appraisal

Option	BENEFITS	COSTS	Costs per Benefit	Costs per Benefit	RISK	Costs per Benefit		RISK	
	Weighted Benefit Score	Equivalent Annual Charge	£000 / Points	Rank Order (lowest cost per benefit first)	Median risk quotient	% of Total	% of Total	% of Total	% of Total
	Points	(£)	(£)			%	%	%	%
Option 1 Do nothing (status quo)	3,843	4,676,689	1,217	3	16	70	73		
Option 2 Single employer, single site, new service model assumed 50% Fife & FV attrition rate	6,695	4,619,176	690	2	10	39	45		
Option 3 Single employer, multiple bases, new service model	8,741	4,638,598	531	1	6	30	27		

Full breakdowns of the figures listed above are included in Appendix L: Financial and Economic Appraisals.

Subsequent to the economic appraisal, the option of a single base was formally reviewed in greater detail and this option has been ruled out due to the assessment of risk in terms of business continuity (see Section 3.4).

5.7 Sensitivity Analysis

The sensitivity analysis was undertaken using the 'switching values' approach. This 'what if' scenario indicates how much a variable would have to change to impact upon the choice of the preferred option.

As shown in the economic appraisal table above, Option 3 (Single employer, multiple base, new service model) has been given the highest rank order in terms of cost per benefit. To test the sensitivity of this outcome, analysis has been performed to determine the increase in costs or decrease in benefits required to amend the rank order of the options.

- The cost per benefit of Option 3 would have to increase by a minimum of 30% before the rank order would change with Option 2 becoming the higher ranking option. This shows that, in terms of cost, the options are not very sensitive to fluctuation.
- The benefits gained from Option 3 would have to decrease by a minimum of 24% before the rank order is changed to favour Option 2. This represents a large decrease and shows that, in terms of benefits, the option is not very sensitive to fluctuation.

5.8 Preferred Option

The preferred option has therefore been identified as **Option 3 – Single Employer, Multiple Base, New Service Model**. The economic appraisal shows that this option is the higher ranking option based on benefits versus expenditure. It also carries a medium risk profile. The sensitivity analysis has demonstrated that this option is not very sensitive to fluctuation in terms of cost and benefits.

6. Financial Case

A full financial appraisal of all short listed options has been undertaken to determine the anticipated costs associated with implementation. This section is not concerned with the theoretical cost indicators used in the economic appraisal, but with actual forecast costs, including VAT, and their affordability in relation to the funding streams likely to be available.

6.1 Non Recurring Revenue Costs

Table 16 Non Recurring Costs

Option	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Option 1	-	-	-	-	-	-
Option 2	184,533	84,533	84,533	84,533	-	438,130
Option 3	100,000	-	-	-	-	100,000

6.2 Recurring Revenue Costs

Table 17 Recurring Revenue Costs

Option	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Option 1	4,704,271	4,831,112	4,961,443	5,095,364	5,232,974	24,825,164
Option 2	4,198,056	4,725,076	4,810,335	4,939,715	5,072,648	23,745,832
Option 3	4,651,510	4,776,760	4,905,454	5,037,687	5,173,559	24,544,970

A detailed breakdown of these costs is included in Appendix F

6.3 Assumptions

Detailed costing assumptions and costing methodologies are included in Appendix F .

7. Preferred option – ‘Day One’ Proposed Service Model

This section of the Business Case outlines the service model that has been developed following staff engagement and demand and capacity modelling.

It is recognised that it is a ‘Day One’ service model i.e. the model that would be implemented following TUPE transfer of staff and as part of the subsequent organisational change process.

The Single Employer will be responsible for developing a full Target Operating Model (see Appendix G for a potential framework); for supporting the service to embed and implementing any associated longer term changes (see Section 8 for potential opportunities).

7.1 Proposed Service Model Overview

The table below provides an overview of the ‘Day One’ service model.

Table 18 ‘Day One’ Service Model

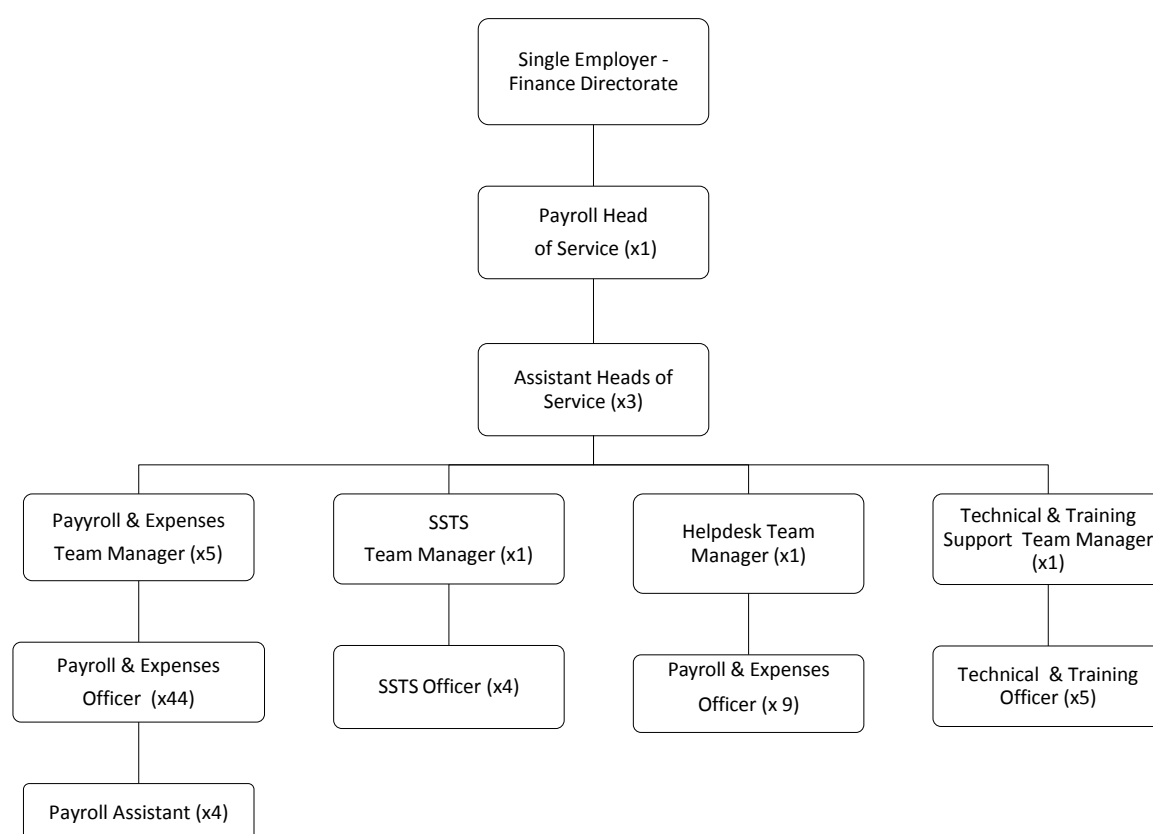
Aspect	Description
Boards in scope	<ul style="list-style-type: none"> • Three territorial Boards: Fife, Forth Valley, Lothian • Four national Boards⁸: National Services Scotland; NHS Education for Scotland; Healthcare Improvement Scotland; Scottish Ambulance Service
Employer Status	<ul style="list-style-type: none"> • Single Employer for Payroll Services Staff
Reporting Line	<ul style="list-style-type: none"> • Within the Finance Directorate of the Single Employer Board • Formal Service Level Agreements (SLA) established with remaining Boards • Principle of equitable service to all Boards
Payroll Functions	<ul style="list-style-type: none"> • In scope: Payroll, SSTS, Expenses • Out of scope: Car leasing and extended role functions (HR and finance)
Structure Overview	<ul style="list-style-type: none"> • Single management structure • Consortium wide Enquiry Management Helpdesk Service • Consortium wide Training Function • Consortium wide Technical Support Function • Dual function Payroll & Expenses Teams • Single function SSTS Team(s)
High Level Process Flow	<ul style="list-style-type: none"> • Processes to be electronic where possible • Payroll services enquiries to be managed by Helpdesk Service Team • Information flow into payroll service from eESS system • Hybrid model of individual and team allocation of activity • Peer based checking where appropriate • Lead checking for more complex activity
Location	<ul style="list-style-type: none"> • The service model to operate from multiple bases.

⁸ NSS will provide payroll services to the Public Health Scotland body to be established in April 2020.

7.2 Service Model Structure

The proposed service model has a single management structure sitting within the Finance Directorate of the Single Employer. The structure below the management team consists of dual function payroll and expenses teams and a single function SSTS team; a Consortium wide enquiry management helpdesk service function and a training and technical support function.

Figure 3 Service Model Structure



The model proposes a dual function payroll and expenses role and separate SSTS role (as opposed to single function or triple function roles) for the following reasons:

- The non-compatible nature of payroll and SSTS functions due to conflicting time pressures; the division of responsibilities and duties; and a different knowledge base for the two functions.
- A logical fit between payroll and expenses functions (expenses are technically a payment).
- Expenses as a standalone function, introduces a potential single point of failure due to the relatively low volumes of activity and subsequent small staffing levels.

7.3 Service model Roles and Activities

How the key payroll service roles and activities would be split across the teams:

Table 19 Key Payroll Service roles and activities

Function	Primary Role	Key Activities
Single Management Team	Responsible for the management and delivery of the payroll service within the South East Consortium	<ul style="list-style-type: none"> • Strategic direction • Service management • Performance management • Reporting and governance • Professional advice and guidance e.g. new policies • External stakeholder liaison e.g. HMRC, HR, audit • Customer Board engagement e.g. SLA management • Workforce planning and development • National & regional activity
Helpdesk Service	Enquiry and support service to users	<ul style="list-style-type: none"> • Responding to enquiries (online, telephone) • Recording enquiries • Reporting on trends and issues • Appropriately escalating enquiries if required
Training function	Responsible for staff and customer training	<ul style="list-style-type: none"> • Payroll services staff training & development • External 'customer' education and training
Technical support function	Technical support for the service and customer support needs	<ul style="list-style-type: none"> • System administration: complex user & authoriser set up (payroll & expenses only) • Payroll reporting: national, regional, local, customers • Service improvement activity • Freedom of Information enquiries
Payroll & Expenses Teams	Responsible for day to day payroll and expenses processing and checking	<p><i>Payroll</i></p> <ul style="list-style-type: none"> • Processing • Checking • Post payroll activity (e.g. balancing, recovery of advances) • Pensions • User support (escalated by helpdesk team) <p><i>Expenses</i></p> <ul style="list-style-type: none"> • Processing (paper claims, study leave claims) • Random/ spot check of expenses & receipts • User support (escalated by helpdesk team)
SSTS Team	Responsible for day to day SSTs activity	<ul style="list-style-type: none"> • System administration – user & authoriser set up • Reassignment/ alerts– highlight changes on payroll • System configuration (roster set up, ward codes) • Exports/ reports (including BOXI) • User support and training • Development testing
Support staff	Responsible for administrative tasks	<ul style="list-style-type: none"> • Assistance with aspects of payroll processing • Filing, scanning, incoming mail, payslip distribution

7.4 Staffing Levels

Service demand and capacity modeling has been undertaken and the following staffing levels proposed as part of the 'Day One' model. See Appendix H for more detailed information on Payroll Officer 'Sustainable Caseload' modeling and national benchmarking.

Table 20 Staffing Levels for 'Day One' model

Role	WTE
Head of Payroll Services	1
Assistant Head of Services	3
Payroll Services Team Manager	8
Technical Officer & Training Officer	5
Payroll Officer	57
Payroll Assistant	4
Total	78

Activity to develop draft job descriptions has enabled indicative bands to be assigned (see Section 5.4); it is planned to further develop the draft job descriptions prior to TUPE transfer which will act as a strong foundation for the Single Employer to build on.

7.5 Process Flow

• *Long Term Vision*

The longer term vision for payroll services is to move to next record processing (shared work pool). This would remove the need for individually allocated payrolls and would support a more equitable workload distribution enabling staff to work through requests from receipt to completion, without impacting on the subsequent report generated for other areas.

However, it is also acknowledged that this vision would be aided (but not fully dependent) on a new system because the current national payroll system is based on Group Code/ Pay Points. A new payroll system will be considered under the auspices of the wider national Business Systems Strategy; this is at a relatively early stage but has the potential to support the delivery of the vision above.

• *Hybrid Model*

A hybrid model would be adopted in relation to process flow as part of a 'Day One' model. This would include next record processing or team allocation for:

- Enquiries
- User set up
- Expenses
- Pensions
- XML data provision services (ODEX files)

On 'Day One', remaining activity (mainly payroll processing) would be processed as it is currently (three out of four teams on an individual allocation basis and one team on a team allocation basis). A service improvement approach (e.g. process mapping, tests of change)

would be applied to establish how next record processing (shared work pool) could apply to payroll processing at scale.

- ***Enquiry Management Helpdesk Service***

The service model includes a consortium-wide helpdesk service provided by dedicated staff with payroll knowledge to be able to respond accurately and timeously to at least 75% of enquiries without the need for escalation. Agreement is required as to how the helpdesk will be staffed and the evaluation from the NHS Lothian helpdesk pilot will help to inform decisions.

- ***Training and Technical Support***

The service model includes dedicated staff with payroll knowledge and technical and training expertise to be able to support service improvement, internal staff and customer training and education as well as address technology issues and develop technology solutions.

- ***Payroll checking***

A principle of peer based checking is proposed with an assumption that 75% of checking will be peer based with escalation to Team Manager level for some of the more complex calculations. The exact threshold for escalation for Team Manager checking will be determined following further professional discussion and judgement and taking account of audit requirements.

7.6 Service Location

On 'Day One', the service would continue to be based in existing bases: Edinburgh (Gyle Square and Waverley Gate), Falkirk and Kirkcaldy. In the future, it is anticipated that the Single Employer would explore the benefits and risks of moving to a Single Base in Edinburgh in addition to the continuation of bases in Falkirk and Kirkcaldy.

7.7 Delivering the Benefit Criteria

The assessment of the high level shortlisted options against the non-financial benefit criteria (Section 3) highlights the benefits of a Single Employer, Multiple Base option. The subsequent service model outlined in this section has also been qualitatively assessed in relation to its potential to deliver against the benefit criteria (see table below).

It is recognised that benefits realisation is dependent on an implementation phase that is planned and fully resourced and that takes account of wider considerations (see Section 12 for more detail). It should also be noted that although it is anticipated that the service model will deliver economies of scale, these will take time and will require service improvement activity and, ultimately, a new national system to be fully realised.

Table 21 Service Model Benefits

Benefit Criteria	Qualitative Assessment of Service Model
Sustainability	<p>Delivers all descriptors with the following in place:</p> <ul style="list-style-type: none"> • Sufficient staff capacity, training and education • Standardised processes • Accurate information into service to support cross cover and business continuity (points of contact for inaccuracies).
Staff focus & experience	<p>Delivers due to:</p> <ul style="list-style-type: none"> • Training function to support staff training and development and succession planning • Initial hybrid model of processing to balance staff experience and customer needs • Dedicated helpdesk service to provide more uninterrupted time for processing activity.
Service quality	<p>Delivers due to:</p> <ul style="list-style-type: none"> • Standardised processes promoting best practice • Dedicated training function to maintain staff knowledge <p>Service quality is also dependent on accuracy of information coming in.</p>
Efficiency & productivity	<p>Delivers due to:</p> <ul style="list-style-type: none"> • Standardised and more streamlined processes • Technical function to maximise the use of systems capabilities <p>A more efficient and productive service will also result from service improvement activity that is not service model dependent.</p>
Customer focus & experience	<p>Delivers due to:</p> <ul style="list-style-type: none"> • Dedicated helpdesk service • Customer education and training and technical support.
Strategic fit	<p>Delivers due to:</p> <ul style="list-style-type: none"> • Service model in line with national payroll strategic direction • Service model in line with Scottish Government 'Once for Scotland' approach • Single employer aspect will simplify governance and management arrangements.
Technology & innovation	<p>Delivers due to:</p> <ul style="list-style-type: none"> • Role of dedicated technical support function • Helpdesk technology • Training function supporting staff and customers to maximise technology. <p>This benefit will also be delivered through service improvement activity that is not service model dependent.</p>

8. Preferred Option – Potential Opportunities

As part of the Single Employer decision-making process, prospective Single Employer Boards have been asked to state their vision for payroll services in the South East and outline how they will realise the potential non-financial benefits as well as any financial benefits or implications as a result of moving to a shared service model.

Whilst it is recognised that this will be the Single Employer's responsibility, some current and potential service improvement and redesign opportunities have been identified and, where possible, quantified as part of the process to date.

This is not an exhaustive list with some activities not service model dependent and some beyond the control of the payroll service. However it illustrates the real potential for a Single Employer board to deliver a more sustainable, efficient and cost-effective service when considered along with process standardisation and the economies of scale that will result from becoming a single service.

8.1 Unnecessary Manual Keying

There are a range of activities that result in changes to employee pay that need to be entered into the payroll system to ensure correct payment. Payroll teams receive this information from other departments where it has often been typed into a spreadsheet. Traditionally, this information has been printed off and then manually keyed into the payroll system. However, some payroll teams are using national payroll system import uploads to reduce manual keying where beneficial to do so and within system limitations.

SE payroll teams use upload facilities to a varying degree and, even within teams, there is variation depending on the skill set of individual staff tasked with ensuring the changes are entered into the system. SE payroll managers identified the main manual keying activities where there are opportunities to share technical capabilities and service knowledge or test the potential to reduce manual keying. These include nurse bank hours; GP out of hours; Allocate for non-nursing staff; financial code uploads; permanent allowance uploads; TVS import files.

The main benefits are a productivity gain; reduction in miskeying errors; and financial savings from reduced printing. To achieve these benefits, there needs to be a sufficient volume or frequency of changes to achieve economies of scale from setting up an upload facility rather than continuing to manually key in. This will depend on the activity itself as well as the size of the Board.

The main risks from continued manual entry are miskeying leading to under or over payment and print outs going missing. The main risks from using upload facilities are potential for errors when combining spreadsheets in preparation for upload (the system only allows one upload facility at a time which then runs overnight) and lack of technical knowledge and skills to be able to test and use across all Boards. The latter risk will be mitigated under the new service model with the establishment of a training and technical team.

An illustrative example of the potential productivity gain is nurse bank hours entry in NHS Lothian; previously this would have taken 30+ hours a week and now takes approximately 10-15 minutes a week.

8.2 Electronic Payslips

The opportunity for staff to access electronic payslips via the payroll system was introduced approximately three years ago. Employee uptake has been low in most Boards across Scotland despite initial awareness raising. An Internet based payslip initiative was planned to be introduced during 2018 which would have provided an opportunity to promote uptake, however, higher than anticipated initial costs resulted in the decision to put the development on hold.

Part of the reason for this decision was because NHS Forth Valley and NHS NSS were cited as examples of Boards that have successfully achieved a relatively high uptake with existing access and it was felt that other Boards could adopt a similar approach to realise the benefits. Since then within the SE, NHS Lothian has also proactively taken steps to increase uptake and SAS and Fife have demonstrated an incremental increase:

Figure 4 Monthly ePayslips Percentage Uptake by Health Board

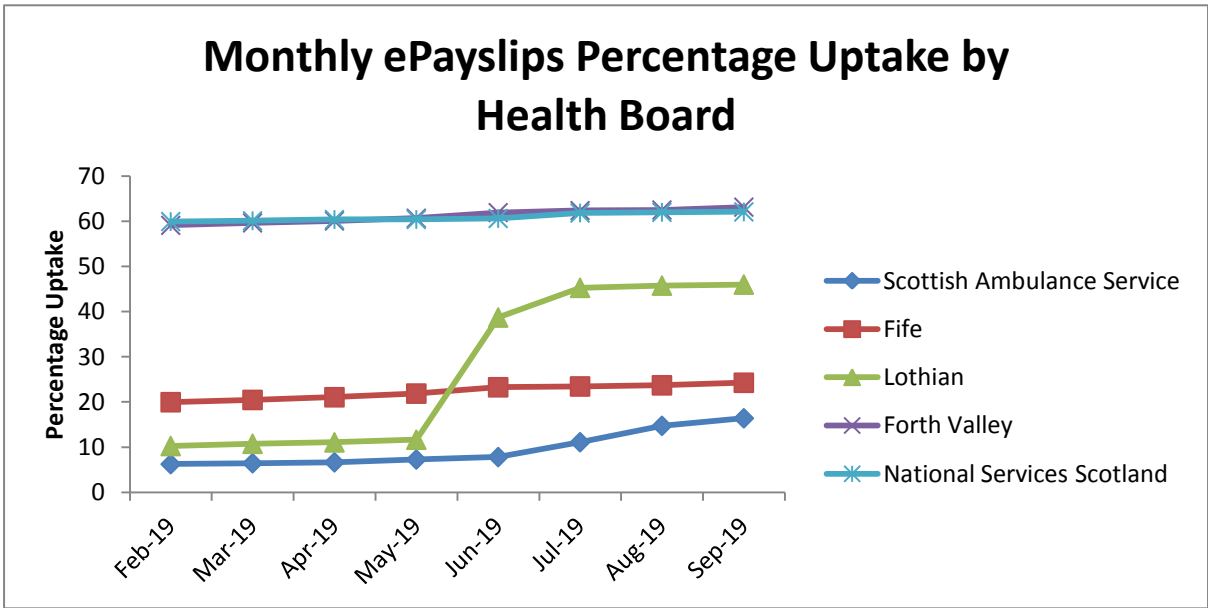
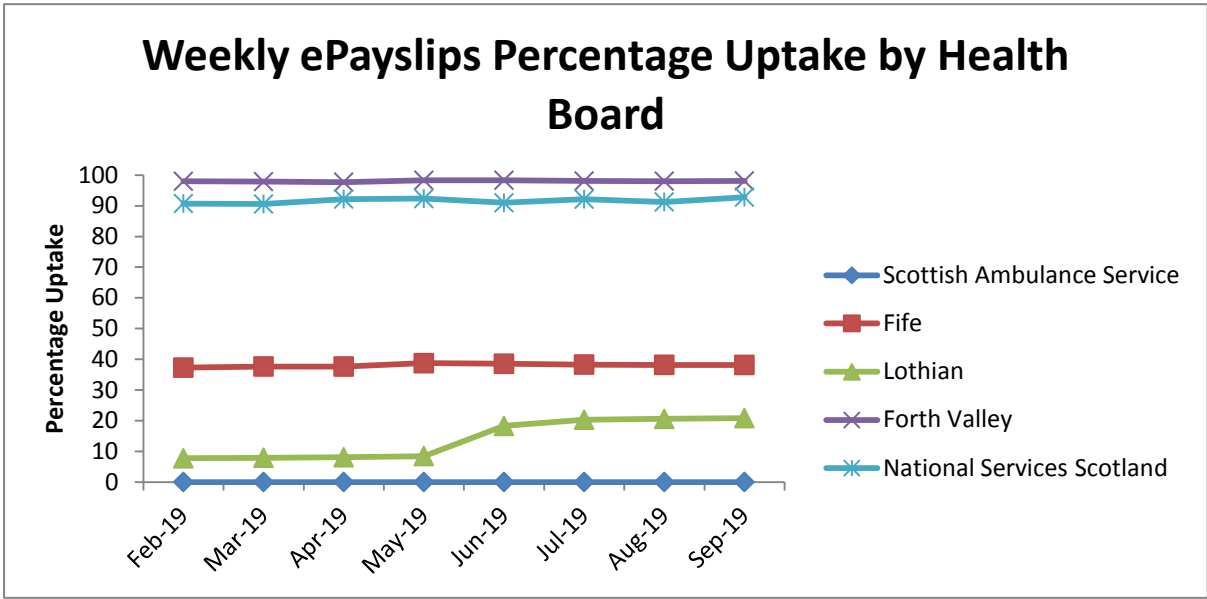


Figure 5 Weekly ePayslips Percentage Uptake by Health Board



The main benefits of electronic payslips are financial savings from ATOS service costs and, where applicable, postage costs; time saved in the payroll department arranging distribution of paper payslips; and a reduction in the likelihood of payslips being delayed or going missing.

The reduction in Atos service costs relates to the number of payslips produced which are then passed on to the individual Board. Whilst each payslip costs 26p to produce, the saving is not immediate because of the way Atos costs are set but will positively impact on service costs in the following financial year.

Across the South East, the average uptake is now 42-44% for weekly and monthly paid staff.

Table 22 ePayslips Uptake

South East Payroll Services Consortium	Number of staff*	Payslips generated annum per	% uptake – Sept 19 (Feb 19)
Monthly paid staff	53193	638,316	44% (25%)
Weekly paid staff	18474	312,000**	42% (35%)

*VME Users on Atos Payroll System
**Includes bank staff, approximately 6,000 paid weekly x 52 pays per annum

It is recognised that whilst access to e-payslips remains only available through the Intranet, there will be a limit to uptake with some exempted staff groups such as facilities staff.

However, even with a modest increase in staff uptake to 65% across the SE, this would result in 200,000 fewer paper payslips; £52,000 production cost saving; £26,000 postage cost saving (for staff bank payslips); and 40-50 days of payroll services staff time per annum.

8.3 Introduction of eESS

NHS Fife, Forth Valley, NSS, HIS and the Scottish Ambulance Service are live users of the Electronic Employee Support System (eESS) / Payroll interface. The other Boards within the consortium are due to go live with the interface in 2020, with NHS Lothian in March 2020.

There are a number of benefits expected from the implementation of eESS and the interface to payroll in each Board. However, to date, the anticipated benefits have not yet been fully realised due to various operational issues having arisen relating to the interface, which have impacted on the ability of eESS and payroll teams to be operating in a Business As Usual mode. The extent of the issues experienced has varied across different payroll teams.

The primary anticipated benefit is a productivity gain from the reduced data keying requirement. Instead of receiving new start, termination and change forms which require payroll teams to key the data into the payroll system, with the interface in place, the data electronically appears on the screens within the payroll system, where the payroll teams can accept the data with a mouse click or have the ability to amend the data before accepting it.

Around 80% of change form data changes come through the interface with the other 20% coming to payroll teams in paper report form from eESS for the payroll teams to manually input. It should be noted that payroll teams are still required to key in data items in addition to the data that comes through the interface, depending on the type of change that has been received e.g. tax, superannuation and national insurance related data for a new start form. Payroll teams are also still required to undertake any supplementary work related to change details received through the interface, such as any recalculations required where a backdated data change has been received.

Based on the experience of payroll teams to date using tests of change and professional judgement, the only transaction identified to have a material potential time saving is New Starts where it is estimated that 2-3 minutes per new start, at most, can be saved. SE payroll teams process, on average, 800 new starts per month giving a potential time saving of 1600 – 2400 minutes i.e. 25 - 40 hours per month or the equivalent of up to 0.3 WTE.

There are also other potential benefits to be realised in due course, such as reduced scanning and storage costs due to the reduction in paper forms. Use of the interface is also expected to reduce delays in payroll teams receiving data changes, because there will be no requirement to transport paper forms between departments; this should result in a reduction in the late delivery of data changes, which in turn could reduce the number of advances required and/or late terminations which result in overpayments.

8.4 Weekly to Monthly Pay

An area where both time and money could be saved within payroll services would be to move all weekly paid staff to monthly pay. It is recognised that the decision making regarding this lies beyond the payroll service and with individual boards and that this would have a potentially negative impact on clinical service delivery.

Across the SE, there are approximately 75,000 staff, 19,758 of whom are weekly paid staff; of these, approximately 15,000 are bank staff of whom around 4000 are paid each week.

Table 23 Monthly/Weekly paid staff per Board

NHS Board	Weekly	Monthly
Fife	3210	8862
Forth Valley	4226	6915
Lothian	12292	25503
NSS	30	3666
NES	0	4836
HIS	0	501
SAS	0	5236
Total	19758	55519

This means there are 52 payrolls each year for approximately 6,000 staff. The implication of this is that there are 64 full payroll process runs each year as opposed to 12 if all staff were paid monthly.

The total estimated time spent across South East payroll services, processing all aspects of weekly payroll (per week) is 148.5 hours. This effectively means that 4 WTE payroll staff are engaged on the production of weekly payroll. If all weekly staff transferred to monthly pay it is estimated that approximately 50% of this time would be saved; work to pay these staff would still be required however the number of processes would be significantly reduced. There is also a financial saving from fewer payslips if these continue to be paper based.

In addition to the time saving for payroll teams quantified above, the move would support workload planning and annual leave management within the payroll service. Beyond the payroll service, there would be a positive impact on finance departments as the 52 additional sets of data coming through eFinancials could potentially be avoided and it would also free up some resource for clinical service managers in terms of SSTs.

However, it is critical to note that, as highlighted earlier, there is a significant potential risk to clinical service delivery which would negate any benefits. This is because the ability to deliver a staff bank service is partly dependent on staff taking bank shifts because of the benefit of being paid weekly; without this, NHS staff banks would be less able to compete with agencies who pay weekly as a minimum frequency.

The extent to which weekly pay influences staff 'sign up' for bank shifts has not been fully explored. It should also be recognised that NHS Grampian successfully moved weekly paid staff to monthly pay ten years ago by taking a phased approach, starting with substantive staff and then moving to bank staff and with the option for employees to have a loan advance to support the transition.

8.5 Workforce Redesign

The service model has 4 Payroll Assistant WTE posts; it is envisaged that these posts would support aspects of payroll processing, as appropriate, as well as undertake administrative duties to support the service.

There is the potential to consider further skill mix redesign by increasing the ratio of Payroll Assistants to Payroll Officers. This would release Payroll Officer capacity; provide the potential for career progression for Payroll Assistants; and reduce the overall cost of the service.

Whilst this idea has not been explored in detail, some of the existing teams have introduced a Payroll Assistant role and it is a successful model in a wide range of other NHS services.

8.6 Productivity Stretch Target Projections

As detailed in Appendix X, the staffing levels of 57 Payroll Officers WTE on ‘Day One’ equate to a Payroll Officer caseload of 17,384 payslips per Payroll Officer WTE (based on SE current annual payslips of 916,132).

If the SE payroll service reached the highest ‘payslips per WTE Payroll Officer’ in the SE currently (20,462 in NHS Lothian*), this would equate to a potential 18% reduction in Payroll Officer WTE capacity.

Table 24 Productivity Stretch Target Projections

Payslip caseload ‘stretch target’ projections	Payroll Officer WTE
PO WTE Required if 18000 Payslips Per PO WTE	50.9
PO WTE Required if 19000 Payslips Per PO WTE	48.2
PO WTE Required if 20000 Payslips Per PO WTE	45.8
PO WTE Required if 20462 Payslips Per PO WTE*	44.8
PO WTE Required if 21000 Payslips Per PO WTE	43.6

9. Integrated Impact Assessment

A full integrated Impact assessment (IIA) was carried out and approved by the SE Payroll Consortium Board.

Whilst the importance of payroll services is recognised, the proposed changes in the preferred option do not impact on patients and the general public due to the 'back office' nature of payroll services.

The main change will be a move from five employers to a single employer for payroll services staff in NHS Fife, NHS Forth Valley, NHS Lothian, NHS National Services Scotland (NSS) and the Scottish Ambulance Service.

The IIA looked at the impact the proposed model would have on -three areas.

9.1 Equality, Health and Wellbeing and Human Rights

Positive

No differential impact.

Negative

No differential impact.

9.2 Environment and Sustainability

Positive

Minimal impact; the objectives of the proposals are to ensure a service that is as sustainable, efficient and cost-effective as possible. This includes improving the carbon footprint within the service by encouraging resource efficiency e.g. use of dual screens to reduce printing. This is in line with, and builds on, existing operational management activity within individual departments.

Negative

Minimal impact; the proposals may lead to a marginal increase in travel at the management level but it is recognised that under the current service model, payroll managers are required to travel as part of their role.

It is anticipated that, in line with existing NHS Board travel policies, sustainable forms of transport will be encouraged. It is also expected that increased use of technology will be used as an alternative means of communication when appropriate e.g. VC, Office 365.

9.3 Economic

Positive

Minimal impact; the preferred option will maintain local employment opportunities and may also support improving local employment opportunities. This is because the service may recruit to non-Edinburgh bases to help address the existing recruitment and retention challenges experienced the Edinburgh based services, particularly NHS Lothian.

Negative

No differential impact

It is acknowledged that the Single Employer will be responsible for mitigating any negative impacts and enhancing positive impacts that may arise as the proposals are further developed. It is recommended that the Single Employer undertakes a further IIA at the appropriate time.

10. Communication and Engagement

Stakeholder communication and engagement has been key to achieving a high degree of consensus in agreeing the preferred option and the detailed service model within the Business Case.

10.1 Consortium Staff Briefings

Two series of face to face payroll services staff briefings have been held with all payroll teams; firstly, in advance of the non-financial workshops and, secondly, following the development of the service model. The sessions used a standard presentation to ensure consistency of message, followed by an open Question and Answer session to give staff the opportunity to ask questions or raise any concerns they may have. The briefings were well attended and the questions raised were developed into a detailed Question and Answer document for staff.

10.2 Workshop Participation

Along with Consortium Project Board members, payroll services staff representatives participated in the non-financial option appraisal workshops. To ensure all staff were kept informed and had the opportunity to contribute, local staff sessions were also held with payroll teams prior to the workshops and a written update was shared with all payroll services staff after each workshop. Payroll managers and staff representatives also participated in the workshops held to develop the detail of the proposed service model.

10.3 Staff Side Engagement

As well as two nationally nominated staff side representatives on the Consortium Project Board (UNISON and Unite), local staff side representatives have had the opportunity to participate in the staff briefings and the non-financial option appraisal workshops.

10.4 Programme Updates

South East Consortium Board Directors of Finance, HR Directors and Employee Directors have been kept informed throughout the process with written updates provided regularly; more detailed information, along with a request for formal confirmation of support for the direction of travel, has also been distributed at key milestones.

Regular written updates have also been shared with the National Payroll Services Programme Board and appropriate East Region groups.

10.5 Customer Feedback

Interviews were held with payroll services customers (for example, managers, employees, HR and finance staff members) from across all Consortium Boards. This has provided an insight into what is important to staff who regularly use payroll services and will help provide the start of a baseline to build on.

10.6 Future Engagement

Ongoing communication and engagement will be critical to support the next phase of the programme with some activities where staff engagement will be key already agreed and, in some cases, commenced:

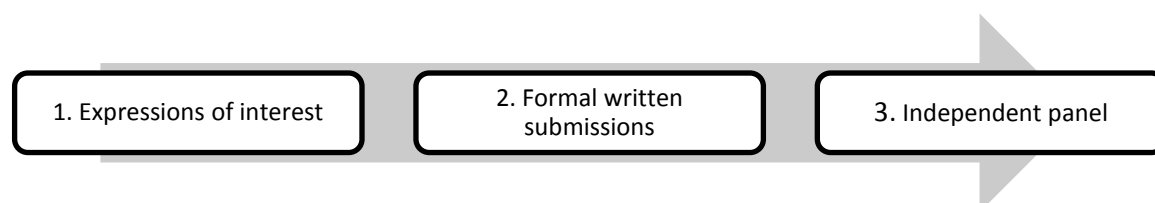
- Web Portal for staff to access key programme information
- Office 365 pilot with South East Payroll Services
- Process harmonisation
- Organisational Development (OD) sessions with Consortium Project Board and payroll managers and staff

11. Single Employer Decision

This section outlines the Single Employer decision-making process and outcome – a key aspect of the preferred option.

11.1 Overview of Process

The flowchart below outlines the three main stages that were followed to decide on the Single Employer:



The process was underpinned by the following principles:

- Transparent and sufficiently robust to be able to stand up to scrutiny
- Not led by any of the Consortium member Boards
- Allows sufficient time for interested parties to participate

11.2 Expressions of Interest

The Chair of the South East Payroll Services Consortium Project Board (Senior Responsible Owner) wrote to the Directors of Finance for each of the Consortium member Boards asking for their formal position in relation to initial expressions of interest in becoming the Single Employer.

In May 2019, NHS Lothian and NHS National Services Scotland (NSS) formally expressed interest in becoming the Single Employer. All other Boards in scope confirmed that they did not wish to be considered as the Single Employer.

11.3 Formal Submissions

The two Boards that expressed an interest were asked to submit a formal application using a standard template (see Appendix I) based on agreed Single Employer Responsibilities (Appendix J).

11.4 Independent Panel

An independent panel was convened to review the formal submissions received. The review took the form of a Board presentation followed by a question and answer session by the panel. Submissions were formally assessed using an agreed methodology.

The panel consisted of members that were independent, experienced and senior within their field of expertise and did not include individuals from within the South East Payroll Services Consortium:

12. Implementation Considerations

Subject to Business Case approval, the following aspects will require due consideration as part of the implementation phase. It should be noted that some of the activities are within the control of the SE Payroll Services Consortium and others will involve external buy-in and support.

12.1 Transfer of Undertakings Protection of Employment Regulations 2006 (TUPE)

As a result of the Single Employer aspect of the preferred option, payroll staff employed in the other NHS Boards in scope will transfer to the NHS Board that has been selected as the Single Employer. This transfer will be enacted in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (updated in 2014). This means that the staff will transfer to the single employer on their existing terms and conditions of employment and continuous NHS service record.

In accordance with TUPE, this will require a Formal Consultation process to be undertaken within each impacted NHS Board to agree transfer arrangements

12.2 Implementation of the New Model of Service Delivery and New Organisational Structure

Following the TUPE transfer of payroll services staff, the Single Employer will commence an organisational change process to implement the new model of service delivery for South East Payroll Services.

12.3 Conditions for Change

One of the most important implementation considerations is creating the conditions for change by developing, resourcing and implementing a robust change management plan to be able to fully realise the agreed benefits.

This is anticipated to include an assessment of the readiness for change (at an individual and service level) as well support for the service to develop a shared vision; common values and behaviours; strong leadership and informed and engaged staff.

12.4 Workforce Planning

As part of the development of the Business Case, workforce planning for the service model commenced using the Scottish Government 6 steps workforce planning methodology⁹.

The completion of this process will help to support the identification of workforce requirements; workforce gap analysis and a subsequent action plan which will include staff training and development.

⁹ <http://www.knowledge.scot.nhs.uk/workforceplanning/resources/six-steps-methodology.aspx>

12.5 Process Standardisation

Activity will be required to standardise payroll processes across the service, supported by service improvement expertise to reach agreement in relation to best practice and the development of associated service standards.

Process standardisation will need to take account of parallel national payroll services programme activity. It is anticipated that this activity will be partly enabled by the ongoing programme to update national PIN guidelines.

Local points of contact and 'how to' guides will be developed where processes cannot be standardised to enable payroll services staff to provide a service across all Boards.

12.6 Technology

The service model is based on the assumption that information will flow into the service through the eESS payroll interface. All SE Boards have eESS in place with the exception of NHS Lothian and NES. NHS Lothian is due to Go Live with eESS in March 2020.

The Office 365 Cloud and Computing programme, a further 'Once for Scotland' approach, will also support the proposed service model because of its cloud based collaborative nature. The South East Payroll Service Consortium has been identified as a pathfinder programme and discussions are underway to implement O365 within payroll in the South East in spring 2020. This will also help to support activity under 12.4.

The national Business Systems Strategy programme will also impact on payroll services in the South East and across Scotland in the following ways:

- The outcome of the live tendering process for a national eRostering system is anticipated to have an impact on the service model SSTS function and team.
- The proposal to explore how best to replace the existing national payroll system.

12.7 Information Governance

Data sharing and data transfer arrangements will be required to support the development and implementation of a shared service model.

12.8 Benefits Realisation and Management

A measurement framework will need to be developed prior to TUPE transfer to ensure there is comprehensive baseline data to support and monitor benefits realisation and management.

This will include a combination of qualitative and quantitative process, outcome and balancing measures drawing from staff matter surveys; customer feedback; national baseline data; further demand and capacity modelling and SE workforce data analysis.

13. Appendices

Appendix A - An overview of payroll services functions¹⁰

Payroll

The main tasks include the input of individual employee data into the payroll system, input of temporary data for each weekly and monthly payroll, checking of payroll system output reports, completion of pension application forms, distribution of payslips and responding to employee and department manager enquiries.

The word 'temporary' is used in the payroll community to differentiate from 'permanent' changes. Permanent changes are the type of changes to data that are permanent on employee records, such as change forms, new start forms. Temporary changes relate to an individual's pay for any given pay period, such as overtime, weekend hours, on call, any additional hours to be paid.

Expenses

The main tasks include reviewing and processing of paper expenses claims, updating system records with amended expenses claimant data, amending current data where required, undertaking various audit checks to ensure that claims submitted electronically by employees directly into the expenses system are in line with terms and conditions of service and local Board policies, and responding to employee and department manager enquiries.

SSTS

The main tasks include undertaking training sessions for all users of the system as appropriate, arranging system exports of payroll related data to the payroll system on a weekly and monthly basis to ensure employees are paid accurately, ensuring that rosters are completed appropriately and timeously by departments to ensure accurate payment, providing system reports as required and responding to enquiries from system users.

¹⁰ A significant number of other tasks undertaken are not included in this overview.

Appendix B – Non-Financial Option Appraisal Workshop Participants (May-June 2018)

Board/Organisation	Number of People Work shop 1 Attendance	Number of People Work shop 2 Attendance	Number of People Work shop 3 Attendance
Borders	5	5	1
Fife	5	4	5
Forth Valley	3	3	3
HIS	1	1	1
Lothian	4	4	4
NES	1	1	1
NSS	5	5	5
SAS	5	5	4
UNISON	1	1	1

Consortium Board Members

Craig Marriott	NHS Lothian Deputy Director of Finance (SRO)
Craig Black	Scottish Ambulance Service Payroll Manager
Donald Boyd	NHS Lothian Senior Project Manager
Robert Clark	NHS Forth Valley Employee Director
Helen Denholm	NHS Fife Head of Payroll Services
Laura Dodds	NHS Lothian Senior Project Manager
Mark Doyle	NHS Fife Assistant Director of Finance (Financial Services)
Simon Dryburgh	NHS Forth Valley Deputy Director of Finance
Jo Edmiston-Mann	NHS Lothian Project Support Manager
Sam Fearnley	NHS National Services Scotland (NSS) Senior Specialist HR Adviser
Paul Govan	NSS Head of Payroll Services
Graham Haggarty	NHS Forth Valley & NHS Lothian Payroll Manager
Doreen Howard	NHS Lothian Head of Financial Control
Laura Howard	Interim Associate Director of Finance, NSS
Shirley Johnston	Staff side (Unite)/ Partnership Representative
Graham Laughlin	NSS Associate Director of Finance
Maria McFeat	Scottish Ambulance Service Deputy Director of Finance
Tom Riddell	National Staff-Side Representative (UNISON)
David Rhodes	Head of Finance and Procurement Healthcare Improvement Scotland (HIS)
Janice Sinclair	Head of Financial Service NHS Education for Scotland (NES)

Appendix C – Non-Financial Benefit Criteria

Benefit Criteria	Description
Sustainability	<ul style="list-style-type: none"> • Manages service demand and capacity • Flexibility of service provision • Supports business continuity • Encourages resilience
Staff Focus & experience ¹¹	<ul style="list-style-type: none"> • Supports staff training and development • Enables career progression (for staff that would like to progress) • Supports succession planning • Positive impact on staff wellbeing
Service Quality	<ul style="list-style-type: none"> • Supports accuracy • Supports payroll services staff to get it right first time (more often). • Reduces the likelihood of re-work • Promotes best practice, standardisation and consistency
Efficiency and Productivity	<ul style="list-style-type: none"> • Supports smarter/ better ways of working e.g. reduce manual intervention • Enables more output for less input
Customer Focus & Experience ¹²	<ul style="list-style-type: none"> • The service is accessible to customers • The service is responsive to customer needs • Customer expectations are managed by applying payroll services judgement to ensure timely and prioritised response • Payroll services staff have the knowledge to address (or know who to signpost to) customer enquiries or issues. • <u>Not</u> about 'getting it right' but about being responsive if things go wrong.
Strategic Fit	<ul style="list-style-type: none"> • In line with national strategic direction for payroll services to work towards a regional model approach • Supports Scottish Government Shared Services 'Once for Scotland' agenda (Standardise, Simplify, Share) • Simplification of governance and management arrangements
Technology & Innovation	<ul style="list-style-type: none"> • Maximises local technology solutions • Encourages innovation e.g. apps, helpdesk • <u>Not</u> about improvements to existing national systems or new payroll system

¹¹ The importance of valuing and recognising staff (and the vital role of payroll services in the NHS) has emerged as a theme during workshop discussions whatever service model option is agreed.

¹² Customer is used as a term to cover individuals and organisations that interact with payroll services e.g. individual employees and managers, Finance colleagues, HR colleagues, SPPA, HMRC etc.

Appendix D - South East Payroll Services – Initial Long List of Options

Option	Name
1	Status Quo
2	Status Quo & Opportunistic Collaboration
3	Status Quo & Formal Resource Allocation
4	Outsourced Payroll Services
5	Extended Role Service (Human Resources)
6a	Hub & Spoke Model (Single Employer)
6b	Hub & Spoke Model (Multiple Employers)
7a	Single Consortium Service (Single Employer & teams split by payroll services function and all located in one base)
7b	Single Consortium Service (Single Employer & teams split by function and located in multiple bases)
8a	Single Consortium Service (Single Employer & teams split by Board and all located in one base)
8b	Single Consortium Service (Single Employer & teams split by Board and located in multiple bases)
9a	Single Management Structure Only with Consortium Wide specialist function teams in one base (multiple employers)
9b	Single Management Structure Only & Consortium Wide specialist function teams in multiple bases (multiple employers)
10a	Single Management Structure Only & teams split by Board and located in one base (multiple employers)
10b	Single Management Structure Only & teams split by Board and located in multiple bases (multiple employers)

Appendix E - Option 1 - Status Quo

Benefit Criteria	Score ¹³	Rationale
Sustainability	Low	<ul style="list-style-type: none"> • Current service model is not sustainable (does not deliver the sustainability descriptors) • Lack of flexibility to manage demand and capacity • Age profile of workforce (in some areas) • Recruitment and retention issues (in some areas)
Staff Focus	Medium	<ul style="list-style-type: none"> • Does not support staff training and development • Does not support career progression or succession planning • Score above 0 given because of positive impact on staff wellbeing (no change required)
Service Quality	Medium	<ul style="list-style-type: none"> • Payroll services staff provide a high level of accuracy • Service model does not support best practice, standardisation and consistency
Efficiency & Productivity	Medium	<ul style="list-style-type: none"> • Lack of efficiency due to different ways of working across teams • Service model does not help to easily realise efficiency and productivity
Customer Focus	High	<ul style="list-style-type: none"> • Experienced, knowledgeable staff • Responsive and accessible to payroll service 'customers' locally • Limitations of service model in relation to fully delivering the customer focus descriptors
Strategic Fit	Low	<ul style="list-style-type: none"> • Not in line with national payroll services strategic direction • Not in line with Once for Scotland agenda • Does not simplify governance or management arrangements
Technology & Innovation	Medium	<ul style="list-style-type: none"> • Inconsistent across teams • Current service model does not encourage sharing of knowledge and experience

¹³ For ease of reference, total scores (out of a possible 100) have been rated as High (67 or over); Medium (34-66) or Low (33 or less).

Option 2 - Single Employer, Single Base

Benefit Criteria	Score	Rationale
Sustainability	Medium	<ul style="list-style-type: none"> • Meets the sustainability descriptors (in theory) • Potential adverse effect on business continuity due to risk of staff leaving if move to a Single Base • Uncertainty in relation to recruitment and retention depending on Single Base location
Staff Focus	Medium	<ul style="list-style-type: none"> • Supports staff training and development • Supports career progression and succession planning • Single Base aspect would have negative impact on the wellbeing of existing staff e.g. disruption of relocation, excess travel time
Service Quality	High	<ul style="list-style-type: none"> • Single Base would facilitate best practice, standardisation and consistency • Risk to accuracy if experienced staff leave/ become disengaged due to relocation
Efficiency & Productivity	High	<ul style="list-style-type: none"> • Supports smarter, better ways of working – easier rollout • Risk if experienced staff leave/ become disengaged due to relocation
Customer Focus	Medium	<ul style="list-style-type: none"> • Potential to have dedicated 'customer helpdesk' service • More consistent approach for all customers • Less accessible, more remote from Board customers if Single Base
Strategic Fit	High	<ul style="list-style-type: none"> • Delivers descriptors
Technology & Innovation	High	<ul style="list-style-type: none"> • Single Base would increase ease of implementation • Payroll service would have same level of IT • Boards would continue to be working on different platforms

Option 3 – Single Employer, Multiple Base

Benefit Criteria	Score	Rationale
Sustainability	High	<ul style="list-style-type: none"> • Delivers descriptors (demand and capacity management, flexibility, business continuity, resilience) • Likely to retain all or most experienced staff due to Multiple Base aspect of model
Staff Focus	High	<ul style="list-style-type: none"> • Delivers descriptors – training and development, career progression, succession planning • Single Employer aspect supports this benefit criteria • Multiple Base aspect introduces an element of logistical challenge • Positive impact on staff wellbeing due to Multiple Base aspect of model
Service Quality	High	<ul style="list-style-type: none"> • Promotes best practice, standardisation and consistency • Multiple Base aspect introduces an element of logistical challenge • Multiple Base aspect increases risk that individual areas do not maintain consistency of approach • Staff wellbeing more likely to lead to engaged staff wanting to 'get it right'
Efficiency & Productivity	High	<ul style="list-style-type: none"> • Delivers descriptors • Multiple Base aspect introduces an element of logistical challenge
Customer Focus	High	<ul style="list-style-type: none"> • Delivers descriptors • Potential to have dedicated 'customer helpdesk' service • More consistent approach for all customers • Multiple Base aspect supports more local accessibility
Strategic Fit	High	<ul style="list-style-type: none"> • Delivers descriptors
Technology & Innovation	High	<ul style="list-style-type: none"> • Single Employer aspect could support improvements and sharing of solutions • Multiple Base aspect may encourage innovation to work better together • Boards would continue to be working on different platforms

Option 4 – Multiple Employer, Single Base

Benefit Criteria	Score	Rationale
Sustainability	Medium	<ul style="list-style-type: none"> Multiple Employer aspect would make flexibility/ managing demand and capacity more difficult Adverse effect on business continuity due to high risk of staff leaving if move to a Single Base Uncertainty in relation to recruitment and retention depending on Single Base location
Staff Focus	Medium	<ul style="list-style-type: none"> Potential to support staff training and development but more complex with Multiple Employers Multiple Employer aspect would mean different Terms and Conditions Multiple Employer aspect would make career progression and succession planning more difficult Single Base aspect would have negative impact on wellbeing of existing staff e.g. disruption of relocation, excess travel time
Service Quality	Medium	<ul style="list-style-type: none"> Potential to support sharing of best practice more than Status Quo Multiple Employer aspect would make promoting best practice etc more difficult but Single Base could support shared learning Mixed views on extent of ability for this service model to meet the Service Quality descriptors
Efficiency & Productivity	Medium	<ul style="list-style-type: none"> As per Service Quality rationale above
Customer Focus	Medium	<ul style="list-style-type: none"> Mixed views on extent of ability for this service model to meet the Customer Focus descriptors Less accessible, more remote from Board customers if Single Base
Strategic Fit	Medium	<ul style="list-style-type: none"> Partly meets Strategic Fit descriptors Does not simplify governance and management arrangements Single Base would bring staff together but does not fully meet Shared Services or national payroll services agenda
Technology & Innovation	Medium	<ul style="list-style-type: none"> Supports descriptors to a lesser degree than Single Employer Single Base would increase ease of implementation Boards would continue to be working on different platforms

Option 5 – Multiple Employer, Multiple Base

Some participants commented that this service model was closer to the Status Quo than Options 2, 3 and 4

Benefit Criteria	Score	Rationale
Sustainability	Medium	<ul style="list-style-type: none">• Potential to meet but due to both Multiple Employer/ Multiple Base aspects the descriptors are unlikely to be fully realised (see rationale in previous options above).• Mixed views on extent of ability for this service model to meet the descriptors
Staff Focus	Medium	<ul style="list-style-type: none">• As above
Service Quality	Medium	<ul style="list-style-type: none">• As above
Efficiency & Productivity	Medium	<ul style="list-style-type: none">• As above
Customer Focus	Medium	<ul style="list-style-type: none">• As above
Strategic Fit	Low	<ul style="list-style-type: none">• As above
Technology & Innovation	Medium	<ul style="list-style-type: none">• As above

Appendix F - Costing Assumptions and Methodology

1. Short listed Options for Costing

As part of the non-financial option appraisal, the following options were short listed for costing:

Scenario	Description
Status Quo / Do Nothing Option 1	Multiple employer Multiple base Existing staffing structure
Option 2	Single employer Single base – Gyle Square, NSS Proposed new service model
Option 3	Single employer Multiple bases – retain 4 existing pay department sites Proposed new service model

There were two further short listed options (Multiple Employer, Single Base and Multiple Employer, Multiple Base); however, no significant additional costs have been identified in relation to a single employer or a multiple employer service model.

2. Estates Costs

2.1 Current Estates Costs

Estates costs are not currently charged out by Health Boards to individual payroll departments. Existing estates costs are sunk¹⁴ as all Boards occupy properties alongside other departments. The removal of the payroll team from one site would not result in the site becoming surplus property. There may be a reduction in hard Facilities Management (FM) costs such as heat, light and power but this is not possible to quantify at this stage and will likely be a minimal reduction.

2.2 Single Employer, Single Base Option: Use of Existing NHS Estate

Payroll managers were asked by the South East Consortium to identify if any existing payroll services team estate would be able to accommodate the whole payroll function for the South East Region if the Single Employer, Single Base option was the preferred option. NHS National Services Scotland (NSS) and NHS Fife payroll department sites have capacity to accommodate the whole payroll function (78WTE). However, concerns have been raised about the physical condition of the existing property at NHS Fife. Therefore, NSS would appear to be the only site within the Consortium which could practically accommodate the new payroll team (at Gyle Square). There would be some displacement and removal costs associated with this option but these cannot be quantified at this stage.

2.3 Single Employer, Single Base Option: Use of Commercially Leased Property

This option refers to commercially leased property sites that are not existing payroll team sites; it has been discounted on the grounds that it would be unaffordable. Advice has been sought from Healthcare Facilities Scotland (HFS), a division of NSS. High level indications of

¹⁴ Sunk costs are costs which have already been incurred and are irrevocably committed.

costs to occupy commercially leased premises range from an additional recurring revenue requirement of £500k per annum to £750k per annum. These costs include, amongst others, annual rental charges, buildings insurance, non-domestic rates and water rates, hard and soft FM.

In addition, there will be a non recurring revenue requirement ranging between £250k and £600k. This includes accommodation furniture and fixtures fit out, IT equipment fit out and dilapidation costs¹⁵. Costs are based on a commercially leased property occupied in December 2018 accommodating 130 WTE.

3. Staff Costs

3.1 All Options: Point on Scale

Staff costs (including employer 'on costs') have been costed at the top of the pay band. This is in recognition that many of the current payroll staff are either at the top of or approaching the top increment of their pay band. In 2020-21, 74% of the payroll staff function will be at the top point of their pay band. Assuming there is no staff turnover, this will rise to 84% in 2021-22, 92% in 2022-23 and 100% in 2023-24.

3.2 Status Quo Option: Agency Costs

Under the current arrangements, NSS recurrently recruit agency staff during summer months to manage the increased workload as a result of NHS Education for Scotland recruitment intakes. This agency cost is included on a recurrent basis for Option 1 (Status Quo) as this is an annually recurring need.

3.3 Status Quo Option: Recruitment and Retention Premium (RRP)

NHS Lothian Payroll Officers (Band 4) currently receive RRP. This was put in place to address recruitment and retention issues within the Board.

The current RRP is due to end in August 2020. It has been assumed that the RRP would be renewed if Option 1 (Status Quo) continued.

3.4 Single Employer Option (Multiple Bases): Salary Protection

A proposed new staffing model has been agreed by the SE Consortium Project Board and the required posts and staffing numbers have been identified.

In line with Organisational Change policy, protection may apply to some existing employees' salaries under the proposed model. Through initial inspection of current and proposed new bands and WTE, it appears that the following staff numbers may be eligible for salary protection:

Existing Band	New Band	WTE
Band 5	Band 4	11.87
Band 7	Band 6	3.5

¹⁵ Dilapidation costs are the 'exit' costs to the tenant for putting the leased property back into repair and the removal of alterations on expiry of the lease.

Potential salary protection costs have been calculated on these numbers and do not make any assumptions in relation to individual staff.

3.5 Single Employer Option (Single Base): Salary Protection

This option assumes a 50% staff attrition rate for NHS Fife and NHS Forth Valley employees. Potential salary protection costs have been calculated on this basis. Through initial inspection of current and proposed new bands and WTE, it appears that the following staff numbers may be eligible for salary protection:

Existing Band	New Band	WTE
Band 5	Band 4	6.29
Band 7	Band 6	3.5

3.6 Single Employer Option (Single Base): Current Employee Excess Travel Expenses

Under the single base option, there would be a requirement to pay employee excess travel expenses for a period of four years if home to new base journey cost exceeds home to original base cost. These have been calculated based on daily travel ticket prices (rail and bus) over 45 weeks annually to allow for annual leave entitlement.

3.7 Single Employer Option (Single Base): Overtime Costs

Overtime working would be required to ensure service demand is met whilst new staff are recruited and adequately trained. Overtime costs have been included in year one (2020-21) covering 1,200 hours per month for a 12 month period. These have been calculated at the overtime rate for band 4 Payroll Officers.

4. Costing Methodology

4.1 Worst Case Costing

The costs included have been costed on a 'worst case' basis. For example, staff costs have been calculated at the top increment of the band. This assumes all existing staff will continue their employment. The exception to this is the Band 8c role which has been costed at mid point to reflect the fact that there are no Band 8c or above roles within the current structure.

Any newly recruited employees would likely be recruited at the bottom increment of the band which will be at a lower cost. The following table provides an indication of the difference in employer 'on costs' at bottom point and top point of the band.

2020-21 Annual Gross Employers 'on costs' per WTE

Band	Top Point	Bottom Point	Difference
3	29,315	26,763	2,552
4	32,519	29,457	3,062
5	41,512	32,690	8,822
6	51,641	41,715	9,926
7	60,851	51,818	9,033
8a	70,829	65,530	5,299
8b	85,217	79,080	6,137
8c	102,484	95,009	7,475

It has also been assumed that all staff relocated to a single base will be eligible to receive excess travel costs. This would be assessed on a case by case basis and is dependent upon the employee incurring additional financial travel costs. This is not known at this time.

There is also an allowance for salary protection included in the costs. The actual cost of this will be dependent upon the new roles assumed by existing staff.

4.2 Staffing Models

Staff costs include all employers 'on costs' (basic salary, national insurance and superannuation contributions). Costs are based on an ongoing indicative banding exercise of the new roles. Known actual costs have been used for 2020-21, in line with the 3 year NHS pay deal effective from April 2017. Staff costs from 2021-22 are estimated, with a 3% uplift applied per annum.

Year	Status Quo (78.22 WTE)	Proposed New Staffing Model (78 WTE)	Change
2020-21	3,080,273	2,899,037	↓181,236
2021-22	3,175,308	2,988,627	↓186,681
2022-23	3,273,194	3,080,906	↓192,288
2023-24	3,374,017	3,175,952	↓198,065
2024-25	3,477,864	3,273,850	↓204,014

Note: The status quo figures above include RRP for Band 4 NHS Lothian employees, which amounts to approximately an additional £85k per annum

The table above shows that the new proposed staffing model costs less than the Status Quo staffing model. However, additional costs are associated with options 2 and 3 which lead to a reduction in the savings achieved by the proposed new staffing model. Additional costs driving the reduction in savings are as follows:

Option	Additional Costs
Option 2	£100k non-recurring transition costs in year one (further detail provided in section 4.4) Salary protection payment (further detail provided in section 3.5) 4 years excess travel expenses for relocated employees (further detail provided in sections 3.6 and 4.5)
Option 3	£100k non-recurring transition costs in year one (further detail provided in section 4.4) Salary protection payment (further detail provided in section 3.4)

4.3 Recurring IT Revenue Costs

The following costs have been identified which are relevant to all short listed options, including the Status Quo option:

Cost Type	Annual Cost (£)
Document Storage and Retrieval Costs	31,000
IT Helpdesk Annual Licence Charge	5,000
Netcall Additional Solution Care	2,950
Atos National Payroll System	1,292,686
Atos SSTS System	281,862
Total	1,613,498

These costs are expected to reduce on the full introduction of eESS due to a reduced documentation storage requirement. The cost reduction is applicable to all options, including the Status Quo. There may be variation between total costs under the Status Quo compared to the Single Employer options; however, the difference is not expected to be material.

4.4 Non-Recurring Revenue Costs

Transitional costs will be required in relation to all the short listed options, with the exception of the Status Quo option. Exact costs are unknown at this stage. A proxy figure of £100k for transitional costs has been included at this stage. Costs will become more apparent as the programme develops and requirements can be fully established (see Section 12).

Transitional costs are included to cover a range of requirements, including but not restricted to:

- Skills gap training and development
- Communications
- Change management
- Service improvement
- Staff security passes/ID badges
- IT system transitional costs (migrating data)
- IT system set up costs (helpdesk and telephone) – initial estimates range from £27k – £32k
- Removal costs (if single base option)

There is an expectation that the majority of HR, OD and project management costs will be absorbed by the Single Employer board.

4.5 Excess Travel Expenses

Under the Single Base option, excess travel expenses will be required for existing staff for a period of four years. The only suitable location to house 78 WTE payroll employees is Gyle Square, NSS. The estimated costs for excess travel expenses are as follows:

Cost Type	Annual Cost (£)
Expenses payable to NHS Forth Valley employees	20,790
Expenses payable to NHS Fife employees	34,380
Expenses payable to SAS employees	3,915
Expenses payable to NHS Lothian employees	25,448
Total	84,533

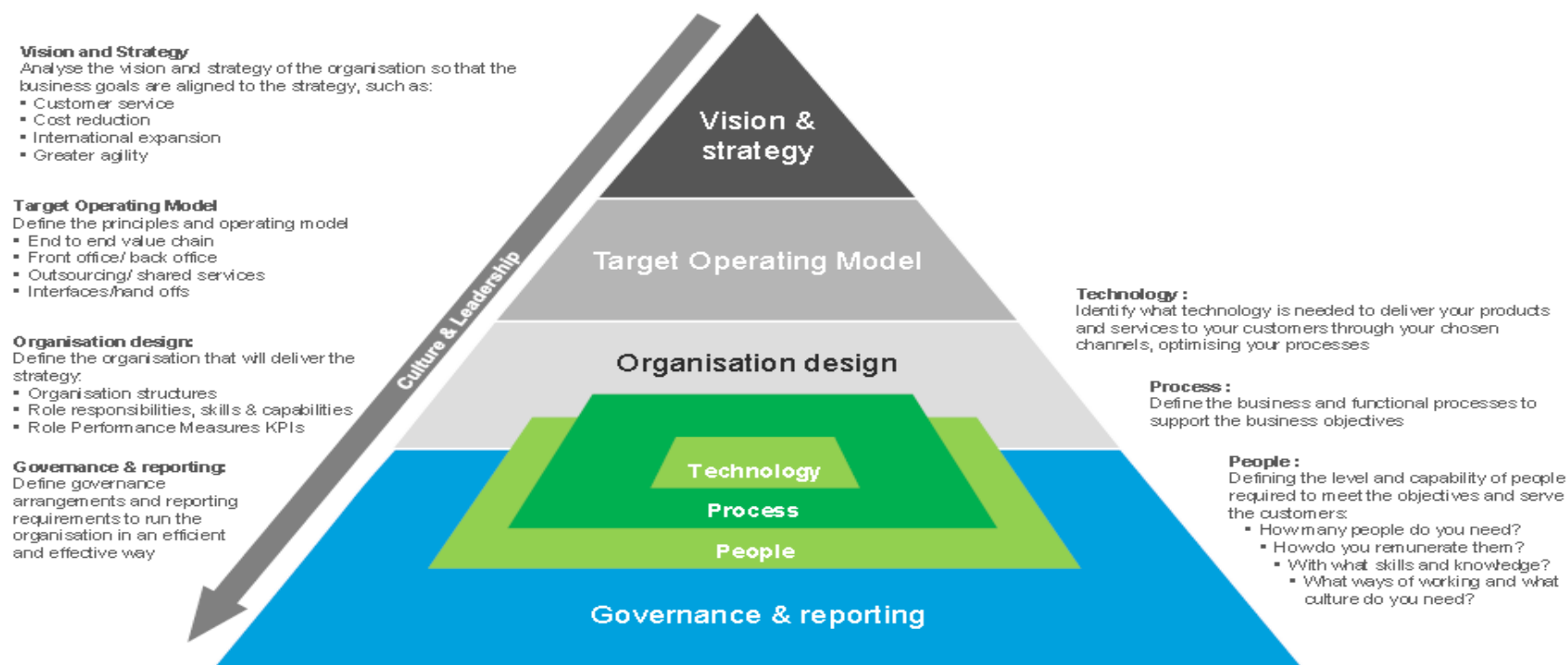
The costs above assume a 50% attrition rate for NHS Fife and NHS Forth Valley employees. Costs are based on the assumption that all staff who are entitled to receive excess travel expenses will exercise this.

Appendix G – Potential Future Target Operating Model Framework

The framework below has been used to inform Target Operating Model discussions at a national payroll services programme level.

Target Operating Model (TOM) at a glance

As illustrated below, the primary purpose of a TOM is to enable the application of a corporate strategy or vision to a business or operation. It is a high level representation of how a company can be best organised to more efficiently and effectively deliver and execute on the organisation's strategy. Moreover, it provides a common understanding of the organisation by allowing people to visualise the organisation from a variety of perspectives across the value chain as every significant element of business activity is represented. People, processes and technology are key components underlining any TOM and are critical to ensure its success.



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Appendix H - Payroll Officer Sustainable Caseload Framework

A framework to agree a sustainable caseload for payroll services staff was developed to support demand and capacity modelling and the subsequent staffing levels proposed in Section 5. In this context 'sustainable' means an activity level that can be reasonably maintained and 'caseload' means activity volume per WTE Payroll Officer¹⁶.

It is recognised that there is no exact or ideal way to 'match' payroll services capacity to demand and a sustainable caseload figure also needs to take account of:

Capacity considerations

- Payroll Officer level of knowledge and experience
- 'Hidden' capacity from the use of overtime and temporary staff to cover vacancies
- Impact of staff leave and turnover
- Potential economies of scale in larger teams

Demand considerations

- Activity associated with weekly pay, bank staff and change forms
- Range and complexity across and within NHS staff job families
- Varying rate of turnover in different staff groups
- Auto enrolment every three years
- Doctors in training intake
- Pay awards and national circulars e.g. protection, Pay As If At Work

For the purposes of the Business Case, demand and capacity was considered in three ways:

- Number of employees per WTE Payroll Officer
- Number of payslips per WTE Payroll Officer
- Number of payslips per Payroll Staff Member (for national benchmarking purposes)

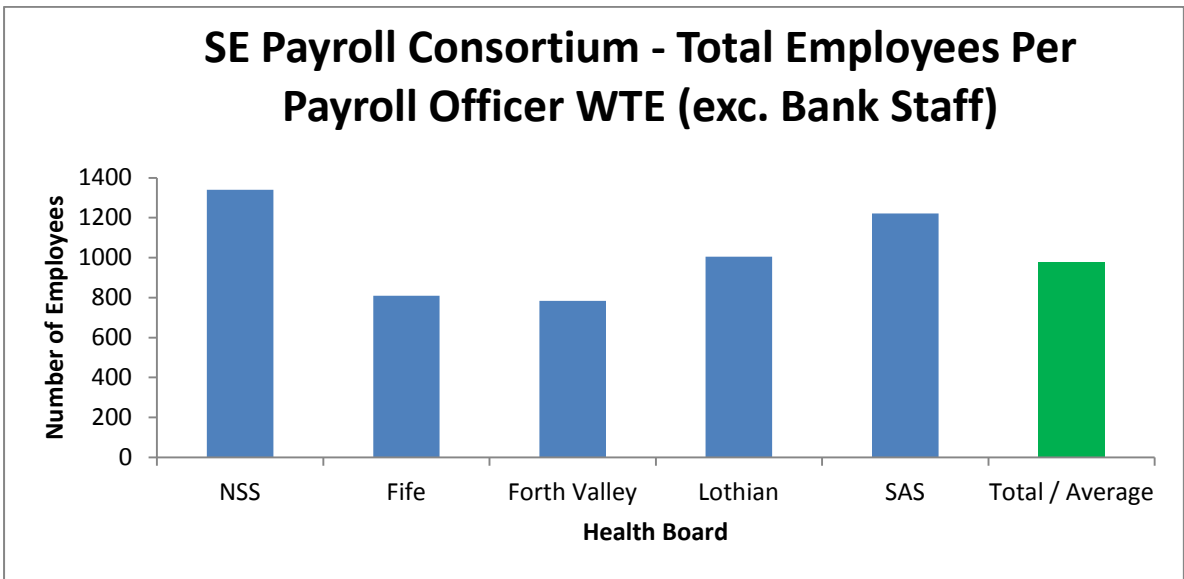
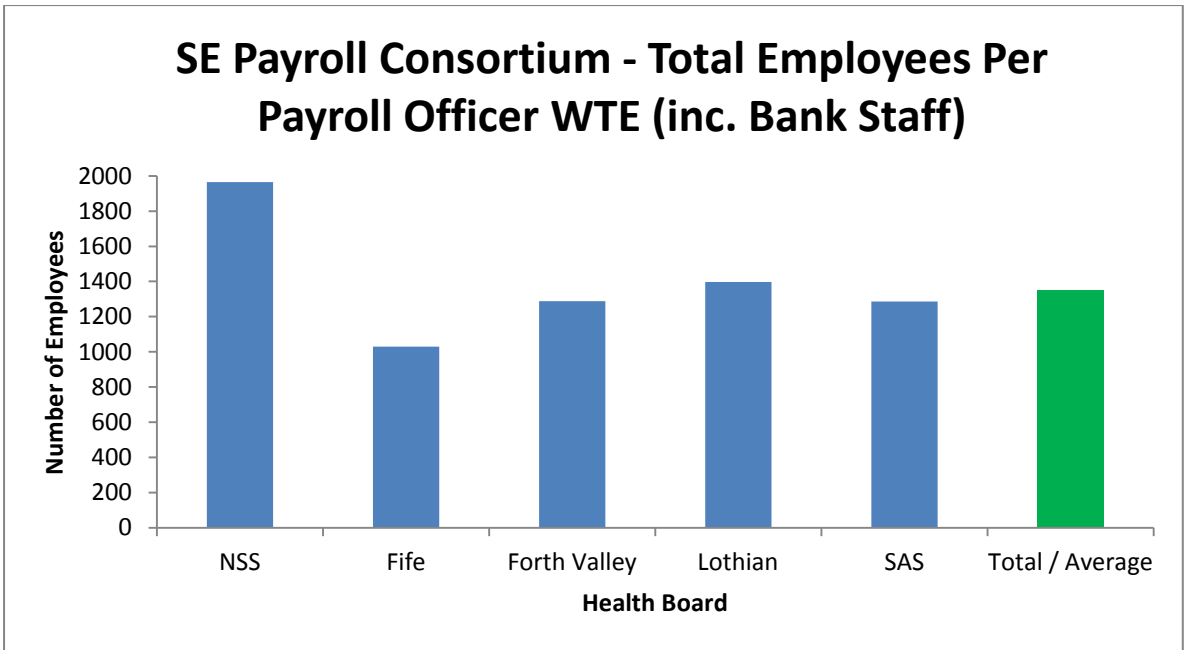
It should be noted that SE Consortium staffing figures below were correct at the time of modelling (January 2019). Staffing levels and associated costs cited elsewhere in the Business Case are based on workforce profile data from October 2019 with any differences reflecting some minimal changes.

• **Number of employees per WTE Payroll Officer**

Board	Payroll Officer WTE	Total Employees Per Payroll Officer WTE	Total Employees Per P.O. (not inc. Bank) WTE
NSS	4.7	1965	1340
Fife	10.79	1030	809
Forth Valley	7.88	1288	784
Lothian*	25.27	1397	1005
SAS	4	1287	1221
Total / Average	52.64	1348	978

¹⁶ SSTs Officer demand and capacity will be revisited following the e-rostering procurement exercise; Other proposed roles are emerging or, due to the nature of the associated activity, are more difficult to quantify.

The NHS Lothian figure above includes both Payroll Officer and Expenses Officer capacity to allow comparison with teams where Payroll Officers have a combined payroll & expenses role.



It should be noted that using ‘number of employees per Payroll Officer WTE’ as a measure of demand has two critical limitations in relation to how meaningful it is:

- i) Including bank staff in employee numbers potentially overestimates demand because only a minority of bank staff work in any given week or month
- ii) Excluding bank staff underestimates the predominantly weekly payroll service demand.

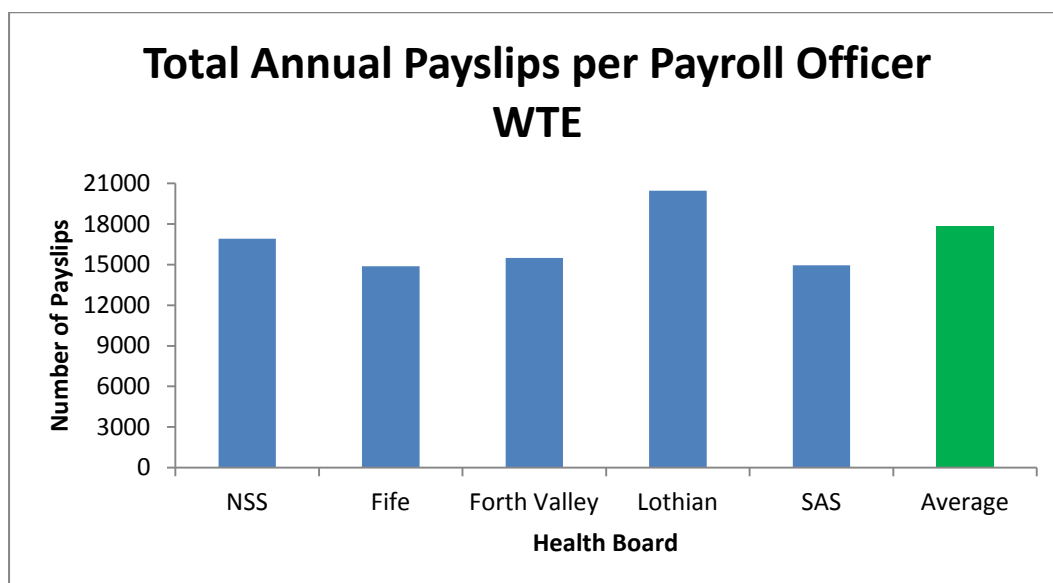
- **Number of payslips per WTE Payroll Officer**

A more meaningful measure is the 'total annual number of payslips per Payroll Officer WTE' which takes account of both monthly and weekly activity and staff bank activity.

Whilst payslip figures do not take account of the demand associated with individual employee changes, it was agreed that this measure would be used, along with professional judgement, to agree a Payroll Officer caseload figure and subsequently match capacity to demand to inform the staffing levels.

Board	Payroll Officer WTE	Total Annual Payslips	Total Annual Payslips per Payroll Officer WTE
NSS	4.7	79,472	16909
Fife	10.79	160,437	14869
Forth Valley	7.88	122,022	15485
Lothian	25.27	517,075	20462
SAS	4	59,748	14937
Average	52.64	938,754	17833

*Includes monthly and weekly and staff bank payslips



'Day One' Payroll Officer Caseload

The proposed Payroll Officer role includes the following activity:

- 95% of payroll processing (similar to current arrangements)
- 75% of payroll checking (a slight increase from current overall checking activity)
- Expenses activity (similar to arrangements in NHS Fife, Forth Valley, NSS and SAS)
- Pensions (similar to current arrangements)
- Transfer of enquiry management

The proposed 'Day One' service model includes 53 Payroll Officer posts consisting of 44 fulfilling four of the above five functions and a further nine WTE for enquiry management (estimated to account for, on average across the Consortium, 17% of Payroll Officer time).

Considering the proposed 53 WTE Payroll Officer resource as a whole would equate to **17,384 payslips per WTE Payroll Officer**. It is acknowledged that whilst this is above the current caseload in 4 out of 5 teams it is just below the South East Consortium average of 17, 833.

This slight increase in overall resource recognises the move to more peer based checking. Currently, across the Consortium as a whole, it is estimated that approximately 68% of checking is undertaken by Payroll Officers and 32% is undertaken at a Team Leader level.

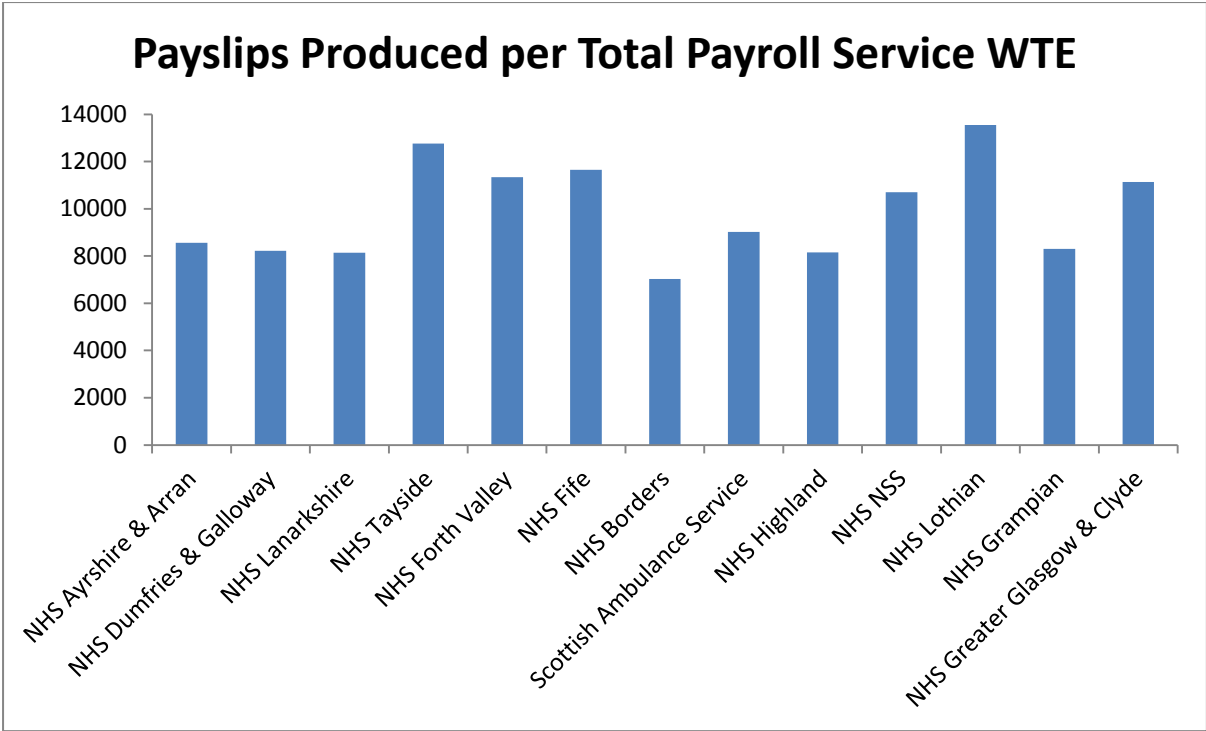
- **Number of payslips per Payroll Staff Member**

National data is included below to enable comparisons to be made between South East Consortium payroll services teams and other teams in Scotland.

The national baseline data (collated September 2018) allows comparison between payroll service provider Boards by 'number of payslips per total payroll services staff WTE' not by Payroll Officer WTE as above. The figures below may differ from data cited elsewhere in the Business Case, reflecting capacity and demand at the time of data collation.

A degree of caution is also required in the application of the national baseline data for benchmarking purposes due to the existence of different service models across Scotland.

Board	Total WTE	Payslips Produced	Payslips per Total WTE
NHS Ayrshire & Arran	19.25	164,872	8565
NHS Dumfries & Galloway	8.31	68,354	8226
NHS Lanarkshire	26.75	217,794	8142
NHS Tayside	20.33	259,460	12762
NHS Forth Valley	11.45	129,752	11332
NHS Fife	14.24	165,904	11651
NHS Borders	6.99	49,160	7033
Scottish Ambulance Service	6.50	58,636	9021
NHS Highland	21.77	177,624	8159
NHS NSS	9.30	99,584	10708
NHS Lothian	37.46	507,456	13547
NHS Grampian	28.95	240,356	8302
NHS Greater Glasgow & Clyde	79.20	881,576	11131
Total	292.10	3,020,528	10341



On the whole, the 2018 baseline data above shows that payroll services teams in the South East Consortium compare well with other teams in Scotland in relation to this particular aspect: three of the top four payroll teams (payslips per WTE) in Scotland are from the South East (Lothian, Fife and Forth Valley) with NSS, and SAS, sixth and seventh out of 13 respectively.

Whilst ‘Payslips per Payroll Officer WTE’ has been used to agree a ‘caseload’ figure and inform staffing levels, the above data allows the proposed total WTE for the South East payroll service to be compared against other teams in Scotland.

This confirms that the proposed total ‘Day One’ Payroll Service WTE of 78 which equates to 12,035 payslips per total Payroll Service WTE compares favourably; it is higher than the current South East average of 11,251 payslips per WTE and 14% higher than the national average of 10,341 payslips per WTE.

Appendix I – Single Employer Written Submissions Template

1	Strategic direction and support
1.1	Can you confirm your organisation's Executive Team (or equivalent senior group) is in support of becoming the Single Employer Board? <i>Please provide evidence.</i>
1.2	Can you outline how becoming the Single Employer for South East Payroll Services aligns with the strategic direction of your organisation?
1.3	What is your organisation's longer term vision for South East Payroll Services?

2	Management and governance
2.1	How would you integrate the South East Payroll Services function into your existing management structure and governance arrangements?
2.2	Can you confirm your organisation's Audit and Risk Committee (or equivalent) is aware of and has the capacity to assume overall audit responsibility for South East Payroll Services?

3	Organisational capacity <u>prior</u> to implementation
3.1	Can you confirm your organisation has capacity to provide any additional resource that may be required <i>following</i> the Single Employer decision and <i>prior</i> to TUPE transfer of staff?
3.2	Please outline how you will undertake and resource the required organisational change process, including what support will be made available to affected staff following TUPE transfer.
3.3	What timescales would you anticipate working towards to move to an initial shared service model?

4	<u>Ongoing</u> organisational capacity
4.1	Can you confirm your organisation has capacity to provide an HR service to payroll services staff? (It is anticipated that Boards 'local' to staff bases will provide occupational health services).
4.2	How would you integrate the South East Payroll Services function into your existing partnership arrangements for staff?
4.3	Can you confirm that your organisation would be able to meet any future IT equipment, software and access requirements?

5	Customer Board management
5.1	Please outline what your organisation would seek to include in the required Service Level Agreements with customer Boards.
5.2	Can you confirm your organisation has information governance capacity to develop and provide any necessary support in relation to the Data Sharing Agreements with customer Boards?
5.3	How will your organisation support the South East Payroll Services management team to develop and maintain positive working relationships with customer Boards?
5.4	How will your organisation seek to ensure an equitable service is provided to all customer Boards?
5.5	Thinking about your organisation's experience of providing payroll services, what added value would your organisation be able to deliver to customer Boards?

6	Benefits realisation and management
6.1	How will your organisation support and monitor the delivery of the agreed non-financial benefits of the proposed service model?
6.2	How will your organisation support and monitor the delivery of any anticipated financial benefits (or financial implications) of the proposed service model?

Appendix J – Single Employer Responsibilities

The Single Employer board will be required to consider the following information and responsibilities:

1. Staff

There are 86 total payroll staff (approximately 78.2 WTE) in the region. Staff currently sit in five teams: NHS Fife, Forth Valley, Lothian, National Services Scotland (NSS) and the Scottish Ambulance Service; NSS provide a payroll service to Healthcare Improvement Scotland (HIS) and NHS Education for Scotland (NES). The Single Employer board will assume full employer responsibility for these staff under TUPE transfer arrangements.

Following TUPE transfer, the Single Employer board will be required to undertake and resource a full organisational change process to transition the individual payroll teams to the new team structure. The Consortium Project Board will endeavour to provide as much detail as possible to ease the potential burden of this process, for example initial staffing structure, numbers, role outlines and draft job descriptions.

The Single Employer board will be required to provide a full HR service to South East Payroll Services although it is anticipated that Boards 'local' to staff bases will provide occupational health services if required.

2. Payroll Production

The Single Employer board will provide a full payroll service to approximately 70,000 NHS staff in seven boards – this includes payroll, expenses and SSTs.

The Single Employer board will be required to set up and maintain Service Level Agreements with the six other boards. The abiding principle will be that each board (including the Single Employer board) will receive the same standard of service.

3. Accommodation

It is expected that all boards with current payroll teams will continue to provide desk space for payroll staff. Any costs associated with providing this accommodation would remain with the transferring boards.

These arrangements may be subject to periodic review as part of the Service Level Agreement process.

4. IT Hardware And Support

It is expected that all boards with current payroll teams will continue to make all current IT equipment available to transferring staff. Whether this remains as part of their existing IT estate or is transferred to the Single Employer board will be dependent upon the future IT set up. Any transfer of equipment ownership would be expected to be done at no cost.

It is further expected that boards would continue to provide local IT support to payroll teams. These arrangements would be subject to periodic review as part of the Service Level Agreement process.

Future IT equipment requirements will be the responsibility of the Single Employer board, however any costs associated with this would need to be agreed with each customer board as part of the Service Level Agreement process.

5. IT Software and Access

It is expected that all boards with current payroll teams will continue to provide server space and access to required local systems. The Single Employer board will ideally be required to migrate all payroll staff onto their local network and create a means of all payroll staff accessing information by the introduction of a single storage and retrieval system. This should be partially facilitated by the introduction of Office 365 and other Internet based systems such as ServiceNow. The costs associated with this would continue to be met by the transferring boards in the first instance. These arrangements would be subject to periodic review as part of the Service Level Agreement process.

It should be noted that the main systems used by payroll staff are national systems hosted by Atos and there will be no significant issues to make these available to all payroll staff.

6. Governance and Audit

All governance arrangements for South East Payroll Services would be the responsibility of the Single Employer board. South East Payroll Services will sit within the Finance Directorate of the Single Employer board who will agree reporting arrangements.

The Single Employer board will be required to appoint internal and service auditors for South East Payroll Services. Transferring boards will have a reduced audit requirement and, as such, it is expected that the overall cost of audit will reduce. Overall audit responsibility will sit with the Audit and Risk Committee (or equivalent) of the Single Employer board. Audit costs will be apportioned as part of the Service Level Agreement process.

7. Data sharing

The Single Employer board will require data sharing agreements with each of the customer boards. A full template for this is already in use within NSS and it is expected that this would require a straightforward review to be able to then be put in place between the Single Employer board and the customer boards.

8. Costs

It is expected that there will be some one-off costs associated with the transition to a Single Employer. These are to be determined but it is expected that these would be apportioned between all seven boards.

It is envisaged that as the benefits of moving to a single service are realised there will be some economies of scale leading to an overall reduction in the cost of the service; these will be balanced with inflationary and other costs and passed on to each board as appropriate.

Appendix K – Risks for Shot Listed Options

OPTION 1: Status Quo (Do Nothing) Option													
			Unmitigated Score										
Risk ID	Risk identified	Potential consequences/ Impact	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Category	Mitigation	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Commentary (PB View/ Service Experience)
1.1	There is a risk that staff recruitment and retention issues in NHS Lothian payroll team are not addressed.	Insufficient payroll services staff affecting business continuity and service delivery (e.g. late or inaccurate employee pay). Impact on morale of remaining staff. Negative customer experience.	5	5	25	Very High	Service/ Business Interruption	Overtime. Increase use of B3 roles. Recruitment & Retentia Premum.	4	5	20	Very High	Mitigation is unlikely to deliver significant or sustained impact.
1.2	There is a risk that the increasing age profile of the workforce across the Consortium is not addressed.	Insufficient payroll services staff affecting business continuity and service delivery (e.g. late or inaccurate employee pay). Impact on morale of remaining staff. Negative customer experience.	4	4	16	High	Service/ Business Interruption	Overtime. Increase use of B3 roles.	4	4	16	High	Mitigation does not address risk.
1.3	There is a risk that payroll teams across the Consortium continue to be unable to flex capacity to meet increasing demand/ changes in demand (e.g. Doctors and Dentists in Training Lead Employer)	Insufficient payroll capacity affecting business continuity and service delivery (e.g. late or inaccurate employee pay). Impact on morale of staff at periods of high demand. Negative customer experience.	4	4	16	High	Service/ Business Interruption	Overtime. Fixed term contracts.	4	4	16	High	Mitigation does not address risk.
1.4	There is a risk that there is insufficient capacity to train and develop staff fully to support them in their current roles.	Impact on quality of service delivery. Staff experience	4	3	12	High	Staffing & competence	Continue with staff training being provided to new staff as an 'add on' responsibility for existing staff.	4	3	12	High	Mitigation does not address risk.
1.5	There is a risk that there are limited opportunities for career progression in payroll services in the NHS for staff who wish to progress.	Staff leave for alternative opportunities impacting on service delivery. Staff remain but morale affected.	4	3	12	High	Service/ Business Interruption	Develop opportunities within existing roles to maintain employee interest e.g. service improvement or project activity.	4	3	12	High	Mitigation does not address risk.
1.6	There is a risk that the service is not as efficient and cost-effective as it could be.	Budgetary pressures. Negative staff and customer experience.	5	4	20	Very High	Financial	Local service improvement activity. Sharing knowledge across Board boundaries.	4	4	16	High	Mitigation is unlikely to deliver significant or sustained impact.
1.7	There is a risk that the current service model does not meet the Scottish Government Once for Scotland agenda (for payroll this was to develop national strategic direction and regional service model).	Non-compliance with Scottish Government Once for Scotland agenda (for payroll this was to develop national strategic direction and regional service model).	5	5	25	Very High	Objectives/ Project	Collaboration across Board boundaries.	5	5	25	Very high	Mitigation does not address risk.
										Average	17		
										Median	16		

OPTION 2: Single Employer, Single Base Option													
Risk ID	Risk Identified	Potential consequences/ Impact	Unmitigated Score				Category	Mitigation	Mitigated Score				Commentary (PB View/ Service Experience)
			Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level			Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	
2.1	There is a risk that some payroll staff are unable to travel to a single base and choose not to transfer to the Single Employer.	Insufficient payroll services staff to ensure business continuity i.e. payment of employees.	5	5	25	Very high	Service/ Business Interruption	Overtime. Recruitment drive.	5	5	25	Very high	Service/ Project Board view that mitigation will not address risk due to the anticipated level of staff who would not relocate.
2.2	There is a risk that some Boards do not approve the Business Case and withdraw from the consortium.	Inability to deliver a shared service model.	3	5	15	High	Objectives/ Project	Phased approach to Single Base option.	3	5	15	High	Mitigation is unlikely to reduce the risk.
2.3	There is a risk that the there is a disconnect between the expectation that the programme will deliver financial savings and the payroll service driver to develop a sustainable service.	Business Case not approved.	3	5	15	High	Objectives/ Project	Project Board members continue to emphasise main drivers of sustainability, cost-effectiveness and efficiency. Business Case articulates the benefits, including potential longer term financial benefits and 1% SG Financial Framework savings target.	2	5	10	High	Mitigation will reduce the likelihood.
2.4	There is a risk that there is insufficient payroll management buy-in to, and a collective vision of, a shared service model.	Inability to deliver the benefits of a shared service model. Staff do not engage or buy-in to shared service model.	3	5	15	High	Objectives/ Project	OD/ change management resource to work with and support management.	2	5	10	High	Mitigation will reduce the likelihood.
2.5	There is a risk that some payroll staff do not support a shared service model following TUPE transfer.	Staff transfer to Single Employer but morale low/ productivity affected. Inability to deliver the benefits of a shared service model.	5	5	25	Very high	Objectives/ Project	OD/ change management resource to work with and support payroll services staff.	5	5	25	Very high	Mitigation will not address risk due to cumulative impact of Risk 2.1 on remaining staff and lack of staff support for Single Base option.
2.6	There is a risk that the shared service model will not address the current sustainability issues e.g. workforce retention in Edinburgh based boards; increasing workforce age profile.	Insufficient payroll services staff affecting business continuity and service delivery (e.g. late or inaccurate employee pay). Impact on morale of remaining staff. Negative customer experience.	5	5	25	Very high	Service/ Business Interruption	Overtime. Increase use of B3 roles. Recruitment & Retentia Premium. Site Single Base out of Edinburgh.	5	5	25	Very high	Mitigation will not address risk of Single Base option in Edinburgh. Single Base out of Edinburgh too costly/ high number of staff unable to relocate.
2.7	There is a risk that Boards are unable to harmonise end to end processes due to continuing local Board policy outwith the authority of a shared payroll service.	Inability to deliver a shared service across Board boundaries.	5	3	15	High	Objectives/ Project	Engagement with non-payroll services within Customer Boards. Link with other Shared Services/ Once for Scotland HR agenda. Ongoing activity to update PIN guidelines nationally. Development of local policy reference guides for payroll staff.	3	2	6	Medium	Mitigation will help address likelihood and impact (although some mitigation activity is outwith the control of the programme).
2.8	There is a risk that technology solutions to support any shared service model are not consistently available or resourced.	Inability to deliver a shared service across Board boundaries.	3	4	12	High	Objectives/ Project	Continue to link with O365 implementation colleagues.	2	4	8	Medium	O365 as a tool will support shared services approach and work has commenced to roll out.
2.9	There is a risk that there is insufficient support (OD, HR, project management, service improvement) to support the implementation of a shared service model.	Inability to fully realise the benefits of a shared service model. Staff do not transfer/ leave the service impacting on morale & productivity.	2	5	10	High	Objectives/ Project	Single Employer to evidence that has sufficient resource as part of decision-making process.	1	5	5	Medium	Need to ensure resource requirements are fully identified to support staff readiness for change.
2.10	There is a risk that there is a reduction in productivity as a result of the impact of change on staff.	Impact on quality of service delivery.	4	4	16	High	Service/ Business Interruption	OD/ change management resource to support staff. Phased implementation of change.	4	3	12	High	Mitigation will not fully address because of the move to a Single Base.
2.11	There is a risk that the North and West Scotland payroll consortia do not establish a regional service model.	Disconnect between direction of travel within payroll services across Scotland.	2	1	2	Low	Objectives/ Project	Continue to link with Consortia Leads/ national Programme Board to support progress.	2	1	2	Low	View that this is not a significant dependency for South East Payroll Services.
2.12	There is a risk that the national payroll services programme continues not to make significant progress.	Disconnect between direction of travel within payroll services across Scotland. Inability to fully deliver the benefits of a shared service model because of what is required at a national level to support a regional model approach.	3	2	6	Medium	Objectives/ Project	Continue to link with Consortia Leads/ national Programme Board to support progress. Use South East as a pathfinder for national activity. Escalate if progress continues to be limited.	3	1	3	Low	View that this is not a significant dependency for South East Payroll Services.
										Average	12		
										Median	10		

OPTION 3: Single Employer, Multiple Base Option													
			Unmitigated Score						Mitigated Score				
Risk ID	Risk identified	Potential consequences/ Impact	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Category	Mitigation	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Commentary (PB View/ Service Experience)
3.1	There is a risk that there is insufficient office accommodation to be able to increase the number of payroll staff in non-Edinburgh bases where able to more easily recruit.	Staff experience if insufficient space. Inability to manage recruitment and retention issues in Edinburgh.	2	2	4	Medium	Objectives/ Project	Confirmation that there is room to increase workforce (to an extent) in non-Edinburgh offices.	2	2	4	Medium	Service view that there is room to accommodate an increase in staff as part of a multiple base service model.
3.2	There is a risk that payroll services staff do not engage in developing a shared service model following TUPE transfer because of perception that continuity of multiple bases equates to the status quo.	Inability to deliver the benefits of a shared service model.	3	5	15	High	Objectives/ Project	Single Employer to evidence has sufficient resource to support change.	1	5	5	Medium	Acknowledgment that there will be a need to work with and support the service.
3.3	There is a risk that some Boards do not approve the Business Case and withdraw from the consortium.	Inability to deliver a shared service model.	3	5	15	High	Objectives/ Project	Business Case articulates the benefits for all Boards.	1	5	5	Medium	
3.4	There is a risk that the there is a disconnect between the expectation that the programme will deliver financial savings and the payroll service driver to develop a sustainable service.	Business Case not approved.	3	5	15	High	Objectives/ Project	Project Board members continue to emphasise main drivers of sustainability, cost-effectiveness and efficiency. Business Case articulates the benefits, including potential longer term financial benefits and 1% SG Financial Framework savings target.	2	5	10	High	Mitigation will reduce the likelihood.
3.5	There is a risk that there is insufficient payroll management buy-in to, and a collective vision of, a shared service model.	Inability to deliver the benefits of a shared service model. Staff do not engage or buy-in to shared service model.	3	5	15	High	Objectives/ Project	OD/ change management resource to work with and support management.	2	5	10	High	Mitigation will reduce the likelihood.
3.6	There is a risk that some payroll staff do not support a shared service model following TUPE transfer.	Staff transfer to Single Employer but morale low/ productivity affected. Inability to deliver the benefits of a shared service model.	4	5	20	Very High	Objectives/ Project	OD/ change management resource to work with and support payroll services staff.	3	5	15	High	
3.7	There is a risk that the shared service model will not address the current sustainability issues e.g. workforce retention in Edinburgh based boards; increasing workforce age profile.	Insufficient payroll services staff affecting business continuity and service delivery (e.g. late or inaccurate employee pay). Impact on morale of remaining staff. Negative customer experience.	3	4	12	High	Service/ Business Interruption	Ensure appropriate/ targetted recruitment.	2	4	8	Medium	
3.8	There is a risk that Boards are unable to harmonise end to end processes due to continuing local Board policy outwith the authority of a shared payroll service.	Inability to deliver a shared service across Board boundaries.	5	3	15	High	Objectives/ Project	Engagement with non-payroll services within Customer Boards. Link with other Shared Services/ Once for Scotland HR agenda. Ongoing activity to update PIN guidelines nationally. Development of local policy reference guides for payroll staff.	3	2	6	Medium	Mitigation will help address likelihood and impact (although some mitigation activity is outwith the control of the programme).
3.9	There is a risk that technology solutions to support any shared service model are not consistently available or resourced.	Inability to deliver a shared service across Board boundaries.	3	4	12	High	Objectives/ Project	Continue to link with O365 implementation colleagues.	2	4	8	Medium	O365 as a tool will support shared services approach and work has commenced to roll out. Multiple bases adds some complexity but surmountable.
3.10	There is a risk that there is insufficient support (OD, HR, project management, service improvement) to support the implementation of a shared service model.	Inability to fully realise the benefits of a shared service model. Staff do not transfer/ leave the service impacting on morale & productivity.	2	5	10	High	Objectives/ Project	Single Employer to evidence that has sufficient resource as part of decision-making process.	1	5	5	Medium	Need to ensure resource requirements are fully identified to support staff readiness for change.
3.11	There is a risk that there is a reduction in productivity as a result of the impact of change on staff.	Impact on quality of service delivery.	4	4	16	High	Service/ Business Interruption	OD/ change management resource to support staff. Phased implementation of change.	3	3	9	Medium	Risk not as significant as single base option.
3.12	There is a risk that the North and West Scotland payroll consortia do not establish a regional service model.	Disconnect between direction of travel within payroll services across Scotland.	2	1	2	Low	Objectives/ Project	Continue to link with Consortia Leads/ national Programme Board to support progress.	2	1	2	Low	View that this is not a significant dependency for South East Payroll Services.
3.13	There is a risk that the national payroll services programme continues not to make significant progress.	Disconnect between direction of travel within payroll services across Scotland. Inability to fully deliver the benefits of a shared service model because of what is required at a national level to support a regional model	3	2	6	Medium	Objectives/ Project	Continue to link with Consortia Leads/ national Programme Board to support progress. Use South East as a pathfinder for national activity. Escalate if progress continues to be limited.	3	1	3	Low	View that this is not a significant dependency for South East Payroll Services.
										Average	7		
										Median	6		

Appendix L: Financial and Economic Appraisals.



Appendix L - SE
Payroll Financial Appr

Summary Table

Option	BENEFITS	COSTS	Costs per Benefit	Costs per Benefit	RISK	Costs per Benefit	RISK
	Weighted Benefit Score	Equivalent Annual Charge	£000 / Points	Rank Order (lowest cost per benefit first)	Median risk quotient	% of Total	% of Total
	Points	(£)	(£)			%	%
Option 1 Do nothing (status quo)	3 843	4 676 689	1 217	3	16,00	50	50
Option 2 Single employer, single site, new staffing model assumed 50% Fife & FV attrition rate	6 695	4 619 176	690	2	10,00	28	31
Option 3 Single employer, multiple sites, new staffing model	8 741	4 638 598	531	1	6,00	22	19

Sensitivity analysis - by what do we need to increase the revenue costs of the preferred option by for it to no longer be the best option?

0% increase is required.

Sensitivity analysis - by what do we need to decrease the benefit scores of the preferred option for it to no longer be the best option?

0% decrease is required.

SE Payroll Consortium

Hide unused years and rows Unhide years and rows

Options	Economic Analysis		Affordability			
	Equivalent Annual Charge (£)	Rank	Capital Requirement in Year 1 (£)	Total Capital Requirement of Option (£)	Average Annual Revenue Cost (£)	Rank
Option 1 Do nothing (status quo)	4 676 689	3	-	-	4 965 033	3
Option 2 Single employer, single site, new staffing model assumed 50% Fife & FV attrition rate	4 619 176	1	-	-	4 836 792	1
Option 3 Single employer, multiple sites, new staffing model	4 638 598	2	-	-	4 928 994	2

DO NOT DELETE ROW - USED FO

Affordability - Revenue by year						Affordability - Non Recurring Revenue by year						Affordability - Total Revenue by year	
Year 1	Year 2	Year 3	Year 4	Year 5	Total requirement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Non-recurring Revenue	Year 1	Year 2
4 704 271	4 831 112	4 961 443	5 095 364	5 232 974	24 825 164	-	-	-	-	-	-	4 704 271	4 831 112
4 382 589	4 809 609	4 894 868	5 024 247	5 072 648	24 183 962	184 533	84 533	84 533	84 533	-	438 130	4 198 056	4 725 076
4 751 510	4 776 760	4 905 454	5 037 687	5 173 559	24 644 970	100 000	-	-	-	-	100 000	4 651 510	4 776 760

- 13 838 369 14 417 481 14 761 765 15 157 298 15 479 181

ability - Recurring Revenue by year

Year 3	Year 4	Year 5	Total Recurring Revenue
4 961 443	5 095 364	5 232 974	24 825 164
4 810 335	4 939 715	5 072 648	23 745 832
4 905 454	5 037 687	5 173 559	24 544 970

Option 1 Do nothing (status quo)

Life of Project5

						Total Inc VAT where not recoverabl					
Description	Type of Asset	Life	Year of Purchase	Original Cost (Excluding VAT)	VAT formula	1	2	3	4	5	
Revenue											
Staff costs				15 945 071	Yes	2 998 228	3 090 802	3 186 153	3 284 365	3 385 522	15 945 071
IT Costs (excl ATOS)				162 292	No	32 458	32 458	32 458	32 458	32 458	194 750
Atos National Payroll system Costs				5 605 992	No	1 077 238	1 098 783	1 120 759	1 143 174	1 166 037	6 727 190
Atos SSTS system Costs				1 222 351	No	234 885	239 583	244 374	249 262	254 247	1 466 821
RRP				435 586	Yes	82 045	84 506	87 041	89 652	92 342	435 586
Agency Costs (NSS)				55 746	Yes	10 500	10 815	11 139	11 474	11 818	55 746
Cost of mitigating optimism bias				0		0					0
Revenue Total				23 427 037		4 435 355	4 556 947	4 681 925	4 810 385	4 942 425	24 825 164
Economic Appraisal											
Total Cost (Capital)						0	0	0	0	0	
Discount Factor				3,50%		1,0000	0,9662	0,9335	0,9019	0,8714	
Discounted Total Cost (Capital)						0	0	0	0	0	
Total Cost (Revenue)						4 435 355	4 556 947	4 681 925	4 810 385	4 942 425	
Discount Factor				3,50%		1,0000	0,9662	0,9335	0,9019	0,8714	
Discounted Total Cost (Revenue)						4 435 355	4 402 922	4 370 577	4 338 486	4 306 829	
NPV of Capital Expenditure				0							
NPV of Revenue Expeniture				21 854 169							
Total Net Present Value				21 854 169							
Optimism Bias				0							
Equivalent Annual Charge				4 676 689							
Financial Appraisal (includes all irrecoverable VAT)						Actual Funding Requirements					
Revenue Costs				24 825 164		Revenue	4 704 271	4 831 112	4 961 443	5 095 364	5 232 974
New Depreciation Charges				0		Capital	0	0	0	0	0
Total Revenue Costs				24 825 164							
Total Capital Costs				0							
Project Life				5							
Average Annual Capital				0							
Average Annual Revenue				4 965 033							
DO NOT DELETE ROW - REQUIRED FOR MACRO						4 435 355	4 556 947	4 681 925	4 810 385	4 942 425	

Year of Purchase

Hide unused rows and years

Actual Funding Requirements

Revenue4 704 271 4 831 112 4 961 443 5 095 364 5 232 974
Capital0 0 0 0 0

Life of Project

5

Description	Type of Asset	Life	Year of Purchase	Original Cost (Excluding VAT)	VAT formula
Revenue					
Staff Costs				14 885 639	Yes
Band 4 overtime				409 922	Yes
IT Costs (excl ATOS)				162 292	No
Transition Costs				83 333	No
Atos National Payroll system Costs				5 605 992	No
Atos SSTS system Costs				1 222 351	No
Salary Protection Payment				471 432	Yes
Excess Travel Expenses				281 775	No
Cost of mitigating optimism bias				0	
Revenue Total				23 122 735	
Economic Appraisal					
Total Cost (Capital)					
Discount Factor				3,50%	
Discounted Total Cost (Capital)					
Total Cost (Revenue)					
Discount Factor				3,50%	
Discounted Total Cost (Revenue)					
NPV of Capital Expenditure				0	
NPV of Revenue Expeniture				21 585 411	
Total Net Present Value				21 585 411	
Optimism Bias				0	
Equivalent Annual Charge				4 619 176	
Financial Appraisal (includes all irrecoverable VAT)					
Revenue Costs				24 183 962	
New Depreciation Charges				0	
Total Revenue Costs				24 183 962	
Total Capital Costs				0	
Project Life				5	
Average Annual Capital				0	
Average Annual Revenue				4 836 792	

DO NOT DELETE ROW - REQUIRED FOR MACRO

Year of Purchase		Hide unused rows and years		Unhide		Total Inc VAT where not recoverable
1	2	3	4	5		
2 495 762	2 988 627	3 039 022	3 132 812	3 229 416		14 885 639
409 922						
32 458	32 458	32 458	32 458	32 458		194 750
83 333						100 000
1 077 238	1 098 783	1 120 759	1 143 174	1 166 037		6 727 190
234 885	239 583	244 374	249 262	254 247		1 466 821
88 796	91 460	94 204	97 030	99 941		471 432
70 444	70 444	70 444	70 444			338 130
0						0
4 492 839	4 521 355	4 601 261	4 725 180	4 782 100		24 183 962
Actual Funding Requirements						
4 382 589	4 809 609	4 894 868	5 024 247	5 072 648		
0	0	0	0	0		
4 492 839	4 521 355	4 601 261	4 725 180	4 782 100		

Life of Project5

Description	Type of Asset	Life	Year of Purchase	Original Cost (Excluding VAT)	VAT formula						Total Inc VAT where not recoverable
						1	2	3	4	5	
Revenue											
Staff Costs				15 418 372	Yes	2 899 037	2 988 627	3 080 906	3 175 952	3 273 850	15 418 372
IT Costs (excl ATOS)				162 292	No	32 458	32 458	32 458	32 458	32 458	194 750
Transition Costs				83 333	No	83 333					100 000
Atos National Payroll system Costs				5 605 992	No	1 077 238	1 098 783	1 120 759	1 143 174	1 166 037	6 727 190
Atos SSTS system Costs				1 222 351	No	234 885	239 583	244 374	249 262	254 247	1 466 821
Salary Protection Payment				737 836	Yes	138 975	143 144	147 438	151 862	156 417	737 836
Cost of mitigating optimism bias				0		0					0
Revenue Total				23 230 176		4 465 927	4 502 596	4 625 936	4 752 708	4 883 011	24 644 969
Economic Appraisal											
Total Cost (Capital)						0	0	0	0	0	
Discount Factor				3,50%		1,0000	0,9662	0,9335	0,9019	0,8714	
Discounted Total Cost (Capital)						0	0	0	0	0	
Total Cost (Revenue)						4 465 927	4 502 596	4 625 936	4 752 708	4 883 011	
Discount Factor				3,50%		1,0000	0,9662	0,9335	0,9019	0,8714	
Discounted Total Cost (Revenue)						4 465 927	4 350 408	4 318 311	4 286 467	4 255 056	
NPV of Capital Expenditure				0							
NPV of Revenue Expenditure				21 676 168							
Total Net Present Value				21 676 168							
Optimism Bias				0							
Equivalent Annual Charge				4 638 598							
Financial Appraisal (includes all irrecoverable VAT)											
Revenue Costs				24 644 970		4 751 510	4 776 760	4 905 454	5 037 687	5 173 559	
New Depreciation Charges				0		0	0	0	0	0	
Total Costs				24 644 970							
Total Capital Costs				0							
Project Life				5							
Average Annual Capital				0							
Average Annual Revenue				4 928 994							
DO NOT DELETE ROW - REQUIRED FOR MACRO						4 465 927	4 502 596	4 625 936	4 752 708	4 883 011	

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Meeting:	Finance Performance & Resources Committee
Meeting date:	10 th 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 Finance Performance & Resources Committee 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. Finance Performance & Resources Committee 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 26th 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
Clinical Governance Committee	Due to governance requirements - Update to be provided by Scott Garden.	

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 NHS Fife Finance Performance & Resources Committee are asked to: -

- Agree Implementation of Full HEPMA provided by EMIS Health
- Support progression to NHS Fife Board.

3 List of appendices

The following appendices are included with this report:

- HEPMA Full Business Case

Report Contact

Debbie Black
D&I - Senior Project Manager
Email debbie.black3@nhs.scot



NHS Fife

Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Full Business Case



Version Number	1.2
Date	2020/10/28

Doc: NHS Fife HEPMA FBC	Page 1	Author: DB/MR
Date: 2020/10/28	Version 1.2	Review Date:

DOCUMENT CONTROL SHEET

Key Information:

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Owner:	Christopher McKenna, Medical Director, NHS Fife
Approver:	HEPMA Programme Board
Contact:	Debbie Black, Senior Project Manager, NHS Fife
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Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:
0.1	08/06/2019	Initial Draft	MR	N
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

Distribution: This document has been distributed to: -

Name	Date of Issue:	Version:
HEPMA Programme Board	23/10/2020	V1.1
Digital and Information Board	28/10/2020	V1.2
Area Drug and Therapeutics Committee	28/10/2020	V1.2

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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.

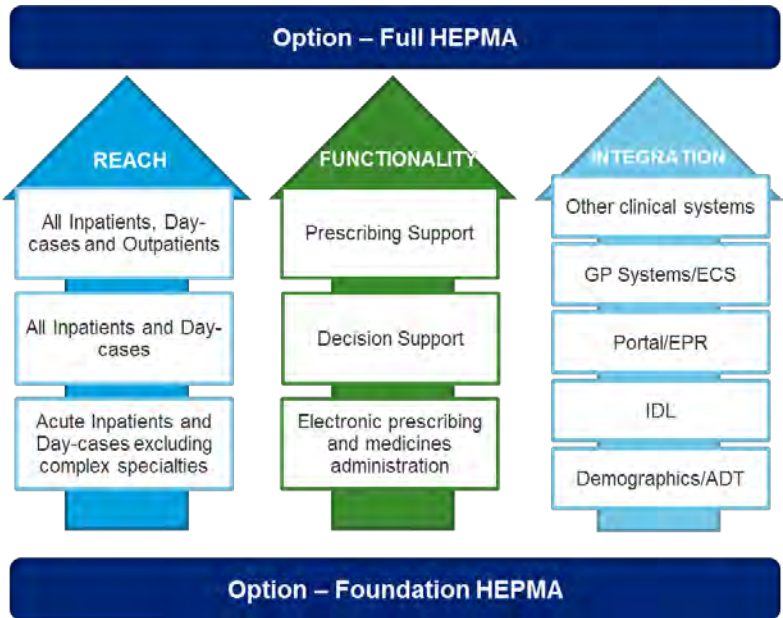
The case outlines the benefits which can be achieved through implementation of HEPMA and recognises that many of these benefits will be realised through implementation of the system. The benefits outlined when achieved will deliver significant improvements to the patient journey and to those working 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.

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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.

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.

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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.

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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 patients¹. 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.

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

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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:

<i>National Clinical Strategy</i>	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.
<i>eHealth Strategy and Digital Health and Care Strategy</i>	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.

<i>Closing the Loop</i>	The 'Closing the Loop' project, commissioned by Scottish Government to help improve the electronic exchange of patient information between primary and secondary care, identified a HEPMA solution as a critical component of medicine reconciliation to enable electronic exchange of important clinical information in a timely, consistent and efficient way. Closing the Loop stated that by improving the electronic exchange of medicines information, HEPMA would reduce transcription risks and make better use of a clinician's time.
<i>Achieving Excellence in Pharmaceutical Care</i>	<p>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.</p> <p>Within this plan, the implementation of electronic prescribing and medicines administration in secondary care is a key aim to allow for electronic capture of prescribing data and sharing of information for the development of pharmaceutical care.</p>
<i>Supply and Demand for Medicines</i>	<p>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.</p> <p>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.</p>

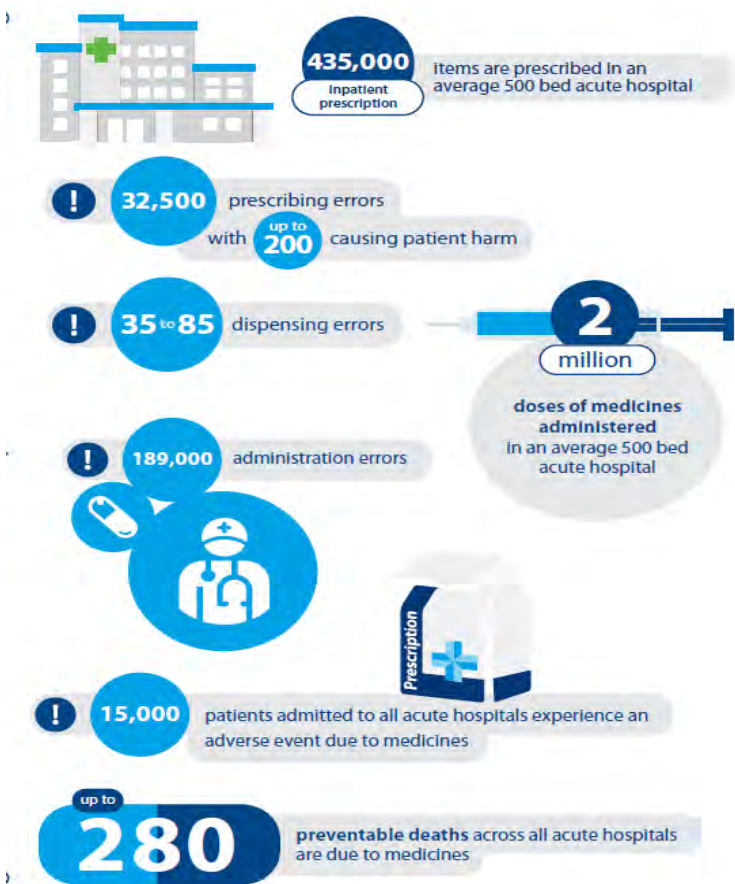
Investment in HEPMA on both a national and local level will aid in the delivery of safe, effective person-centred pharmaceutical care beyond hospitals alone, and support the electronic capture of prescribing data and sharing of information on patients' medicines within and between care settings.

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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)).



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'.

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Oral and Other Drugs: Regular Prescription				DATE	TIME
<input type="checkbox"/> BEFORE ADMISSION	<input type="checkbox"/> NEW DOSE	<input type="checkbox"/> NEW MEDICATION	<div><div>K</div><div>DRUG</div><div>CANISOPRAZOLE</div><div>DOSE</div><div>15mg</div><div>ROUTE</div><div>o</div><div>DATE</div><div>29/12</div><div>PRESCRIBER (PRINT & SIGN)</div><div></div><div>ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY</div><div>Good to go</div></div>	STOPPED	DATE
<input type="checkbox"/> BEFORE ADMISSION	<input type="checkbox"/> NEW DOSE	<input type="checkbox"/> NEW MEDICATION	<div><div>L</div><div>DRUG</div><div>PARACETAMOL</div><div>DOSE</div><div>15mg</div><div>ROUTE</div><div>o</div><div>DATE</div><div>29/12</div><div>PRESCRIBER (PRINT & SIGN)</div><div></div><div>ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY</div><div></div></div>	STOPPED	DATE
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Electronic prescribing has been common place in primary care for many years and provides a blueprint of how it supports clinicians professionally, how it streamlines working practices and how consistent, good quality data can be used to support feedback to clinicians to drive public health insight, manage prescribing costs and manage performance. 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

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,

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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.

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Shared Learning: Healthcare Improvement Scotland (HIS) are in the process of developing proposals for Shared Learning on a national basis using a 'Knowledge into Action' approach to allow the experience of implemented Boards to be shared across Boards and to feed into planning, system configuration and benefits realisation.

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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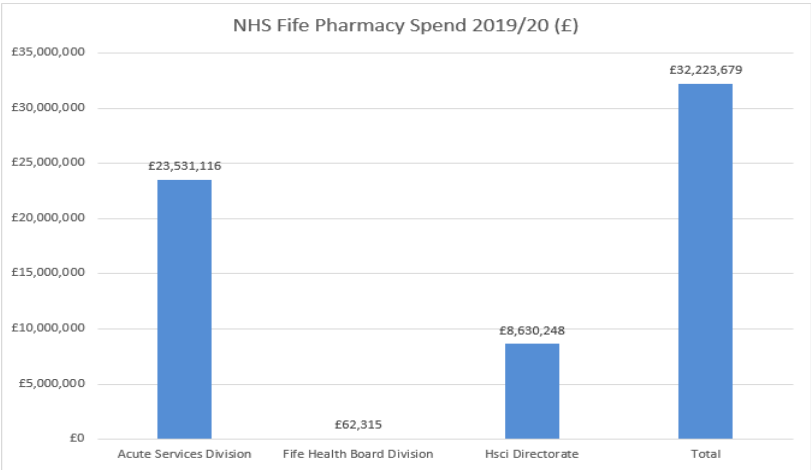
2	Digital Maturity	National Digital Strategy Digital and Information Strategy
3	Health Intelligence	National Digital Strategy Digital and Information Strategy Health and Social Care Strategy Supply and Demand for Medicines
4	Paperlite	Closing the Loop Digital and Information Strategy eHealth Integrated 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)



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

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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.

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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

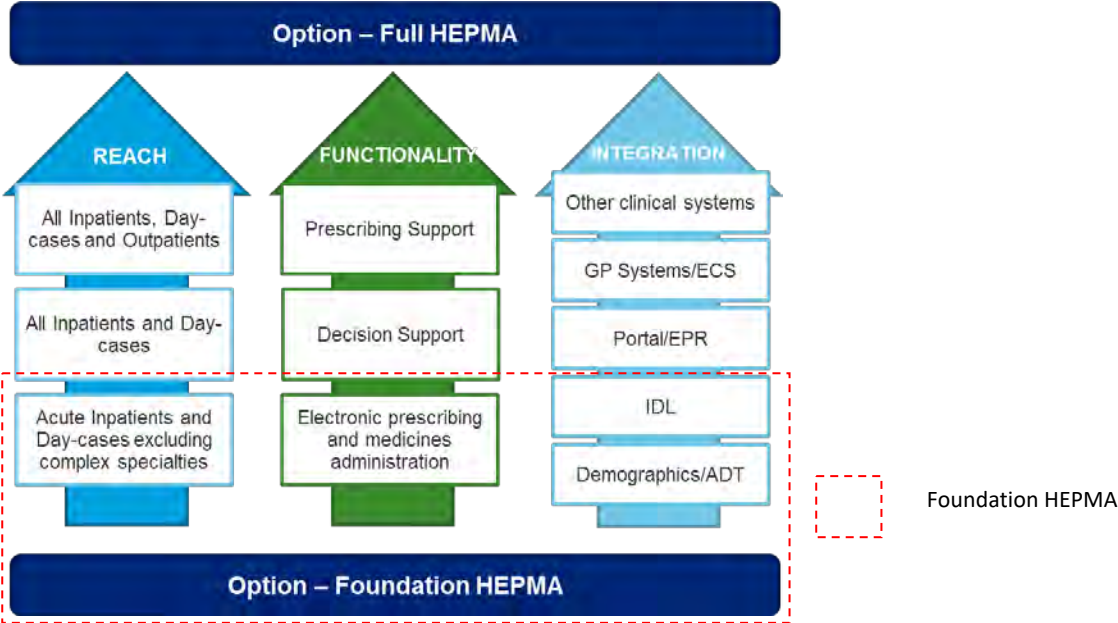
As a reminder Full HEPMA includes all components of HEPMA identified as realistically implementable in the medium term. Given current technology, and the reasons detailed within this paper, Full HEPMA represents an advanced HEPMA model which will bring maximum benefit for NHS Fife.

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.

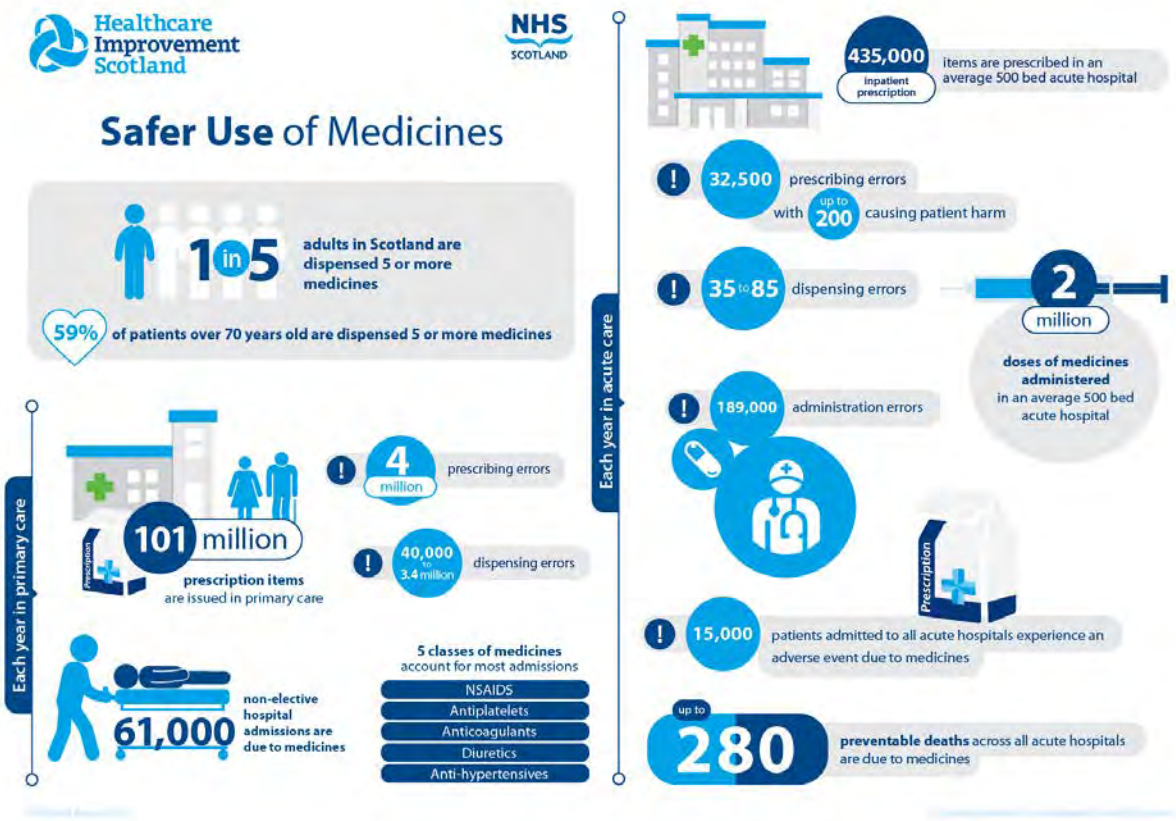
There is clear evidence that HEPMA systems reduce the incidence of medication errors.

‘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.

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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).

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)

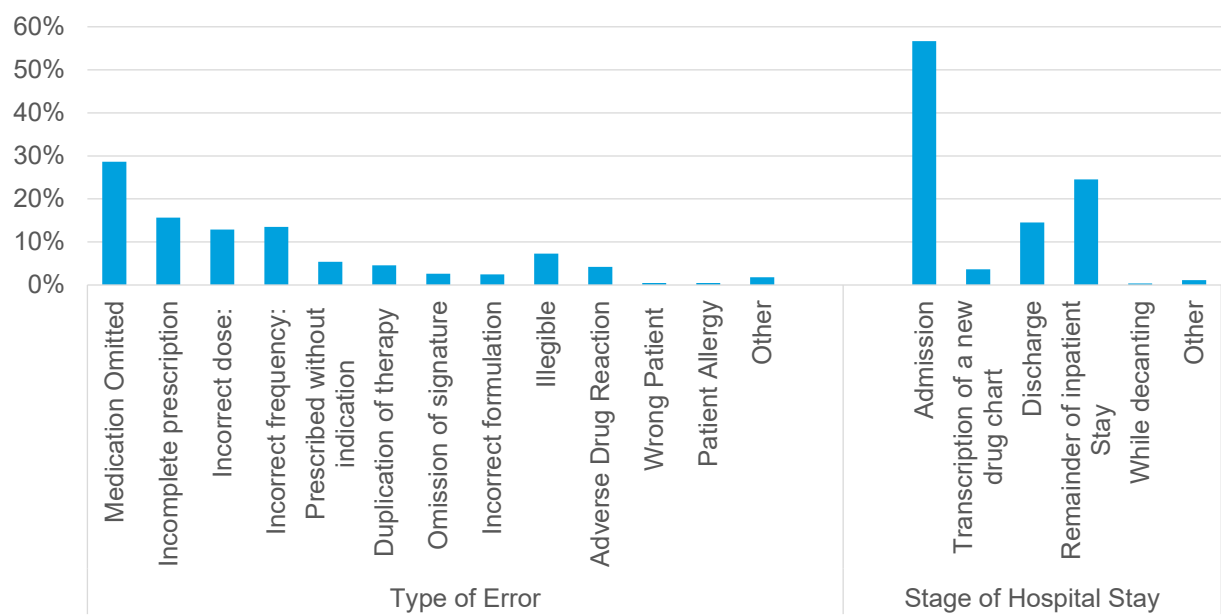
Prevalence of Error	%	NHS Scotland	NHS Fife*
Inpatient Prescription Item Error	7.5%	1,070,000	73,295
Inpatient Chart Error	36%	377,000	25,824
Errors Reaching Patient	32-60%	-	-
Errors Causing Harm, estimated consequences	1.0 – 4.1%	3,370 – 15,500	230 – 1,061
Temporary harm and intervention required	80%	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)

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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.

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

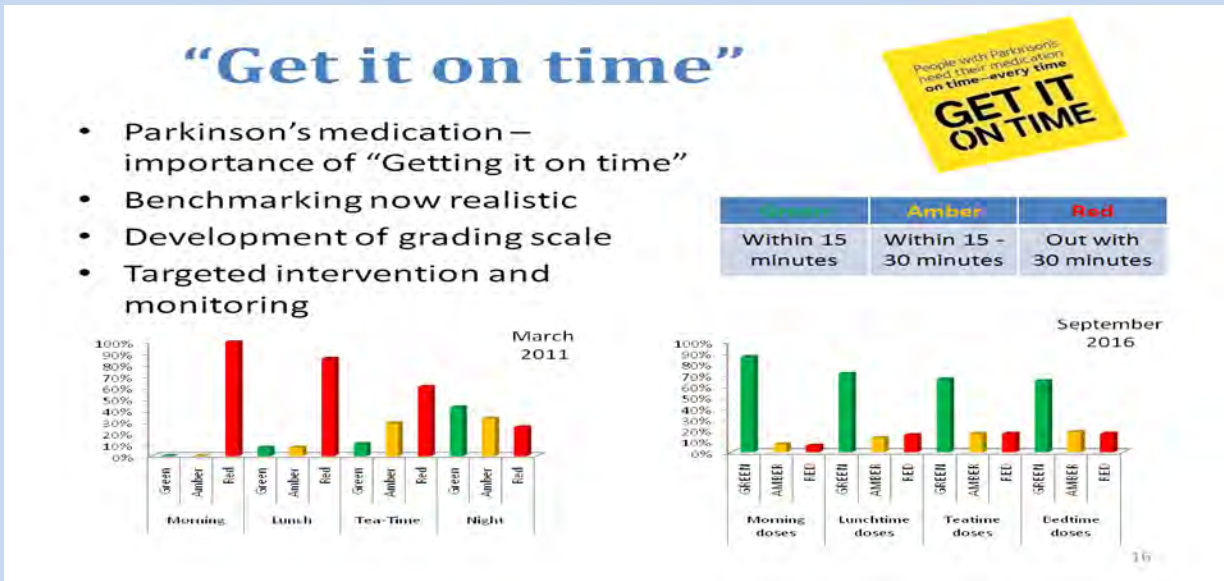
One of the main benefits relates to a reduction in Adverse Drug Events (ADEs). A range of estimates have been stated by Trusts in NHS England, indicating that a HEPMA system would reduce ADEs by around two thirds. South Manchester University Hospitals NHS Trust estimated a 60% reduction in preventable 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:



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.

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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.

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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.

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4.6.7 Better use of information to improve the use of medicines

Electronic capture of secondary care prescribing and administration data provides an opportunity to improve the safe and effective use of medicines and optimise patient care. The use of 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 from their medication across the whole hospital, allowing pharmacy to prioritise those patients for early pharmacy review. This will allow pharmacy to move to a more patient focused service rather than the current ward focused service. Pharmacist workload will be prioritised using data extracted from HEPMA based on risk stratification/categorisation of several different pharmaceutical care factors, including age, number, type and duration of treatment of medicines and allergy status.

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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.

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	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.

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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.

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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.

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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.

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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

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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.

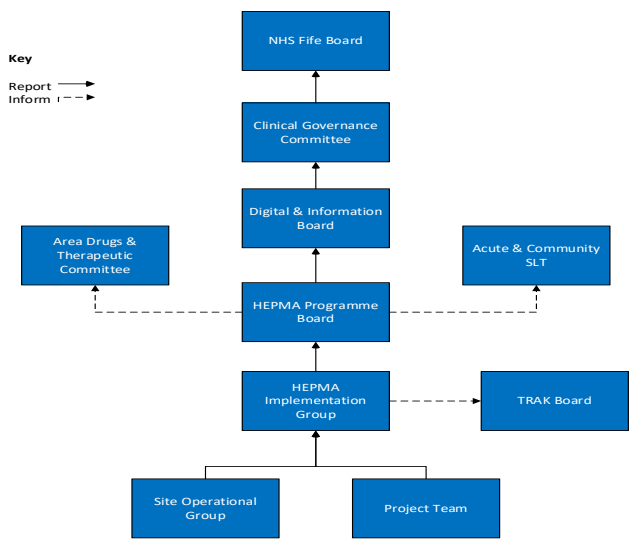
The HEPMA Programme Board has been established to provide overall governance to the project, chaired by Dr Chris McKenna, Executive Medical Director for NHS Fife.

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.

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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.

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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

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Appendix 1 – Options Appraisal



NHS Fife

Hospital Electronic Prescribing and Medicine
Administration
HEPMA

Options Appraisal

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Date	2020/10/27

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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.

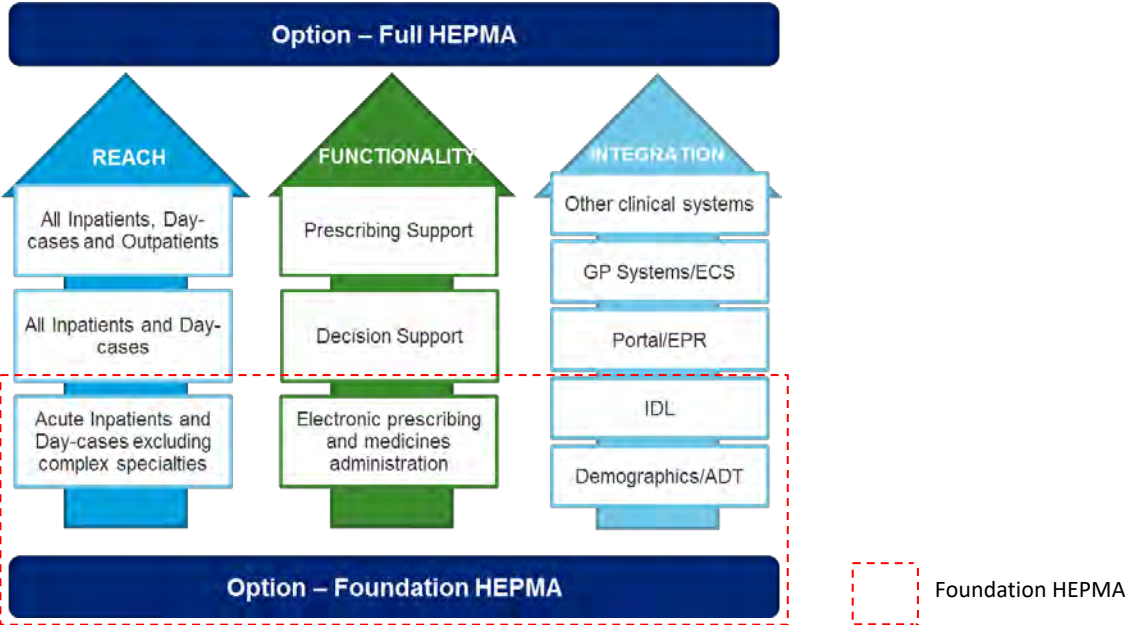
The National Business Case presented two options for HEPMA delivery, a Foundation HEPMA option which describes a 'basic' level of implementation; whilst at the other end of the spectrum there was an option for full HEPMA solution would look like. The variation between these options reflects the maturity 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

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

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 asked to confirm their ability to deliver the functional requirements in addition to the National Framework specification.

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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

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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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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

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<p>the users of details as to where and by whom the record is also being accessed;</p> <ul style="list-style-type: none"> • 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. 		
<p>Please advise and detail if the HEPMA system can do the following:</p> <ul style="list-style-type: none"> • 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
<p>Please advise and detail if the HEPMA system can do the following as part of Medicines reconciliation:</p> <ul style="list-style-type: none"> • 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
<p>Please advise and detail if the HEPMA system can do the following as part of the prescribing process:</p> <ul style="list-style-type: none"> • 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

<ul style="list-style-type: none"> Allow users to authorise reactivation of patient's inpatient prescriptions prior to day case attendance. 		
<p>Please advise and detail if the HEPMA system can do the following as part of the medicines administration process:</p> <ul style="list-style-type: none"> 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
<p>Please advise and detail if the HEPMA system decision support can do the following:</p> <ul style="list-style-type: none"> Ensure that doses for alternative routes are equivalent; Make available to all users when allergy decision support has been overridden. 	2.50	12.50
<p>Please advise and detail if the HEPMA system allows the following data analysis:</p> <ul style="list-style-type: none"> 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
<p>Please advise and detail whether the HEPMA system can integrate with the following:</p> <ul style="list-style-type: none"> 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
<p>Please advise and detail whether the HEPMA system can integrate with the Primary Care systems to accept all prescribing information as following:</p> <ul style="list-style-type: none"> Start date 	10.00	50.00

<ul style="list-style-type: none"> • 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

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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.

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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.

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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

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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	✓	✓	✓	✓	✓	✓	✓

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Meeting:	Finance Performance & Review Committee.
Meeting date:	10 th 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 involves the production of a Full Business Case (FBC) for submission to the Scottish Government Health and Social Care Directorate Capital Investment Group (CIG) by 13th October 2020 to meet the initial timelines as set out in the Initial Agreement Document (IAD) for their November 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 for issuing to Scottish Government Health and Social Care Directorates Capital Investment Group for capital funding approval at their meeting on 11th November.

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 behind programme due to issues with the planning process for the enabling car parking works due to the demands of both Scottish Water and the Fife Council Planning team. This has been a timely process regarding communication of design proposals between all the relevant stakeholders and the fact that the planning department are working from home has been an additional challenge.

We should have had planning consent by end of July with work starting in early August, but we are awaiting the written planning consent week ending 30th October having received verbal the planning application was now being supported. The agreed design to deal with the fall out of the flooding previously has led to increase costs and that the enabling works have been delayed by over 2 months now starting 9th November.

In relation to all that has been reported previously the programme for starting the construction of the new facility will begin in January pending the approval from the various governance committees of the Full Business Case.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

An impact assessment has been completed and is available.

2.3.6 Other impact **N/A**

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

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

3 List of appendices

N/A

Report Contact

Alan Wilson

Capital Projects Director

Email alan.wilson1@nhs.net

October 2020

Full Business Case

Fife Elective Orthopaedic Centre
NHS Fife



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

Alan Wilson, Project Director

Victoria Hospital, Kirkcaldy

01383 623 623
alan.wilson1@nhs.scot



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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

Glossary of Terms

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

1 Executive Summary

1.1 Introduction

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

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 block within VHK. Over and beyond, orthopaedic outpatient services are provided from Queen Margaret Hospital in Dunfermline and VHK.

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

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

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

1.2.2 Strategic Context

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

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

Table 1 - Need for change and benefits

1.2.3 Opportunities

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

1.2.3.1 Capacity to meet future demand

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

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

Table 2 - Proposed accommodation

1.2.3.2 Colocation of outpatients

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

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;
- An 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** within 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.

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.

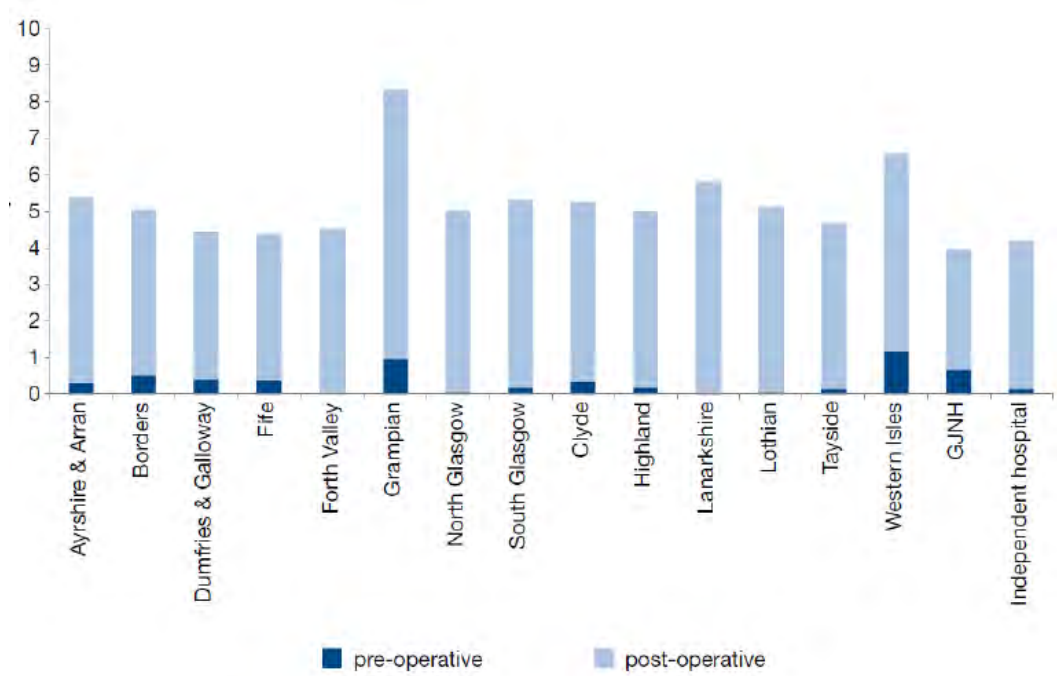


Figure 4 – Average (days) Pre/Post Operative Length Stay – Hip Replacements (2015)

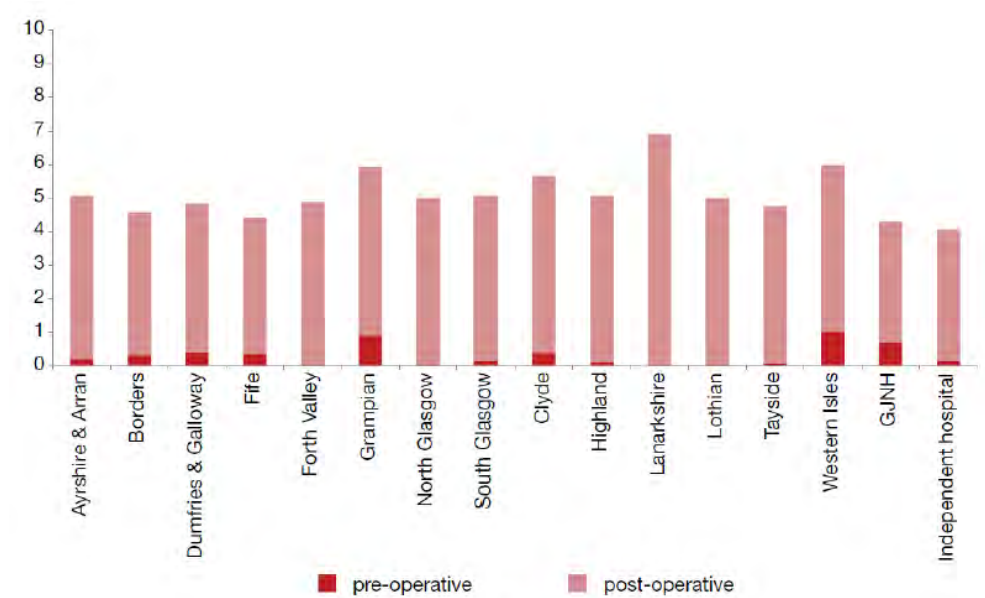


Figure 5 – Average (days) Pre/Post Operative Length Stay – Knee Replacements (2015)

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.

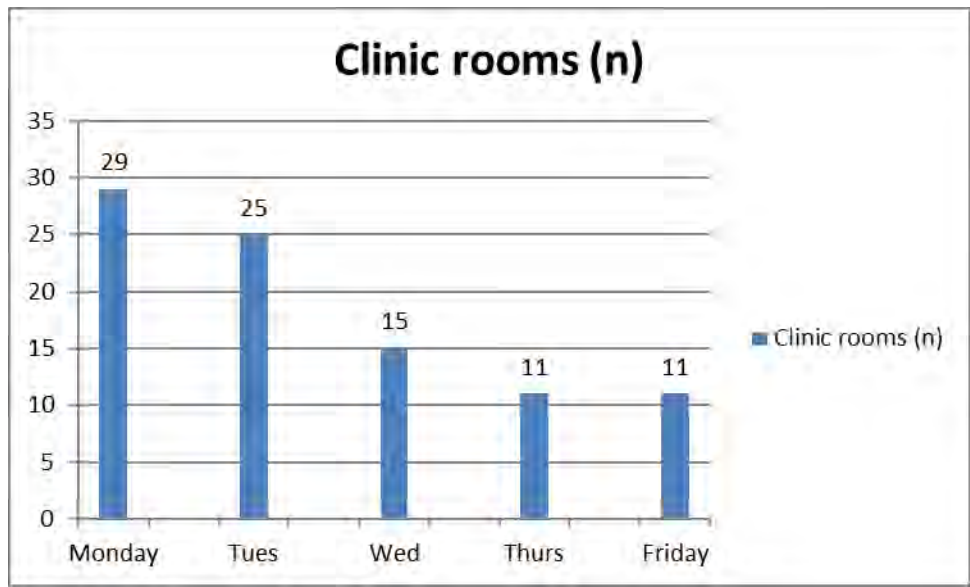


Figure 6 - Clinic room utilisation by day of the week. Each clinic room corresponds to a session (hrs) of clinical activity. Two sessions equates to a clinic room being utilised all day.

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.

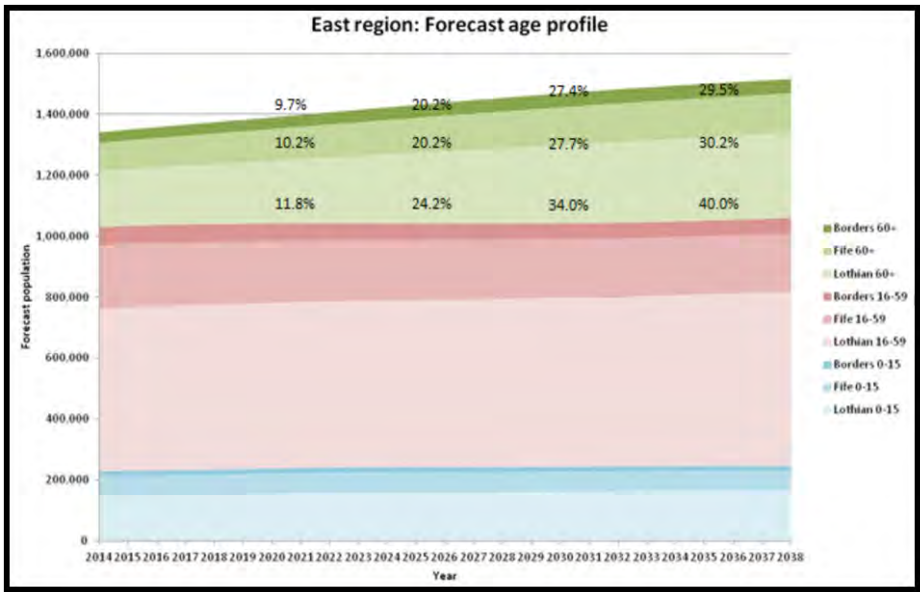


Figure 7 - East Region: Forecast Age profile (presented C Meyers, Acute Workstream Sub Group: Orthopaedic Project Group Workshop 6th Feb 2018)

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.

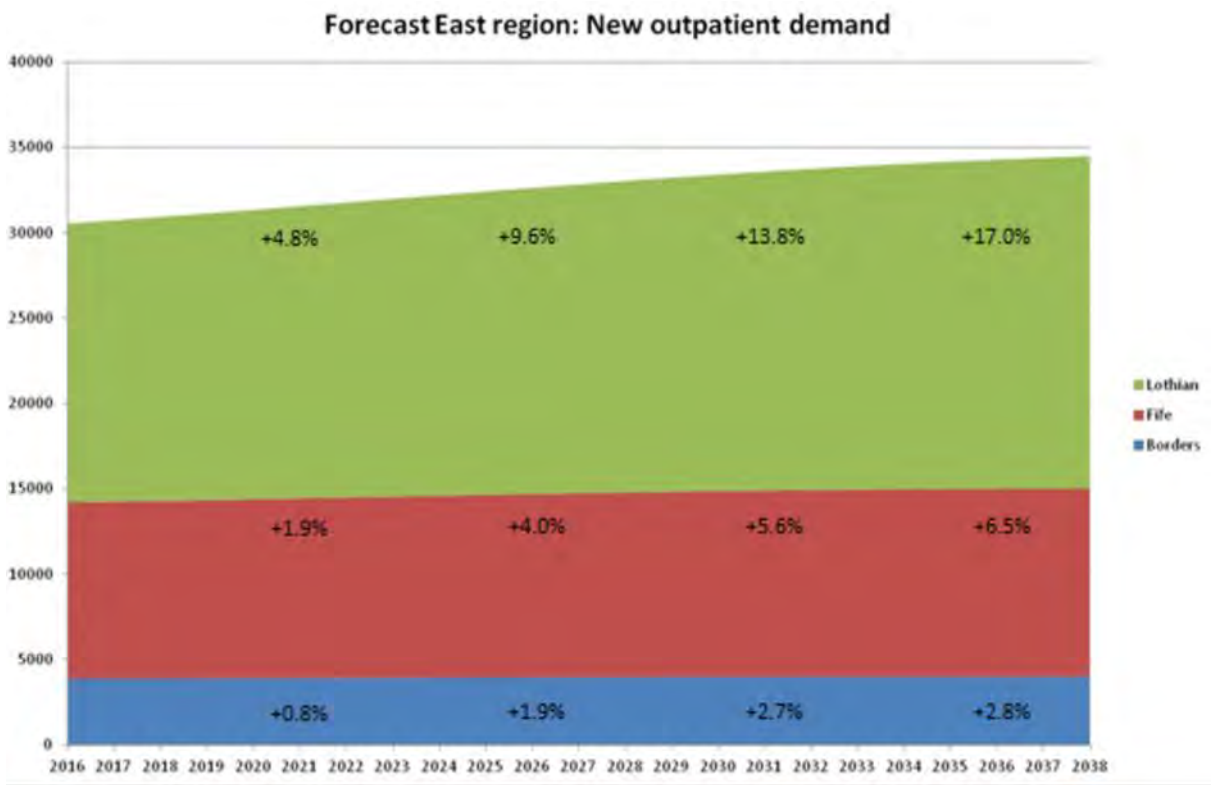


Figure 8 - Forecast East Region: new outpatient demand (presented C Meyers, Acute Workstream Sub-Group: Orthopaedic Project Group Workshop 6th Feb 2018).

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 split 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.

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.

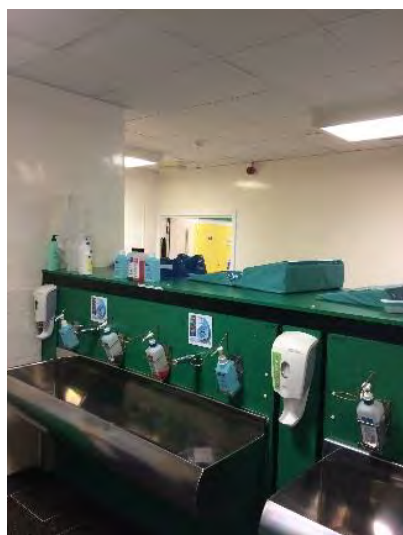


Figure 10 - Scrub area



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

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

2.8 Supporting Statement

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

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

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

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

3 Strategic Context

3.1 The Need for Change

3.1.1 Problems Associated with the Current Arrangements

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

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

Table 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 in turn would assist with the strategy of removing clinical services from the tower block to enable a tower block option appraisal to be conducted.
6. There is an **opportunity to "spend to save"**. A refurbishment or new-build option could omit the requirement for back-log costs in the order of £2m overall.
7. There is an opportunity to create a dedicated Fife Elective Orthopaedic Centre incorporating theatres, wards, outpatients and pre-assessment.

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

3.1.3 Other Drivers for Change

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

3.1.3.1 National Strategies

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

3.1.3.2 Local Strategies

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

3.1.3.3 Service Strategies & Reports

- GIRFT, Trauma and Orthopaedic ACCESS Review, March 2016 (for NHSScotland): the report focuses on sustainably embedding quality patient pathways of care, optimising the use of existing capacity (theatres and beds), determining if there is sufficient capacity and

addressing gaps to deliver safe and timely care for patients now and in the future – having the services in the right place with the patient at the centre.

- MSK and Orthopaedic Quality Drive: five priority work-strands, each with a clinical evidence/best practice base, have been identified to have the greatest impact. The work-strands relevant to theatre redesign are:
 - *Enhanced Recovery - Optimising patient recovery after joint replacement*
 - *Demand and Capacity Planning and Management - Supporting strategic and operational decisions*
- GIRFT, Trauma and Orthopaedic ACCESS Review, November 2015 (for NHS Fife): The report **commends the Board’s orthopaedic enhanced recovery programme, acknowledging the** efficient use of the theatres. However the report also notes the risks to theatre efficiency over the longer term due to the age of the existing facilities.

3.2 **Organisation’s Goals**

3.2.1 Investment Objectives

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

Effect of the need for change on the organisation:	What has to be achieved to deliver the necessary change? (Investment Objectives)
Existing arrangements are contributing towards increased levels of infection risk.	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 is set, the project will require to be delivered within this.
- Programme – given the risks associated with the current arrangements, there is a need to deliver the project as quickly as possible.
- Quality – the project will require to comply with all applicable healthcare guidance and achieve the AEDT pre-defined target criteria across all categories.
- Sustainability – as the preferred option is a new-build there will be a requirement to achieve **BREEAM "Excellent"**.
- Site – as the preferred option is within a live environment, delivery of the project may be restricted and constrained depending on the preferred location. Careful planning will be required to plan how the project can be delivered efficiently and safely with minimal disturbance to adjacent areas of the hospital.

3.2.4.2 *Dependencies*

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

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

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

4 Economic Case

4.1 Introduction

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

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

4.2 Revisiting the Economic Case

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	<p>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.</p> <p>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.</p>	<p>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.</p>
General public	<p>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.</p>	<p>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.</p> <p>The lack of attendance/interest is possibly be due to the service</p>

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	<p>Staff are well represented at Project Board and Project Team level.</p> <p>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:</p> <ul style="list-style-type: none"> ▪ 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) 	<p>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.</p>
Other key stakeholders and partners	<p>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.</p> <p>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.</p>	<p>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.</p> <p>NDAP were also supportive of the project at FBC subject to six key observations being purified (refer to the Commercial Case for further information).</p>

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 ability** to consider longer term options for the tower block within the context of the site masterplan. Option 2 does not sufficiently deal with the needs for change or meet the investment objectives and thus has been discounted.

4.5.3 Option 3 – refurbish other estate at VHK

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

4.5.4 Option 4 – VHK modular new-build

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

4.5.5 Option 5 – VHK new-build

This option is based on the same services but anticipates additional accommodation to meet local future demand projections. Additional capacity will also help the orthopaedic service to work more flexibly servicing in-patient and day case to meet spikes in demand. This option would assist with enabling clinical services to be removed from the tower block and this is of value to the Board in the context of the long-term site masterplan at VHK. The accommodation would be offered through a conventional new building at VHK. The option would meet all of the

investment objectives and stands the best chance of realising all of the briefing criteria set out within the Design Statement. It is the second most expensive option, but money spent on this option will not be compromised to the same extent that it might be if another option was to be pursued – as such it is the preferred option.

4.6 Indicative Costs

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

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 identified 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 most 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” outturns. 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 letter 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 meantime.**

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 **project’s** lifecycle. The stages are outlined in the table below together project progress against these to date.

Stage	Project Progress
Benchmark – assessment of current asset(s)	Completed at IA
Target – aspiration for project	Completed at IA
OBC – assessment of design proposals	Complete
FBC – assessment of design proposals	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 flexible to accommodate a number of wider initiatives that will help to support the service over the longer term during the operational phase. Such initiatives (subject to separate funding sources) include:

- Pre appointment system via internet / mobile phones
- Self check-in facilities
- Virtual clinics
- Waiting management solutions for OPD
- Theatre cameras for education
- Theatre sound system
- General information screens
- Trak care
- Flexible/efficient patient entertainment system
- Pharmacy fridges security controlled like "hotel fridges" (to identify user)
- Theatre robot – *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 an 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. **PBA’s improve subcontractors’ cashflow** 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	-
<i>Decant</i>	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
<i>Additional itemised costs</i>				
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

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			
Service	BASELINE	OPENING COST	PROPOSED OPTION		
		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.

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.

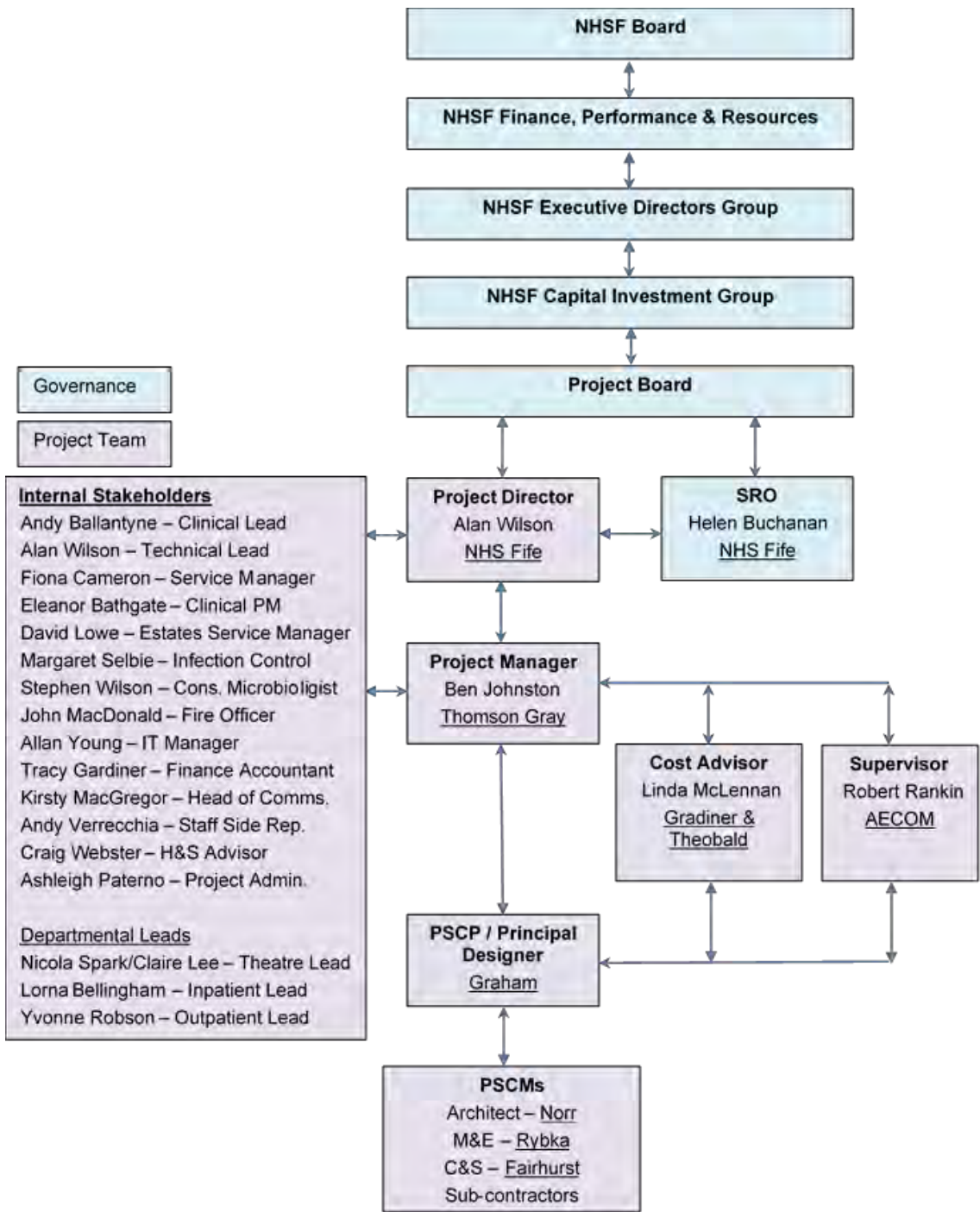


Figure 21 - Project structure

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.	<p>Helen Buchanan took up her role as NHS Fife’s Executive Director of Nursing in July 2015.</p> <p>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.</p> <p>Helen has a broad portfolio of experience gathered across a range of strategic and clinical roles in both acute and primary care.</p>
Alan Wilson (Capital Projects Director)	Project Director – Responsible for the delivery of the project from inception to completion.	<p>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.</p> <p>Alan is a Chartered Engineer and also an accredited NEC Project Manager.</p>
Andy Ballantyne (Lead Consultant Orthopaedics)	Clinical Lead - Responsible for clinical governance.	<p>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</p>

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 Orthopaedics and Trauma for 10 years, in roles of treasurer and more recently secretary and is also Co-Chair on the East Region Acute service review – orthopaedics work stream with specific involvement in DCAQ evaluation 2016-2018.
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	<p>Dr Chris McKenna started as Medical Director within NHS Fife on 1st March 2019.</p> <p>Dr McKenna has previously served as Director of Emergency Care, where he has helped lead the redesign of services.</p>
Kirsty MacGregor (Communications Manager)	Project Board Member – Responsible for communications governance.	<p>Kirsty MacGregor brings more than 25 years of experience in public relations and marketing communications. Kirsty has a proven track record of providing expert and informed advice to senior management teams on all aspects of internal and external communications across a range of sectors including Higher Education, Local Government and the NHS.</p> <p>A CIPR Accredited Practitioner, Kirsty also holds two Postgraduate Diplomas from the Chartered Institute of Public Relations, and the Chartered Institute of Marketing.</p>
Murray Cross (General Manager Planned Care)	Project Board Member - Responsible for contributing towards general governance.	<p>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.</p>
Rona Laing (Non Executive Board Member)	Project Board Member – Responsible for contributing towards	<p>Rona has been a Non-Executive Board member for 5 years she chaired the</p>

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

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

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

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

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

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

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

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

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

7.3.4 External Advisors

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

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

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

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

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

7.4.2 Facilities Change Plan

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

7.4.3 Stakeholder Engagement and Communications Plan

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

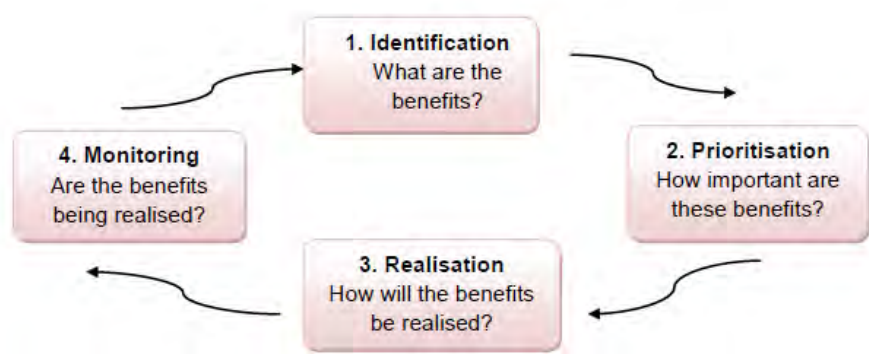


Figure 22 - Benefits realisation process

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.

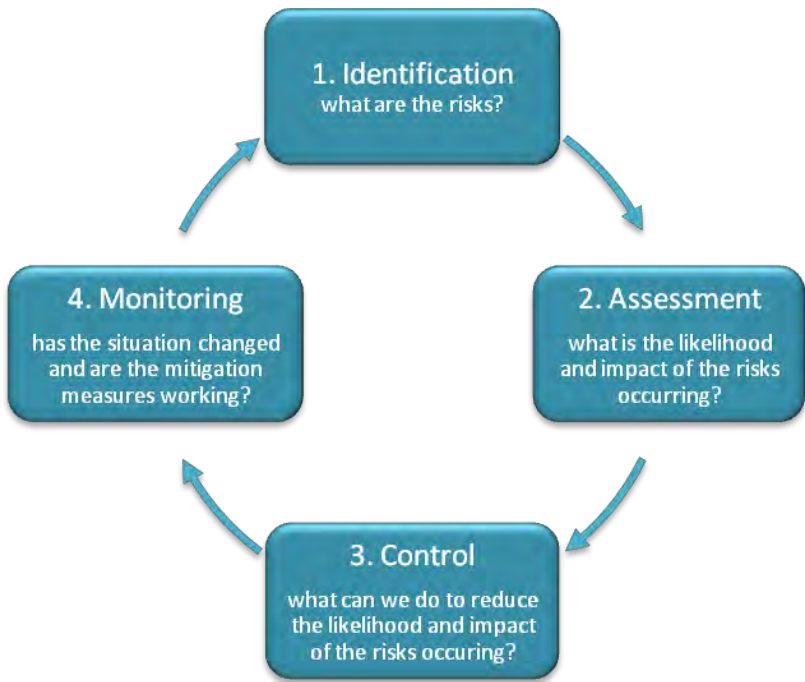


Figure 23 - Risk management process

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

7.7 Commissioning

The importance of the commissioning process cannot be underestimated, as failure to adequately consider this process is likely to cause increases to project costs and failure to deliver agreed service benefits and project outcomes. The Project Board and Director are fully committed to implementing a robust commissioning process, ensuring that the facilities are safe to use and operate from the outset.

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 objectives**.

Following completion, the **Project Manager'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

Appendix B – Existing Plans

Appendix C – Projected Future Demand

Appendix D – Long and Short List of Options

Appendix E – Proposed Floor Layouts

Appendix F – AEDET

Appendix G – HAI Scribe

Appendix H – Design Statement

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**

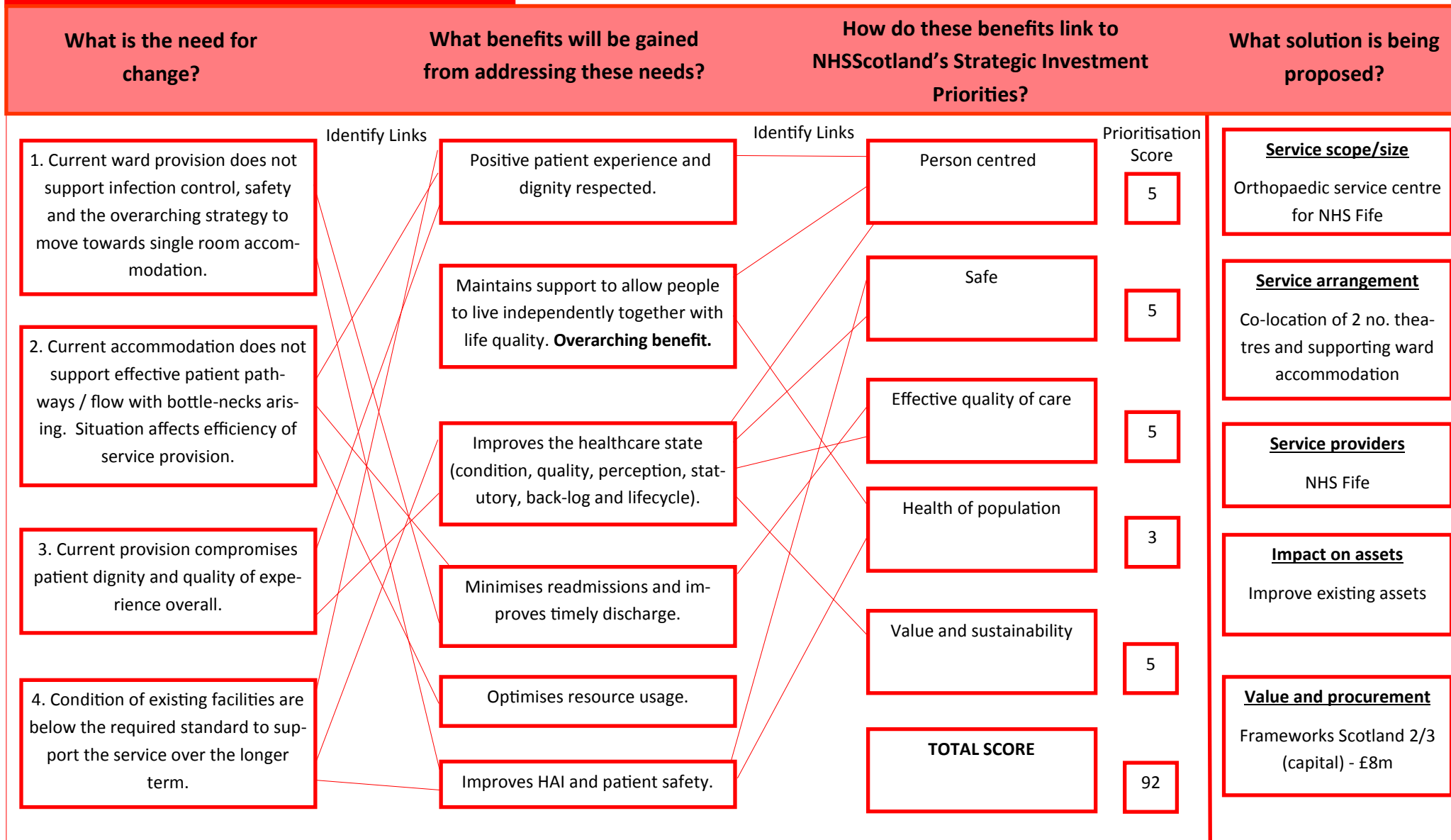
Appendix P – Commissioning Strategy

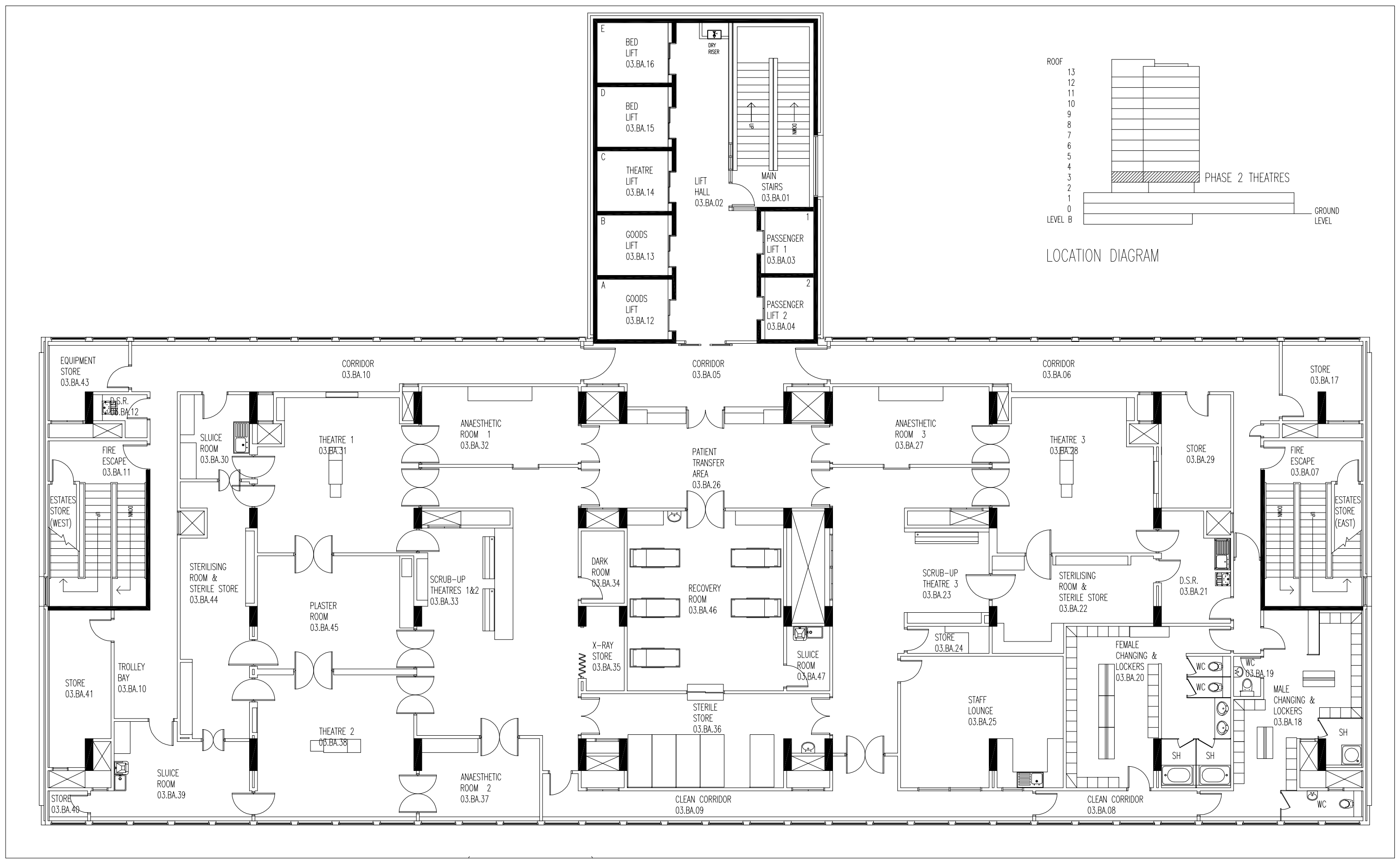
Strategic Assessment


Project: Fife Elective Orthopaedic Centre

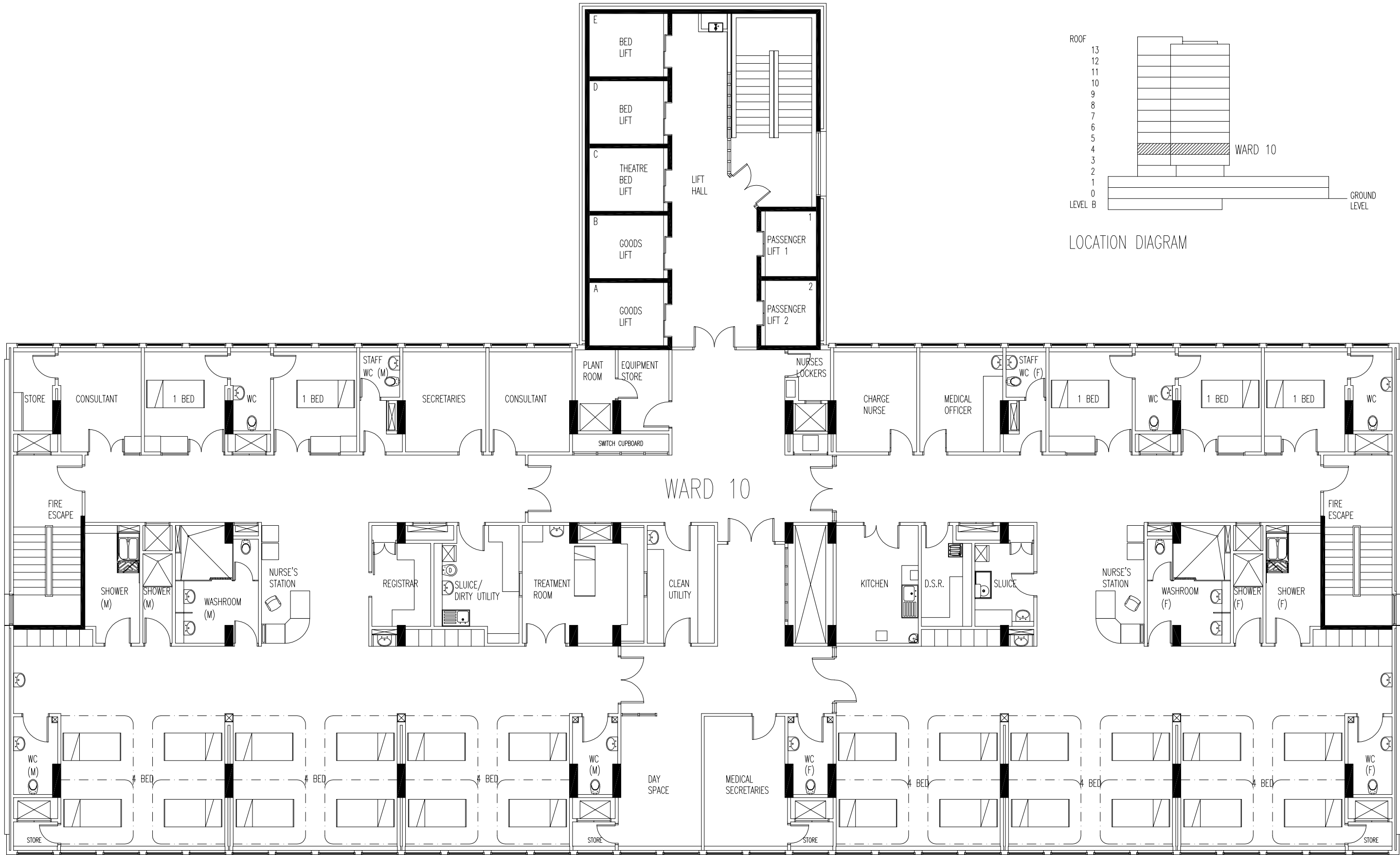
13/03/2017—Rev. 3

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.





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



Sessions required to maintain demand/capacity balance using ISD projections for arthroplasty applied to all subspecialties 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:

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

² ISD produced projections for increased arthroplasty activity in 2025,2030 and 2035. It was assumed similar increases would be seen across all specialities. These projected increase in activity were applied to sessional requirements for 2016-2017 to give an estimate of future demand. These are described in sessional requirements for NHS Fife for elective 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 calculated reflects the total number elective orthopaedic theatre sessions available 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 elective orthopaedics theatres within Scotland.

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

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)	<p>No disruption to existing services.</p> <p>No capital investment required.</p>	<p>Improvement to the condition of the facilities which would have a positive impact on back-log costs.</p> <p>Limited capital investment required.</p>	<p>Option should realise many of the investment objectives and associated benefits but perhaps not to the same extent as option 5.</p> <p>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).</p> <p>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.</p>	<p>Option should realise many of the investment objectives and associated benefits but perhaps not to the same extent as option 5.</p> <p>No decant strategy required (cost saving).</p> <p>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.</p> <p>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.</p> <p>Modular facilities tend to be able to delivered more quickly than traditional builds however this if often offset by quality.</p>	<p>It is considered that this option should be able to satisfy all of the investment objectives and realise all of the associated benefits.</p> <p>No decant strategy required (cost saving).</p> <p>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.</p> <p>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.</p> <p>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.</p>
Disadvantages (weaknesses and threats)	<p>As per the “need for change”.</p> <p>Risk to service remains.</p>	<p>Does not successfully deal with the “need for change”.</p> <p>Risk to service remains.</p> <p>Service would require to decant temporarily to facilitate this option which could be costly.</p>	<p>Option is likely to necessitate the need for a dependency decant project which will add additional cost.</p> <p>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.</p> <p>Potentially noisy/disruptive to adjacent accommodation.</p> <p>Option does not offer the same degree of future proofing for future demand. Furthermore opportunities to expand will be constrained.</p>	<p>Space for a new-build at VHK limited.</p> <p>Less opportunity than option 3 in respect to improving existing assets.</p> <p>Potential planning/public engagement implications.</p> <p>The building footprint required to accommodate 3 no. theatres, a 30 bed ward and supporting accommodation may not be appropriate for a modular build.</p> <p>Further to the point above initial cost projections are higher than option 5.</p>	<p>Space for a new-build at VHK limited.</p> <p>Less opportunity than option 3 in respect to improving existing assets.</p> <p>Potential planning/public engagement implications.</p> <p>Initial cost projections identify this option as being the second most expensive.</p>

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



DATE	REVISION	REV	DRW	CHK
15/01/20	General update to BIM. Drawing number previously EOC-NOR-XX-00-DR-A-00001 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/ R/WPs added	P07	RF	NP
13/05/20	Window Location Revision	P08	NP	NP

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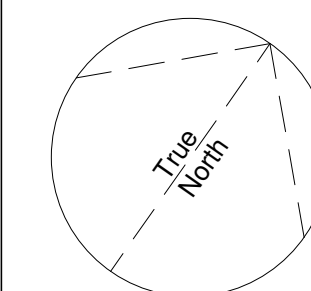
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DEPARTMENT

- 02 - OUTPATIENTS
- 04 - ENTRANCE and FM
- 05 - STAFF/COMMUNAL
- 06 - PLANT
- 07 - CIRCULATION

North Arrow



Detail Symbol

Detail No. _____
Sheet No. _____

NORR

NORR Consultants Limited.
An Ingenium International Company

Skypark 5, Suite 1A
45 Finnieston Street,
Glasgow G3 8JU
Scotland, UK
norr.com

Drawn HR	Date 10/01/2020
Checked NP	Date 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
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Drawing No. EOC-NOR-XX-01-DR-A-00001	Rev. P08
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SCALE - 1:100



A horizontal scale bar with a black outline. It is divided into segments by vertical tick marks. The segments are labeled with the numbers 0, 1, 2, 4, 6, and 10. The unit 'm' (meters) is placed at the far right end of the bar.

SCALE - 1:100
0 1 2 4 6 10m

DATE	REVISION	REV	DR	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/ RWP's 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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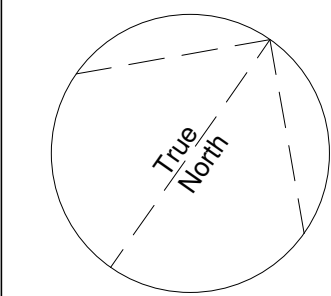
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DEPARTMENT

- 03 - INPATIENTS
- 06 - PLANT
- 07 - CIRCULATION

North Arrow



Detail Symbol

Detail No.
Sheet No.**NORR**NORR Consultants Limited.
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45 Finnieston Street,
Glasgow G3 8JU
Scotland, UK
norr.com

Drawn HR	Date 10/01/2020
Checked NP	Date 10/01/2020

Scale
1 : 100 @ A1Client
NHS FIFEProject
FIFE ELECTIVE ORTHOPAEDIC
CENTREDrawing Title
GA FIRST FLOOR PLANSheet Status
S3 - FOR REVIEWProject No.
IAGG19-0018Drawing No.
EOC-NOR-XX-02-DR-A-00002Rev.
P09



DATE	REVISION	REV	DRW	CHK
15/01/20	General update to BIM. Drawing number previously EOC-NOR-XX-02-DR-A-00003 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/ RWP's added	P07	RF	NP
17/04/20	GA Plan Revisions	P08	NP	NP
13/05/20	Revised to suit comments	P09	CC	NP

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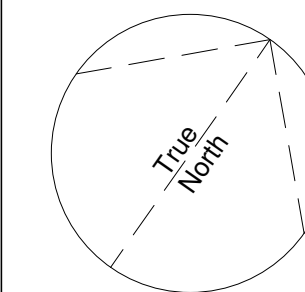
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DEPARTMENT

- 01 - THEATRES
- 05 - STAFF/COMMUNAL
- 06 - PLANT
- 07 - CIRCULATION

North Arrow



Detail Symbol

Detail No.
Sheet No.

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NORR Consultants Limited.
An Ingenium International Company

Skypark 5, Suite 1A
45 Finnieston Street,
Glasgow G3 8JU
Scotland, UK
norr.com

Drawn HR	Date 10/01/2020
Checked NP	Date 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

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

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.

Implementation strategy

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	

Implementation strategy

By	Deadline

Implementation strategy

Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed		
1.1	<p>Is contaminated land an issue? e.g. asbestos, oils and heavy metals. (Refer to the Contaminated Land Register)</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p> <p>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.</p> <p>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.</p>		
1.2	<p>Is there a locally recognised increased risk of contamination or infection e.g. cryptosporidium? If yes give details.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p>		
1.3	<p>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.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p>		
1.4	<p>If there are any industries or other sources identified in question 1.3 above, will they affect the designed operation of the healthcare system?</p> <p>Consider the planned function of the design as well as issues such as:</p> <p>Ventilation</p> <p>Opening of doors and windows</p> <p>Water systems etc.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>

Implementation strategy

Comments

Implementation strategy


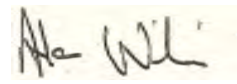
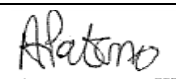
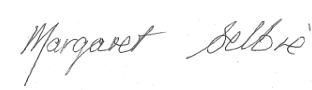
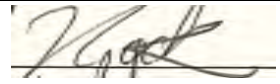
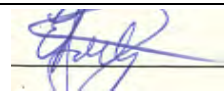



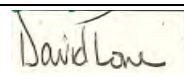
Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed continued		
1.5	<p>Are there construction/demolition works programmed in the neighbourhood which may present a risk of pollution or infection (including fungal infection)?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
Comments		
1.6	<p>Are there cooling towers in the neighbourhood which may present a risk of <i>Legionella</i> infection? Consider also air handling units, water pipes etc.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
Comments		
1.7	<p>Does the topography of the site in relation to the surrounding area and the prevailing wind direction present any HAI risk e.g. from entrainment of plumes containing <i>Legionella</i>?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
Comments		
1.9	<p>Will the proposed development impact on the surrounding area in any way which may present potential for infection risk?</p> <p>Consider possible restrictions being applied to the operation of the proposed facility e.g. Facilities Management routes.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
Comments The building could attract nesting birds. The design is to be considerate of this as far as possible.		

Implementation strategy


Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed continued		
1.10	Will lack of space limit the proposed development and any future expansion or change of use of the facility?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p> <p>There will be room to expand in the future but this would be on car parking area. The briefing has built in additional space to cope with future projected demand.</p>		
1.11	Has a demolition/refurbishment asbestos survey been carried out?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There will be a requirement to carry out an asbestos survey in connection to breaking into the existing building in order to form the link corridor. The R&D surveys will be undertaken in FBC and/or Stage 4 (construction) and will be linked into the project programme.</p>		
1.12	Has consideration been given to the projected lifespan of the facility and its impact on planning and development?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Considered as part of the business case where refurbishment, modular and traditional buildings were appraised. Decision taken to pursue a traditional building which has the longest lifespan.</p>		
<p>Additional notes - Stage 1</p> <p>Options for the location of the building were significantly constrained due to the briefing requirement to form a physical connection to ICU. The site adjacent to ward 6 was the only viable option.</p>		

Implementation strategy


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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

Implementation strategy

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		
<p>Additional notes:</p> <p>Actions arising from HAI SCRIBE Stage 1:-</p> <p>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. <u>Action closed.</u></p> <p>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. <u>Action ongoing.</u></p>		

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.	

2.f	<p>Actions to be addressed.</p> <p>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.</p> <p>2. 2.4 - Check required to ensure that "big linen trolley" can be accommodated within linen rooms together with the smaller trolley.</p> <p>3. 2.41 - Theatre lighting to be reviewed in due course for ease of cleaning.</p> <p>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.</p> <p>5. 2.47 - Issues noted with louvre quality on other projects. Spec to be provided to NHSF for acceptance.</p>	
By		Deadline

General overview		
2.1	<p>In order to minimise the risk of HAI contamination is there separation of dirty areas from clean areas?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p> <p>Clean utilities and dirty utilities separated</p> <p>Theatre service areas kept away from clinical areas</p> <p>Separate FM access route and lobby generally provided</p>		
2.2	<p>Are the food preparation areas (including ward kitchens) and distribution systems fit for purpose and complying with current food safety and hygiene standards?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p> <p>Ward kitchens reviewed by Stakeholders including Infection Control and FM as part of room layout development process.</p> <p>Segregated access route to kitchen provided.</p> <p>Vending areas at ground floor and within staff room.</p>		
2.3	<p>Are waste management facilities and systems robust and fit for purpose and in compliance with the Waste (Scotland) Regulations?</p> <p>Consider: Local and central storage</p> <p>Systems for handling and compaction of waste</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>

	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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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: Local and central storage Systems for movement of laundry to central storage Systems for handling laundry Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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? Have these issues and actions to be taken been noted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

	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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

	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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Wipeable surfaces to all walls and floor (uPVC with IPS locally) Floor covered 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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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 I hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers in lower dependency settings like mental health units, acute , elderly and long term care settings appropriate to the situation with a ratio of 1 basin/dispenser to 4–6 beds?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments No hand dryers – paper towels provided.		
2.19	Are all clinical hand-wash basins exclusively for hand hygiene purposes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments In addition, no overflows provided.		
2.22 D	Are elbow-operated or other non-touch mixer taps provided in clinical areas?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		

2.23 D	Does each hand-wash basin have a waterproof splash back surface?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		
2.24 D	Is each hand-wash basin provided with an appropriate waste bin for used hand towels?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.26 P	Are appropriate decontamination facilities provided centrally for sterilisation of specialist equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.28 P	Does the system in operation comply with the current guidance on decontamination facilities and procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		

Storage

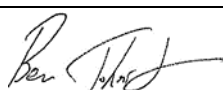
2.29 P	Is there suitable and sufficient storage provided in each area of the healthcare facility for the following if required patients' clothes and possessions, domestic cleaning equipment and laundry, large pieces of equipment e.g. beds, mattresses, hoists, wheelchairs, trolleys, and other equipment including medical devices, wound care, and intravenous infusion equipment, consumables etc?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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? <i>(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.)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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.		

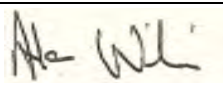
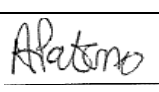
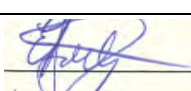
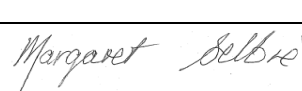
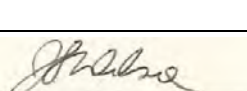
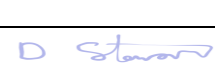
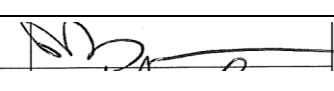
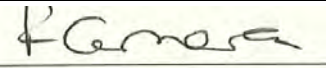


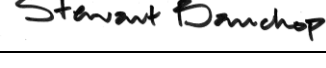
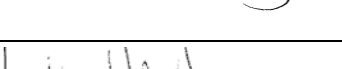
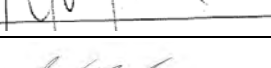


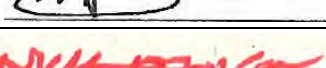

Engineering services (Ventilation) continued		
2.34 D	Are the ventilation system components e.g. air handling, ventilation ductwork, grilles and diffusers designed to allow them to be easily cleaned?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Yes - minimum 4m separation as SHTM 03-01. MB confirmed that everything has been that can practically be done to maximise the separation distances.		
2.36 P	Does the design and operation of re-circulation of air systems take account of dilution of contaminants and the space to be served? (NB: Recirculation would only arise in UCV theatres)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.40	Are specialised ventilation systems such as fume cupboards installed and maintained in accordance with manufacturers' instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>LED luminaires specified throughout sealed and flush with ceiling.</p> <p>Confirmed that over bed lighting will be sealed type also.</p> <p>Lighting all as per CIBSE lighting guide LG2 for healthcare and as referenced within the environmental matrix.</p> <p>Theatre lighting to be reviewed in due course.</p>		
Engineering services (Water services)		
2.42 D	Are water systems designed, installed and maintained in accordance with current guidance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>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.</p>		
2.43	Are facilities available to enable special interventions for <i>Legionella</i> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Dosing points provided in heating system. Disinfection facility on the hot side.</p> <p>And access provided to the cold water at the storage tank. Local valves provided for isolating so that pipes in a zone can be chemically treated if required.</p>		
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>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.</p>		
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p>		

Estates services (Pest control)		
2.46	Is the concealed service ducting designed, installed	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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' (<i>'HAI-SCRIBE' Implementation Strategy Scottish Health Facilities Note (SHFN) 30: Part B</i>).			
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			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:


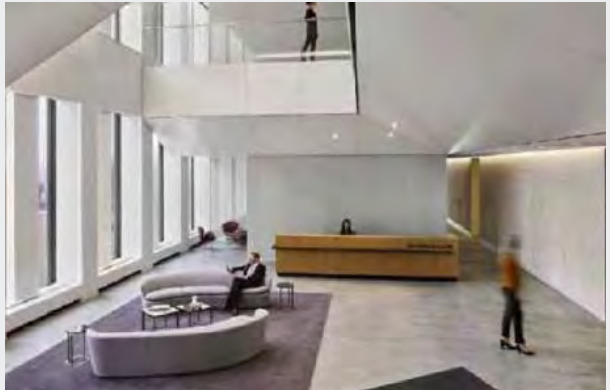
1. Improve infection control and safety risk
2. Improve patient pathways and flows
3. Improve patient perception
4. Improve accommodation in respect to space standards and physical condition



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	<p>The appointment/pre-assessment system, staffing/support systems, and the physical environment must make access to the facility easy, calming, welcoming and enable patients to maintain their independence & dignity.</p> <p>The facilities must be accessible from a variety of modes of transport including cars, buses and patient drop-off points.</p>	<ul style="list-style-type: none"> Pre-arrival systems to prevent the need for sensitive personal information to be sought at check-in and ensure any support in movement (chairs for those with difficulty walking or people to support those with sensory or cognitive impairments) can be booked in advance so that it's there to meet patients at the car/ drop-off/bus stop or reception as agreed. Information and directions pre-appointment to be provided in accessible format tailored to patient's needs providing direction to correct site entrance and building entrance considering planned transport mode, this will communicate landmarks of identity to look out (<i>this requires the physical environment to have such landmarks at key points on the journey</i>) for as well as written signposting. Good communication in advance of arriving including pictorial images and maps. Robust wayfinding. Variety of forms to be incorporated including signage and use of colours. As per NHS Guidance on signage formats. Drop off points and car parking close to entrance. Drop off point will be within 20m of entrance. Adequate parking including ample blue badge spaces. There will be a system in place to protect 	 <p>Example of good proximity of drop-off to entrance.</p>



Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
		patient parking (barrier).	
1.2	The entrance to the facilities will be welcoming and clearly visible.	<ul style="list-style-type: none"> Entrance will be visible and clearly marked/signed. Entrance and route to the entrance will be accessible and smoothly paved to avoid tripping hazard. Floor surface on entrance to prevent tracking of water, dirt. Doors will be user friendly for all mobilities and suitable for all ages. Covered sheltered entrance. Green space/features. 	 <ul style="list-style-type: none"> The above example draws you towards the entrance without the need for signage. Green features also offered. Length of path to entrance excessive however.  <ul style="list-style-type: none"> 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	<p>The facilities will include a distinct reception area to help with patient transition into the ward. The area will be comfortable, welcoming and convenient.</p> <p>On entering the building there must be immediate access to assistance, toilet facilities, refreshments and a clear onward direction.</p> <p>The arrival space must be open, bright, soothing, and have positive distractions for those who may wish to linger there a while before moving into the ward/treatment environment.</p>	<ul style="list-style-type: none"> ▪ The entrance/reception area will contain a clearly visible desk in which to greet the patient and provide a sense of security and familiarity. ▪ The reception area will contain flexible seating and will appear bright, homely and welcoming. ▪ The reception will contain natural light but will be considerate of the use of light in respect to the visually impaired. ▪ The reception will contain accessible toilets and all of the toilets provided shall be accessible. All toilets will be fitted to Doc M pack standards. Toilets will be signed for all disabilities (not just wheelchair). Doors will also be marked for left and right transfer. Toilets will be visible from the reception area and therefore the rooms shall be directly adjacent. Distance from furthest waiting seat and toilet will be no longer than 30m. ▪ This reception space will be for arrival only and a separate segregated space will be provided for discharge to reduce patient discomfort/anxiety. ▪ Floor finish to be appropriate for use and will not be too reflective. ▪ Proximity of external door to seating area / reception to be considered to avoid cold air and discomfort. 	<p></p>  <ul style="list-style-type: none"> ▪ Feeling of space, light and a prominent reception desk feature appeals. ▪ Seating will not be fixed.  <ul style="list-style-type: none"> ▪ Area bright and spacious. Connection to first floor appeals providing volume, space and light to reception. Connection may also assist with wayfinding.


Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
			<div><ul style="list-style-type: none">Good use of glazing to offer light and excellent connections to other floors.</div> <div><ul style="list-style-type: none">Possible examples of colourful, comfortable seating.</div>



Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.4	<p>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.</p>	<ul style="list-style-type: none"> ▪ Waiting areas to have seating arranged in groups of different sizes and nature. ▪ Space to have view to attractive external space, with direct access out. ▪ Staff area within 10m and visible from waiting. ▪ Sitting area and interview rooms/pods required to deal with pre-assessment of the patient. ▪ Toilets require to be accessible to this area (i.e. directly adjacent). 	<div data-bbox="1444 432 2047 772">  </div> <div data-bbox="1444 788 2047 1193">  </div> <ul style="list-style-type: none"> ▪ The examples above show comfortable seating that can be private or more social.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.5	Bedrooms to be a homely environment where you feel you and your belongings are safe, you can have private time and peace, but you are not disconnected from support in the ward and from your friends/family. This is the first environment for enablement and therapy so it must provide space and encouragement to get out of the bed and engage in everyday activities.	<ul style="list-style-type: none"> ▪ A mix of bed space if desirable consisting of multi-beds and single beds. This will help to cater for different patient needs – some patients prefer to be accommodated in more social areas where as others prefer their own space. Multi-bed areas also help from an assistance perspective where patients sometimes feel more secure in this environment. Bed ratios will also facilitate the services requirements in respect to inpatient and day case. ▪ Activities and views must be equally available from a comfortable seat as from the bed to encourage people to get up and dressed and moving. ▪ Personal control of environment including temperature, ventilation, lighting (including task lighting and mood lighting) and blinds. ▪ Flexible spaces to be adopted to allow male/female patient segregation. ▪ En-suite facilities to be provided. Standard same as outlined in item 3. ▪ No central TV facilities desirable but infrastructure for personal entertainment is. ▪ Placement of clinical facilities at the bedhead space to be carefully considered to facilitate accessibility. 	 <p>Indicative view of inpatient unit bedroom</p>

Ref. no	Non-negotiables	Benchmark standards	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	<p>The ward, in its layout and amenities, must reduce isolation and facilitate enablement of patients, encouraging them to be up and about and engaging in normal day to day experiences as quickly as possible.</p> <p>A range of flexible carefully located spaces are to be provided for dining, socialising and reflecting.</p>	<ul style="list-style-type: none"> Flexible spaces for dining, socialising and reflecting are to be provided. Appropriate new furniture is to be provided. Outside space to facilitate rehabilitation and to act as another social/reflective space. Social areas of different types/natures to be incorporated into the wards to allow patients to sit in small groups to talk/eat/be entertained, allowing people a choice of environment and activity. Spaces must be flexible to be used for a range of purposes through the day including special events like a movie night. There will be a place to make your own refreshments to maximise independence. At least one of these spaces to be visible from every bedroom, and within 10m of that bedroom door, to encourage people out of their room. Spaces to be visible/observable from staff locations/routes, and all spaces designed to be occupied for over 30mins to have natural light and a view to greenspace. 	 <ul style="list-style-type: none"> Covered outside space appeals.  <ul style="list-style-type: none"> Bright social space with good use of natural light.

Ref. no	Non-negotiables	Benchmark standards	<p>What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).</p>
			 <ul style="list-style-type: none"> Quieter spaces with views to the outside.
1.7	<p>The experience of going to, and returning from, theatre must enable patients to retain independence for as long as possible, reduce stress and defend dignity.</p>	<ul style="list-style-type: none"> Discrete route from ward to theatre away from public routes. Route to be max 20m to allow people to walk and reduce trolley/wheelchair transfer. Waiting close to theatre (generally 15 mins) to be in nice, calming environment with positive distractions. Routes into and out of theatres to separate patient flows so people under the influence of sedation are not viewed by other patients. The Anaesthetic room and theatres must have a calming environment (though clearly clean, professional, clinical) with positive distractions and the means for patients to see, or not see, the procedure. There must be facilities to play music and ceilings shall include interesting artwork or other features to look at when prostrate and conscious. 	 <ul style="list-style-type: none"> Calming mood lighting in theatre Art work.

Ref. no	Non-negotiables	Benchmark standards	<p>What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).</p>
			 <ul style="list-style-type: none"> ▪ Interesting ceiling features.  <ul style="list-style-type: none"> ▪ Discreet transfer route ▪ Wide / colourful corridors.
1.8	Other considerations	<ul style="list-style-type: none"> ▪ Rehab facilities/spaces will be incorporated into the design. 	



Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
		<ul style="list-style-type: none"> A discharge area similar in environment as the reception area shall be provided. NOTE – this should be separate/segregated from the reception area forming and “in/out” flow. 	



Patient consultation workshop took place at the Victoria Hospital in Kirkcaldy on 29 June 2017. The following individuals attended the workshop.



Name	Designation	Contact details
Betty McNeil	Member of Public (Secretary Fife IA)	betty.mcneil@talktalk.net
Dave Davies	Member of Public (Former service user)	dave@stegotc.co.uk
Tina Chapman	Member of Public	tinachapman1@msn.com
Moira Nelson	Senior Charge Nurse	moiranelson@nhs.net
Ben Johnston	Senior Project Manager – Turner & Townsend	ben.johnston@turntown.co.uk
Alan Wilson	Head of Estates / Project Director	alan.wilson1@nhs.net
Pauline Hope	Clinical Nurse Manager	pauline.hope@nhs.net
Deirdre Harris	Consultant Nurse – Infection Control	deirdreharris@nhs.net

Eleanor Bathgate	Theatre Manager	eleanor.bathgate@nhs.net
Lorna Bellingham	Senior Charge Nurse	lorna.bellingham@nhs.net
Fiona Cameron	Service Manager	fiona.cameron1@nhs.net

2 Non-negotiables for staff

Ref. no	Non-negotiables	Benchmark standards	What success might look like
2.1	Sufficient designated rest areas to be provided to allow staff to replenish and unwind in an appropriate environment and carefully considered convenient location.	<ul style="list-style-type: none">Rest areas will include appropriate catering facilities.Rest areas will include areas for meals, snacks, informal meetings and breakout space for informal workingRest 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).	<div><ul style="list-style-type: none">Interesting room with good use of light.Functional space with blend of welfare and desk/table space.</div> <div><ul style="list-style-type: none">Clever use of worktops which might be appropriate for informal hotdesking.</div>

Ref. no	Non-negotiables	Benchmark standards	What success might look like
			<div></div> <ul style="list-style-type: none">Nice light space with a variety of seating options. <div></div> <ul style="list-style-type: none">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.	<ul style="list-style-type: none"> The spaces will be carefully designed to accommodate a variety of uses. Office areas to be designed to bring like activities together, and provide break out spaces for 1to1 conversations, phone calls and impromptu meetings/discussions. Infrastructure shall be included to facilitate mixed forms of communication and IT. Lighting shall be appropriate for the tasks/use. Hotdesking facilities to be provided via functional efficient spaces but with a degree of privacy (screening as an example). 	  <ul style="list-style-type: none"> Good use of screening to create some privacy in a hot desk environment.
2.3	Appropriate changing areas will be provided close to the working environments.	<ul style="list-style-type: none"> The changing areas will allow staff to change into their uniforms prior to entering the patient areas. Changing areas can be used by all Orthopaedic staff so long as acceptable travel distances can be maintained. 	
2.4	Adequate storage shall be provided to enable other spaces to function as designed and intended.		

Staff consultation workshop took place at the Victoria Hospital in Kirkcaldy on 23 June 2017. The following individuals attended the workshop.

Name	Designation	Contact details
Moira Nelson	Senior Charge Nurse	moiranelson@nhs.net
Ben Johnston	Senior Project Manager – Turner & Townsend	ben.johnston@turntown.co.uk
Alan Wilson	Head of Estates / Project Director	alan.wilson1@nhs.net
Deirdre Harris	Consultant Nurse – Infection Control	deirdreharris@nhs.net
Eleanor Bathgate	Theatre Manager	eleanor.bathgate@nhs.net
Lorna Bellingham	Senior Charge Nurse	lorna.bellingham@nhs.net
Pauline Hope	Clinical Nurse Manager	pauline.hope@nhs.net
Fiona Cameron	Service Manager	fiona.cameron1@nhs.net
Andrew Ballantyne	Consultant Orthopaedic Surgeon	andyballantyne@nhs.net
Dianne Williamson	Equality and Diversity Lead	dianne.williamson@nhs.net

3 Non-negotiables for visitors

The needs of these people will be largely met by the objectives above, only additional criteria are noted below.

Ref. no	Non-negotiables	Benchmark standards	What success might look like
3.1	Designated visitor toilet facilities will be provided.	<ul style="list-style-type: none"> The facilities will be accessible to the standard noted earlier (refer to item 1.3). 	
3.2	The facility must enable staff to support patients and family members in their understanding of the issues with treatment and provide space for them to deal with any impact on themselves away from the patient.	<ul style="list-style-type: none"> There must be space on the ward for staff members to have quiet conversations with family members, to provide information and support to them in their role as carers and for them to sit in peace and privacy when needed. This must be in an environment that is calming and homely, with daylight and privacy. 	 <ul style="list-style-type: none"> This space could be a room as referenced above, or provided by a flexible quiet seating area as referenced below. 

4 Alignment of investment with policy

This section is about the additional benefits (not directly related to the service to be provided) that can be delivered, so things like contributing to regeneration, health promotion, good corporate citizenship etc

Ref. no	Non-negotiables	Benchmark standards	What success might look like
4.1	Contribution towards Victoria Hospital's estate strategy.	<ul style="list-style-type: none"> ▪ The project will contribute towards Victoria Hospital's estate strategy. This involves creating opportunities for the clinical care to be withdrawn from the tower block. ▪ Any new development will seek to rebalance any displaced car-parking. ▪ Existing bus, taxi, drop off and hospital servicing will not be negatively impacted by the project. ▪ The project will look to maintain and if possible, enhance accessibility, understanding and the visual impact of the wider site. This may include improvement around site access, wayfinding, carparking, nature and connections to relevant adjacent services. Any new facility will be planned in the context of the existing site helping to improve the visual impact of the hospital. 	
4.2	Energy	<p>The design will positively contribute to the energy and emissions criteria as described within current Scottish Government policies; i.e. evidenced measured reportable 59% emissions reduction compared with 2015 levels by 2032: per: Duties of Public Bodies: Reporting Requirements, and Energy Efficient Scotland Road Map (May 2018).</p> <p>The facilities shall be designed so that estimated</p>	

Ref. no	Non-negotiables	Benchmark standards	What success might look like
		<p>operational energy consumption does not exceed 300kWhr/m2.</p> <p>With respect to thermal comfort the design will evidence through the use of appropriate current and future weather data that none of the rooms within the facilities will exceed guideline temperatures as set out in CIBSE TM52 and TM59.</p>	
4.3	Sustainability	Conduct a BREEAM assessment per Scottish Capital Investment Manual to obtain a BREEAM Healthcare or equivalent 'Excellent ' rating.	
4.3	Expansion	<p>The design shall consider the means for departments to be used flexibly, adapted or expanded. National policy, clinical advancements and technological changes will impact on the way services are provided in the future, and the Facilities need to be sufficiently flexible to handle these advances. The design process shall demonstrate that potential change for expansion has been considered for rooms, departments and infrastructure.</p> <p>The structural grid, construction technique, structure, service penetrations and engineering services strategy shall demonstrate that the design proposals for expansion, adaptation and flexibility are co-ordinated.</p> <p>Benchmarks will include;</p> <ul style="list-style-type: none"> • Maximising the use of repeatable rooms • Modular grid • Adequate infrastructure capacity to deal 	

Ref. no	Non-negotiables	Benchmark standards	What success might look like
		<p>with future change</p> <p><i>Note: the above text does not seek to unnecessarily build a larger facility. It does however call for consideration and engagement within the Project Team to demonstrate that expansion and flexibility has been adequately considered and built into the proposals where there is clear justification for doing so.</i></p>	

Design Milestone	Authority of Decision	Additional Skills	How the Criteria will be evaluated and valued	Information needed to allow evaluation
Site Selection	NHS Fife	Architect		Design feasibility study
Selection of design team and PSCP	NHS Fife	Project Manager	As per High Level Information Pack criteria and scoring	PSCP responses
Project Brief	NHS Fife	Project Manager and PSCP	NHS Fife to develop draft brief. Project Manager and PSCP to assist NHS Fife with development.	Brief to be frozen by the end of RIBA Stage 2.
Acceptance of Concept Design	NHS Fife Project Manager	NDAP	AEDET, NDAP, Design Statement RIBA Stage 2 and Project Brief.	Information to be aligned with RIBA Stage 2 and NDAP OBC requirements.
Acceptance of technical design	NHS Fife Project Manager	NDAP	AEDET, NDAP, Design Statement RIBA Stage 4 and Project Brief.	Information to be aligned with RIBA Stage 4 and NDAP FBC requirements.
Post Project and Post Occupancy Evaluations	NHS Fife	Project Participants	Benefits outlined within the business case will be measured to ascertain if they have been realised. Post Project Evaluation to be undertaken in line with SCIM Guidance.	Data will be required circa 12 months following occupation in order to measure if the benefits have been realised. This data will be compared against the "as existing" data to measure the extent of improvement and whether the benefits have been realised.

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	des-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 Decontarr GUID 5014		nov-16	N		
Decontamination - Guidance on loan devices (GUID 5002)	Decontamination	GUIDance on Decontarr 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 Decontarr GUID 5010 Part A		des-14	N		
Decontamination - Reusable surgical instruments transport storage and after clinical use - Operational guidance (GUID 5010 Part B)	Decontamination	GUIDance on Decontarr GUID 5010 Part B		des-14	N		
Decontamination - Provision of compliant podiatry instruments (GUID 5007)	Decontamination	GUIDance on Decontarr GUID 5007		nov-14	N		
Decontamination - Requirements for compliant endoscope decontamination units (GUID 5013)	Decontamination	GUIDance on Decontarr GUID 5013		nov-14	N		
Decontamination - Guidance for disposal and recycling of medical devices (GUID 5008)	Decontamination	GUIDance on Decontarr GUID 5008		okt-14	N		
Decontamination - Carriage of dangerous goods regulations with respect to used medical devices (GUID 5006)	Decontamination	GUIDance on Decontarr GUID 5006		des-13	N		
Decontamination - Central Decontamination Unit (SHPN 13 Part 1)	Decontamination	Scottish Health SHPN 13 Part 1		mai-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		okt-01	N		
Decontamination - Operational management Washer-disinfectors (SHTM 2030 Part 2)	Decontamination	Scottish Health Technic. SHTM 2030 Part 2		okt-01	N		
Decontamination - Validation and verification Washer-disinfectors (SHTM 2030 Part 3)	Decontamination	Scottish Health Technic. SHTM 2030 Part 3		okt-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 Decontarr GUID 5014		mai-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		
					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		Refer to Acoustic Report for details.	Refer to Acoustic Report for details. Design generally developed in line with SHTM 08-01 guidance.
						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.	Briefing information from Room Data Sheets updated in line with guidance.
						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.	Sound Absorption - Theatre and Recovery room ceilings. The specified solid finishes do not meet the sound absorption criteria. Paragraph 2.104 acknowledges that sound absorption 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.
						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.	
					Y		
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		okt-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		

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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		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.	
					Y		
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	SHTM 03-01 Part A	feb-14			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.
		Technical Memorandum (SHTM)			Y		
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	des-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	SHTM 02-01 Part A	jun-12		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
		Technical Memorandum (SHTM)			Y		
Building management systems - Overview and management responsibilities (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	des-11	Y		
Pneumatic tube transport systems - Overview and management responsibilities (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	okt-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	SHTM 08-03	jul-11		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
		Technical Memorandum (SHTM)			Y		
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	mai-17	N		
Implementation and communication plan NCSS (SHFN 01-03)	Facilities	Scottish Health	Facilitie: SHFN 01-03	des-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	des-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	Facilitie: 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	Plannin: 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			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.
					Y		
Wayfinding - effective wayfinding and signing for healthcare facilities (HTM 65)	Property & Capital Planning	DoH guidance (HBN; HT HTM 65		aug-16			Wayfinding and signage strategy developed along the principles of HTM 65 - refer to interior designers report for further information
					Y		
Property appraisal manual (SHTN 00-01)	Property & Capital Planning	Scottish Health	Technic: SHTN 00-01	aug-16	N		

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Dementia-friendly Health and Social Care Environments (HBN 08-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 08-02		mar-15			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		okt-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		okt-14			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		okt-14			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		okt-14			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 unlikely 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 / bump rails 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 significant number 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 wherever 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		okt-14	Y		
Cardiac facilities (HBN 01-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 01-01		okt-14	N		
Cancer treatment facilities (HBN 02-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 02-01		okt-14	N		
Mental health - Adult acute units (HBN 03-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 03-01		okt-14	N		
Critical care units (HBN 04-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 04-02		okt-14	N		
Diagnostic imaging - PACS and specialist imaging (HBN 06 vol 2)	Property & Capital Planning	DoH guidance (HBN; HT HBN 06 vol 2		okt-14	Y		
Renal care - Satellite dialysis unit (HBN 07-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 07-01		okt-14	N		
Renal care - Main renal unit (HBN 07-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 07-02		okt-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		okt-14	N		
Medicines management - Pharmacy and radiopharmacy facilities (HBN 14-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 14-01		okt-14	N		Detailed elements tbc at next design stage
Facilities for pathology services (HBN 15)	Property & Capital Planning	DoH guidance (HBN; HT HBN 15		okt-14	N		
Hospital accommodation for children and young people (HBN 23)	Property & Capital Planning	DoH guidance (HBN; HT HBN 23		okt-14	N		

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Facilities for surgical procedures (HBN 26 vol 1)	Property & Capital Planning	DoH guidance (HBN; HT HBN 26 vol 1		okt-14		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.
					Y		
In-patient facilities for older people (HBN 37)	Property & Capital Planning	DoH guidance (HBN; HT HBN 37		okt-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	okt-10			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
					Y		
Adult in-patient facilities (SHPN 04-01)	Property & Capital Planning	Scottish Health Planning Note (SHPN)	SHPN 04-01	okt-10		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% 17/single /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
					Y		
Building component series – Sanitary assemblies (SHTM 64)	Property & Capital Planning	Scottish Health SHTM 64		des-09	Y		
Building component series - Ceilings (SHTM 60)	Property & Capital Planning	Scottish Health SHTM 60		okt-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		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'.
					Y		
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			Flooring types for each area have been discussed with the user groups for slip resistance, cleanliness 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.
					Y		
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		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.
					Y		
Fire safety - Precautions in existing healthcare premises (SHTM 85)	Property & Capital Planning	Scottish Health Technic: SHTM 85		des-07	N		
Access - checklist for people with dementia in healthcare premises (SHFN 03)	Property & Capital Planning	Scottish Health Facilitie: SHFN 03		okt-07	N		
Fire safety - Prevention and control of deliberate fire-raising in healthcare premises (SFPN 6)	Property & Capital Planning	Scottish Fire Practice Nc 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		des-06	Y		
Building component series - Windows (SHTM 55)	Property & Capital Planning	SHTM Building Compon SHTM 55		des-06			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.
					Y		
Building component series - Partitions (SHTM 56)	Property & Capital Planning	SHTM Building Compon SHTM 56		des-06	Y		
Building component series - Internal glazing (SHTM 57)	Property & Capital Planning	SHTM Building Compon SHTM 57		des-06	Y		
Building component series - Internal doorsets (SHTM 58)	Property & Capital Planning	SHTM Building Compon SHTM 58		des-06	Y		
Building component series - Ironmongery (SHTM 59)	Property & Capital Planning	SHTM Building Compon SHTM 59		des-06	Y		
Building component series - Demountable storage systems (SHTM 62)	Property & Capital Planning	SHTM Building Compon SHTM 62		des-06	Y		
Building component series - Fitted storage systems (SHTM 63)	Property & Capital Planning	SHTM Building Compon SHTM 63		des-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	des-06	Y		
Building component series - Laboratory storage systems (SHTM 67)	Property & Capital Planning	SHTM Building Compon	SHTM 67	des-06	N		
Building component series - Protection (SHTM 69)	Property & Capital Planning	SHTM Building Compon	SHTM 69	des-06			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
					Y		
General medical practice premises in Scotland (SHPN 36 Part 1)	Property & Capital Planning	Scottish Health Plannin	SHPN 36 Part 1	jul-06	N		
NHS dental premises in Scotland (SHPN 36 Part 2)	Property & Capital Planning	Scottish Health Plannin	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 Plannin	SHPN 06 Part 1	mar-04			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.
					Y		
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	okt-02	N		
General design guidance (SHPN 03)	Property & Capital Planning	Scottish Health Plannin	SHPN 03	jan-02			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.
					Y		
Facilities for rehabilitation services (SHPN 08)	Property & Capital Planning	Scottish Health Plannin	SHPN 08	jan-02	N		
Day care part 1 - Day surgery unit (SHPN 52 Part 1)	Property & Capital Planning	Scottish Health Plannin	SHPN 52 Part 1	jan-02			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 required but could be accommodated 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.
					Y		
Day care part 2 - Endoscopy unit (SHPN 52 Part 2)	Property & Capital Planning	Scottish Health Plannin	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 Plannin	SHPN 52 Part 3	jan-02	N		
Access - Disability (SHFN 14)	Property & Capital Planning	Scottish Health Facilitie	SHFN 14	sep-00			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.
					Y		
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 N	SFPN 10	des-99	N		
Fire safety - Hospital main kitchens (SFPN 4)	Property & Capital Planning	Scottish Fire Practice N	SFPN 4	des-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
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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	<u>2,912,035</u>			
TOTAL PROJECT COST	27,254,280	27,254,281	28,075,581	821,301

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

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 Five 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-construction. Residual risk.	2	4	8	£ -		Yes	NHS F	PSCP		Yes	
					Covered under construction.											

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			¥	
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 not 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 as 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			¥	
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			¥	
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		¥	
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			¥	
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	Gradle 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	

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	Frees 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 NHSF 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				

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		

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. <i>Note this is still being finalised</i>	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				

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-snap prior to H/O QMS to be finalised Soft landings process provides for de-snap prior to handover	1	2	2	£	-	£	-	Yes	PSCP			
64	Delayed payments to supply chain due to unproven process of PBA	2	3	6	Ensure proper selection of CDP Subcontractors who carry relevant level of PI	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		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 as 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

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

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.

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

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.

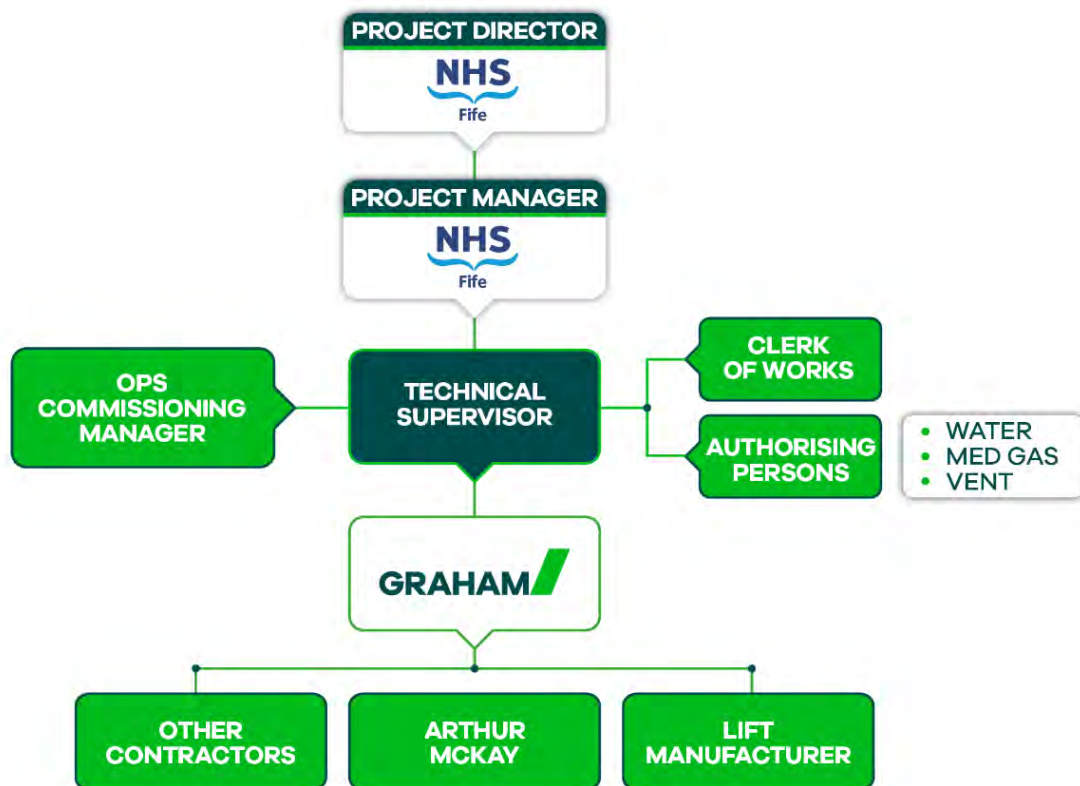
GRAHAM is the Principle Supply Chain Partner who will co-ordinate the installation, quality and commissioning management strategy with the Technical Supervisor, Local Authority, Design Team and Contractors.

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.

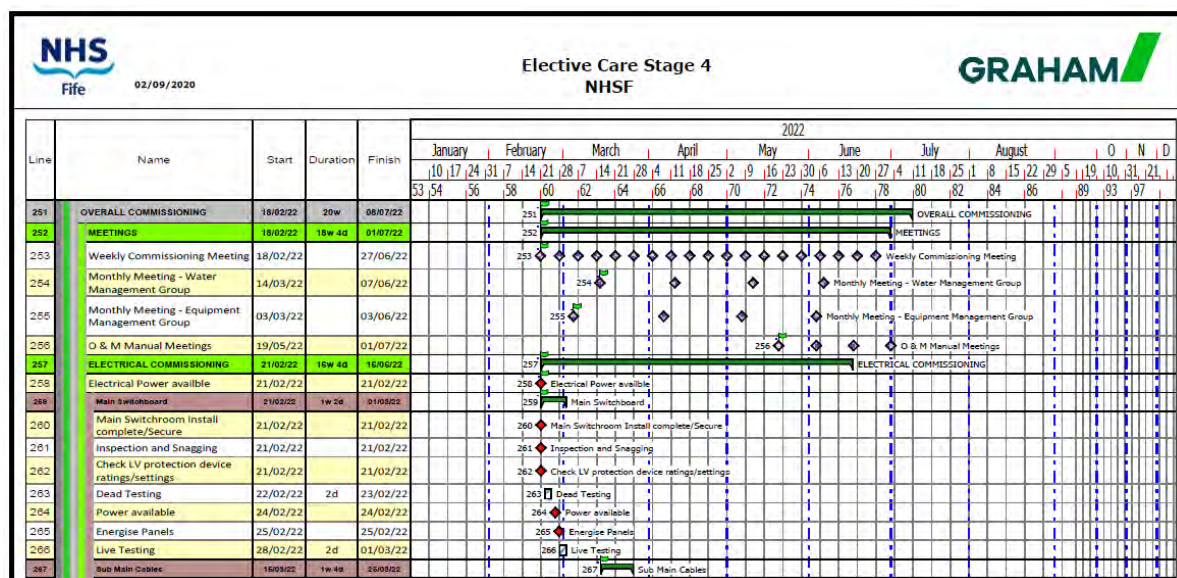
The commissioning programme takes the individual plant, equipment and system logical sequences and integrates them into one optimum duration commissioning programme which will reasonably meet the overall delivery requirements / programme GRAHAM & NHS Fife have for the project.

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;

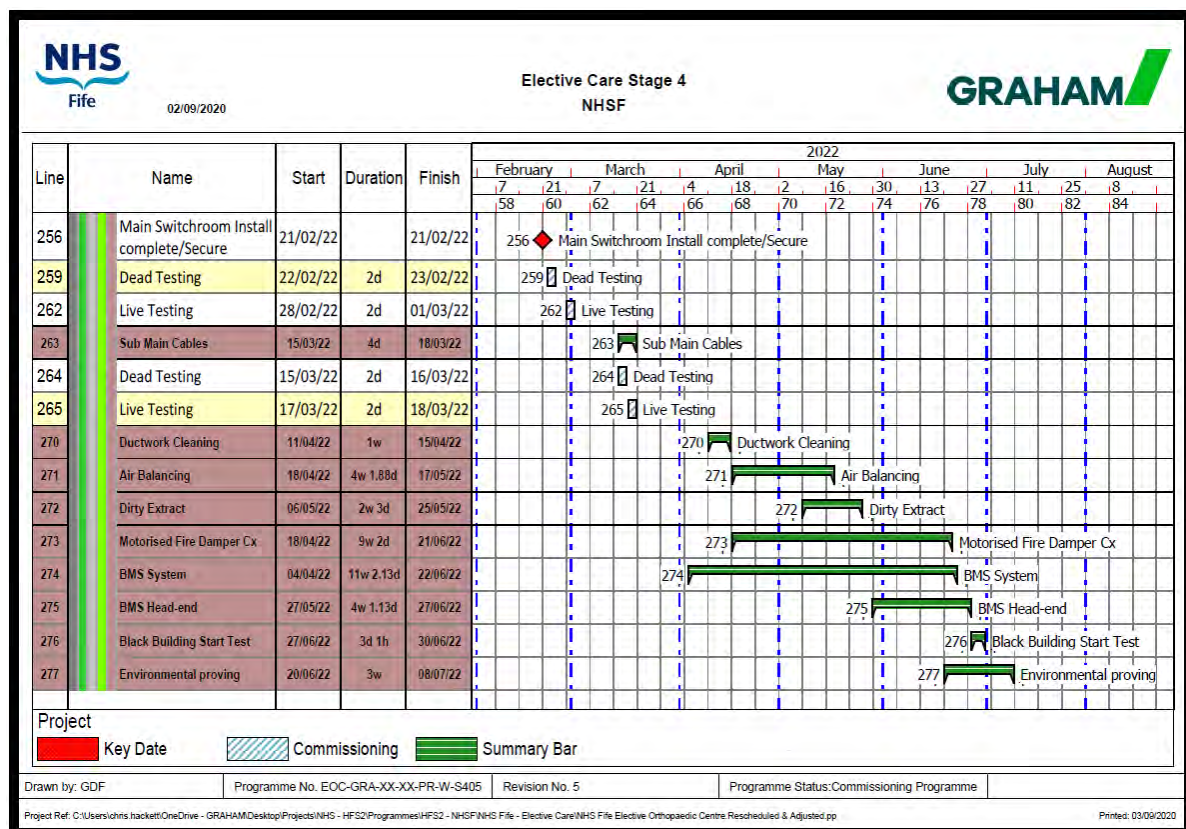
- Commissioning methodology / validation process
- Commissioning programme reviews
- Development of interface groups
 - Construction Phase Water Management Group

- Specialist Ventilation Group
- 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.



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 per 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 Orthopaedic 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

Meeting:	Finance Performance and Resources Committee
Meeting date:	10 November 2020
Title:	Silver Command Procurement/PPE Lessons Learned Report
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Brenda McFall, Planning and Performance

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- Annual Operational Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As part of the governance structure created to support the response to Covid-19, a Procurement/PPE (Personal Protective Equipment) Silver Command was established which reported to the Gold Command on a regular basis.

In August 2020 preparation commenced to remobilise clinical services, as part of this, the work of the Procurement/PPE command was transitioned to business as usual. To enable a safe transition, a Lessons Learned review was conducted reflecting on the experience of

the pandemic and a report was issued to EDG (Appendix 1). The Lessons Learned report has supported a medium to long-term view to be taken of PPE critical supplies requirements across Fife. It includes a summary of the high-level outcomes achieved against the objectives of the Silver Command, the lessons learned, the contingency plans in place to manage the provision of critical supplies stock going forward and the importance of continuous engagement with services.

2.2 Background

The Silver Command group met on a weekly basis from April to August and discussed and agreed the necessary actions to address the range of issues associated with the supply and demand for PPE and critical supplies across Fife. This group was very effective in ensuring sustainable product solutions for critical stock and monitoring demand at both local and national levels.

2.3 Assessment

High Level Outcomes

A single distribution facility was established for PPE at Whyteman's Brae. This streamlined the storage, control and distribution processes and was expanded to include critical supplies of cleaning products.

Daily reporting of stock holding, usage and replenishment requirements across NHS Fife was delivered.

A supply and demand forecasting model was developed and refined to match changes to guidance in a rapidly changing environment.

Efficient and effective communication of issues was established and maintained at both national and local levels.

Changes Since Transition to Business as Usual

A larger PPE Hub capable of holding higher levels on stock was approved and has now been established at Lynebank Hospital. This ensures the appropriate storage and distribution facilities for health services, the H&SCP and Independent Contractors and has the potential to incorporate Fife Council PPE requirements in the future if required. The current planning assumption is that this facility will be required for a 12-18 month period. The hub holds at least 4 weeks' supply of critical stock.

The management of PPE supplies is delivered through the local Procurement Team and key triggers have been included in the modelling tool to ensure proactive and timely responses to changing PPE requirements. There continues to be regular communication between the procurement team and key stakeholders.

Local technical user groups have been established with key stakeholders to ensure that during service remobilisation and any changes to services, that PPE products are managed and delivered in line with service requirements.

2.3.1 Quality/ Patient Care

The safe and effective supply of PPE to all clinical services is critical to support the delivery of high quality, safe and effective patient care.

2.3.2 Workforce

The safe and effective supply of PPE to staff delivering clinical services is critical to support the delivery of high quality, safe and effective patient care and to ensure the safety of staff.

2.3.3 Financial

The cost of the unprecedented level of PPE which has been required during the pandemic is funded centrally and managed by National Services Scotland.

2.3.4 Risk Assessment/Management

A risk register was established and used to constantly review mitigation to reduce risk levels and to support regular escalation of high risks.

2.3.5 Equality and Diversity, including health inequalities

All clinical service areas have received and will continue to receive the PPE required to deliver services safely.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

There has been continuous engagement with all key stakeholders throughout the pandemic on this issue. There has also been ongoing communication with staff and the public.

2.3.8 Route to the Meeting

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

- EDG, 12 October 2020

2.4 Recommendation

- **Discussion** – Examine and consider the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Lessons Learned

Report Contact

Margo McGurk

Director of Finance

Email Margo.McGurk@nhs.scot

**PROCUREMENT/PPE SILVER COMMAND
LESSONS LEARNED REPORT**

APPENDIX 1

	What Happened?	Recommendation/comments	Action taken	Follow Up required
1	Communication could be challenging both from a local and national perspective.	Key stakeholders were invited to join the group and were constantly advised and updated on local and national issues.	Guidance papers discussed and updates on supply were regularly circulated to groups.	No
2	Input from members.	Meetings were well attended and key stakeholders were represented and delivered tasks in a timely manner.	None.	No
3	The requirement of additional cleaning consumables due to re-mobilisation of clinical services.	Procurement made aware of the expected requirements and will seek to source alternative products if regular suppliers/suppliers cannot meet demand.	Escalated to Gold as a high risk.	Yes
4	Availability of key Personal Protective Equipment, particularly in early part of pandemic was very challenging.	Communication and working relationships between Health and Safety, Procurement and Infection Control were good pre COVID, but PPE group meetings have strengthened this relationship and allowed fast discussion and resolution of problems where they were within our control.	Solutions sourced locally where possible. Issues out with control of NHS Fife escalated to Gold and/ or National Procurement or other national groups as appropriate.	No
5	Ongoing concerns with certain items of PPE (notable small fit FFP3 masks and skin/ respiratory concerns with DSBJ model surgical masks).	Ongoing dialogue both locally and nationally on these issues. Problems are largely out with control of NHS fife to resolve as they relate to non-availability of suitable products nationally.	Small fit mask issue on risk register. Health and Safety team working with users to fit test to suitable alternate mask. Health and Safety and Infection Control working with national groups on decontamination processes for powered respirators. Health and Safety and Infection Control, Occupational Health, Procurement and Infection Control working locally to review and manage issues with DSBJ surgical masks.	Yes

6	WIN	Donated PPE. In early stages of pandemic several donations of PPE were made to NHS Fife. Some of this was PPE from recognised manufacturers other PPE was manufactured, either by private individuals or companies. Much of this latter type of PPE was unsuitable for use.	PPE group discussed the issue and appropriate action to be taken to remove and restrict use of donated PPE until it had been assessed and cleared for use. Problems, particularly with 3D printed visors, were quickly contained.	“Donated PPE” process developed, established and communicated to NHS Fife and to public through social media. Donated PPE either removed from circulation if not suitable or redirected to appropriate teams if useable.	No
7	Issue	Availability of appropriate PPE from national stockpile.	NDC were sending PPE to all boards from Scottish Government pandemic stockpile. FFP3 masks that were received were different from NHS Fife usual stock requiring frequent face fit re-testing.	Health and Safety required to refit large numbers of staff and this impacted on the numbers available. Mask types changed requiring retesting.	Yes
8	Issue	Lack of staff face fit tested.	Key personnel were not face fit tested at start of pandemic. This was contrary to Transmission Based Precautions required pre-COVID for other organisms and was highlighted at start of the pandemic.	Health and Safety required to undertake more face fit testing.	Yes
9	Issue	Guidance changes.	Guidance was subject to frequent changes at the start of pandemic from Public Health England/Health Protection Scotland. Changing requirements for PPE often late at night impacting on next day service delivery.	Infection Prevention, Health and Safety and Procurement linked together to ensure that higher risk areas received appropriate PPE.	No
10	Issue	Stock distribution.	Early stages of pandemic staff had difficulty accessing enough PPE due to pressure on supplies. HSCP reported low stock in wards as did some acute areas.	Staff were actively contacting Infection Control and procurement for additional stock that was not always available due to disrupted supply chains. PPE Hub established to managed stock control.	Yes
11	Issue	Decontamination	Pressure from across all NHS Fife including independent contractors for appropriate cleaning materials. Including ones that some groups have not used previously, differences of opinion regarding decontamination. Risk of incorrect use of hypochlorite	Hypochlorite shortage escalated to Gold Command as a high risk.	Yes

			bleach solutions.		
12	Issue	Decontamination Substitution.	NDC automatically substituted decontamination products to boards. NHS Fife received products that have not been in use here before. Infection Control were not informed until products on wards & these were different to guidance advised by Infection Control.	Infection Control worked collaboratively with Procurement to manage this.	Yes
13	Win	Daily Stock Count.	At the onset of the outbreak, there were unknowns/uncertainty over current levels of stock held at local ward/department level and duration of stock coverage.	Implementation of a daily stock count process across Acute and HSCP to provide live information, highlight potential shortages and provide stock assurance.	Yes

Meeting:	Finance, Performance & Resources Committee
Meeting date:	10 November 2020
Title:	Integrated Performance & Quality Report
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

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

- Discussion

This report relates to the:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

2.2 Background

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

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

The May meeting of the SG Committee was cancelled due to the pandemic, but 'virtual' meetings have taken place bi-monthly since July.

2.3 Assessment

The IPQR has been changed for FY 2020/21, to include improvement actions which reflect the challenges imposed by the COVID-19 pandemic. These reflect the spirit of the JFMP, where possible.

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic, and recovery is being planned in stages. The Scottish Government have been provided with a plan which forecasts recovery trajectories in the period up to the end of the FY, and progress against this is included in the IPQR at Annex 1. The projections take account of additional funding provided by the Scottish Government.

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

WT = Waiting Times

RTT = Referral-to-Treatment

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

DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	90.6%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early ¹	Quarterly	29%	N/A
FOI Requests	Monthly	85%	Not achieving

Operational Performance – H&SCP

Measure	Update	Target	Current Status
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving

Smoking Cessation 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 continues to be 'paused' (as per instruction from Scottish Government) – the most recent data was for q/e September 2019
- ² The Scottish Government have been unable to calculate new targets for FY 2020/21, and Health Boards have been advised to work towards the same targets as FY 2019/20
- ³ The 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

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

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

Standing Committees and Board Meetings were cancelled in May, but restarted in July, and the October IPQR will be available for discussion at the round of October/November meetings.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and then considered at a meeting of the EDG on 22nd October. It was then authorised for release to Board Members and Standing Committees.

2.4 Recommendation

The FPR Committee is requested to:

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

3 List of appendices

None

Report Contact

Bryan Archibald

Head of Performance

Email bryan.archibald@nhs.scot



Fife Integrated Performance & Quality Report

Produced in October 2020



Introduction

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

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
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A
	N/A	HSMR	N/A
	N/A	Inpatient Falls	5.97
	N/A	Inpatient Falls with Harm	2.16
	N/A	Pressure Ulcers	0.42
	N/A	Caesarean Section SSI	2.5%
	N/A	SAB - HAI/HCAI	19.5
	N/A	SAB - Community	N/A
	N/A	C Diff - HAI/HCAI	6.7
	N/A	C Diff - Community	N/A
	N/A	ECB - HAI/HCAI	36.6
	N/A	ECB - Community	N/A
	N/A	Complaints (Stage 1 Closure Rate)	80%
	N/A	Complaints (Stage 2 Closure Rate)	65%
Operational Performance	90%	IVF Treatment Waiting Times	90%
	95%	4-Hour Emergency Access	95%
	100%	Patient TTG (Ongoing Waits)	
	95%	New Outpatients Waiting Times	
	100%	Diagnostics Waiting Times	
	95%	Cancer 31-Day DTT	
	95%	Cancer 62-Day RTT	
	90%	18 Weeks RTT	
	29%	Detect Cancer Early	27%
	N/A	Delayed Discharge (% Bed Days Lost)	5%
	N/A	Delayed Discharge (# Standard Delays)	N/A
	80%	Antenatal Access	80%
	473	Smoking Cessation	TBC
	90%	CAMHS Waiting Times	
	90%	Psychological Therapies Waiting Times	
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
	N/A	Dementia Post-Diagnostic Support	
	N/A	Dementia Referrals	
	N/A	Freedom of Information Requests	85%
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£12.968m
Staff Governance	4.00%	Sickness Absence	4.39%



Performance
meets / exceeds the required Standard / on schedule to meet its annual Target
behind (but within 5% of) the Standard / Delivery Trajectory
more than 5% behind the Standard / Delivery Trajectory

Reporting Period	Year Previous		Previous		Current	
Month	Aug-19	48	Jul-20	26	Aug-20	33
Year Ending	Mar-19	N/A	Dec-19	1.02	Mar-20	1.01
Month	Aug-19	6.55	Jul-20	9.25	Aug-20	7.30
Month	Aug-19	1.16	Jul-20	1.97	Aug-20	1.71
Month	Aug-19	0.65	Jul-20	0.75	Aug-20	1.10
Quarter Ending	Jun-19	2.0%	Mar-20	0.9%	Jun-20	2.3%
Quarter Ending	Aug-19	14.6	Jul-20	8.7	Aug-20	15.1
Quarter Ending	Aug-19	9.6	Jul-20	8.5	Aug-20	6.4
Quarter Ending	Aug-19	10.1	Jul-20	5.8	Aug-20	5.5
Quarter Ending	Aug-19	2.1	Jul-20	5.3	Aug-20	6.4
Quarter Ending	Aug-19	34.9	Jul-20	42.2	Aug-20	52.1
Quarter Ending	Aug-19	34.1	Jul-20	37.2	Aug-20	39.3
Quarter Ending	Aug-19	75.0%	Jul-20	72.4%	Aug-20	74.3%
Quarter Ending	Aug-19	58.3%	Jul-20	25.7%	Aug-20	36.4%
Month	Aug-19	100.0%	Jul-20	100.0%	Aug-20	100.0%
Month	Aug-19	93.6%	Jul-20	96.1%	Aug-20	95.4%
Month	Aug-19	89.9%	Jul-20	20.2%	Aug-20	30.0%
Month	Aug-19	95.0%	Jul-20	41.1%	Aug-20	50.0%
Month	Aug-19	97.6%	Jul-20	51.4%	Aug-20	78.3%
Month	Aug-19	97.0%	Jul-20	98.1%	Aug-20	96.1%
Month	Aug-19	84.0%	Jul-20	88.2%	Aug-20	84.3%
Month	Aug-19	82.0%	Jul-20	69.2%	Aug-20	64.0%
Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%
Month	Aug-19	8.0%	Jul-20	6.2%	Aug-20	7.8%
Month	Aug-19	71	Jul-20	46	Aug-20	54
Month	Nov-18	85.3%	Oct-19	88.4%	Nov-19	83.3%
YTD	May-19	101.3%	Apr-20	15.0%	May-20	24.1%
Month	Aug-19	74.8%	Jul-20	62.8%	Aug-20	57.8%
Month	Aug-19	65.2%	Jul-20	74.5%	Aug-20	77.9%
YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%
Month	Jun-19	95.0%	May-20	86.5%	Jun-20	93.4%
Annual	2017/18	86.7%	2018/19	93.9%	2019/20	91.6%
Annual	2017/18	55.4%	2018/19	60.7%	2019/20	57.6%
Quarter Ending	Aug-19	68.6%	Jul-20	75.7%	Aug-20	78.0%
Month	Sep-19	N/A	Aug-20	+£7.748m	Sep-20	+£1.859m
Month	Sep-19	N/A	Aug-20	£2.751m	Sep-20	£3.323m
Month	Aug-19	5.44%	Jul-20	5.06%	Aug-20	4.58%

Benchmarking			
	Upper Quartile		
	Mid Range		
	Lower Quartile		
Reporting Period	Fife		Scotland
N/A			
YE Mar-20	1.01		1.00
N/A			
N/A			
N/A			
QE Dec-19	2.3%		0.9%
QE Jun-20	6.3		20.3
QE Jun-20	14.0		9.4
QE Jun-20	7.9		15.4
QE Jun-20	1.1		5.9
QE Jun-20	36.4		39.7
QE Jun-20	38.8		35.9
2018/19	70.7%		81.5%
2018/19	49.1%		53.7%
N/A			
Aug-20	95.4%		92.9%
Jun-20	15.5%		17.3%
Jun-20	32.1%		28.5%
Jun-20	37.4%		35.4%
QE Jun-20	96.3%		97.1%
QE Jun-20	77.7%		84.1%
Jun-20	84.8%		79.6%
2017, 2018	25.1%		25.5%
QE Dec-19	7.2%		7.1%
Aug-20	14.46		14.68
2018/19	91.3%		87.6%
FY 2019/20	92.8%		97.2%
QE Jun-20	68.6%		59.3%
QE Jun-20	69.7%		74.3%
2019/20	79.2%		83.2%
QE Jun-20	87.3%		95.3%
2017/18	86.8%		72.5%
2017/18	55.3%		42.3%
N/A			
N/A			
N/A			
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	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
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • Unachieved efficiency savings • Offsets (health costs that have reduced as a result of Covid-19 response) <p>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.</p>							
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.							

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

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Finance, Performance & Resources – Operational Performance

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CAMHS 18 Weeks Referral to Treatment	27
Psychological Therapies 18 Weeks Referral to Treatment	28

Finance, Performance & Resources – Finance

Revenue Expenditure	29
Capital Expenditure	40

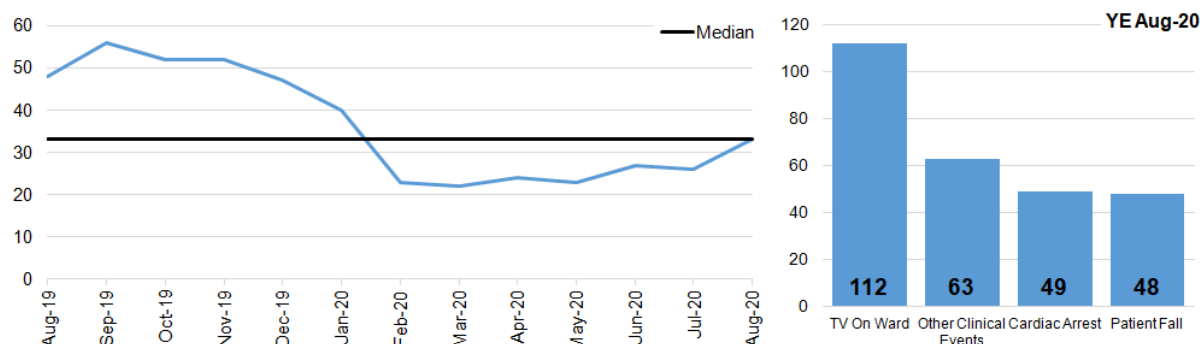
Staff Governance

Sickness Absence	44
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



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

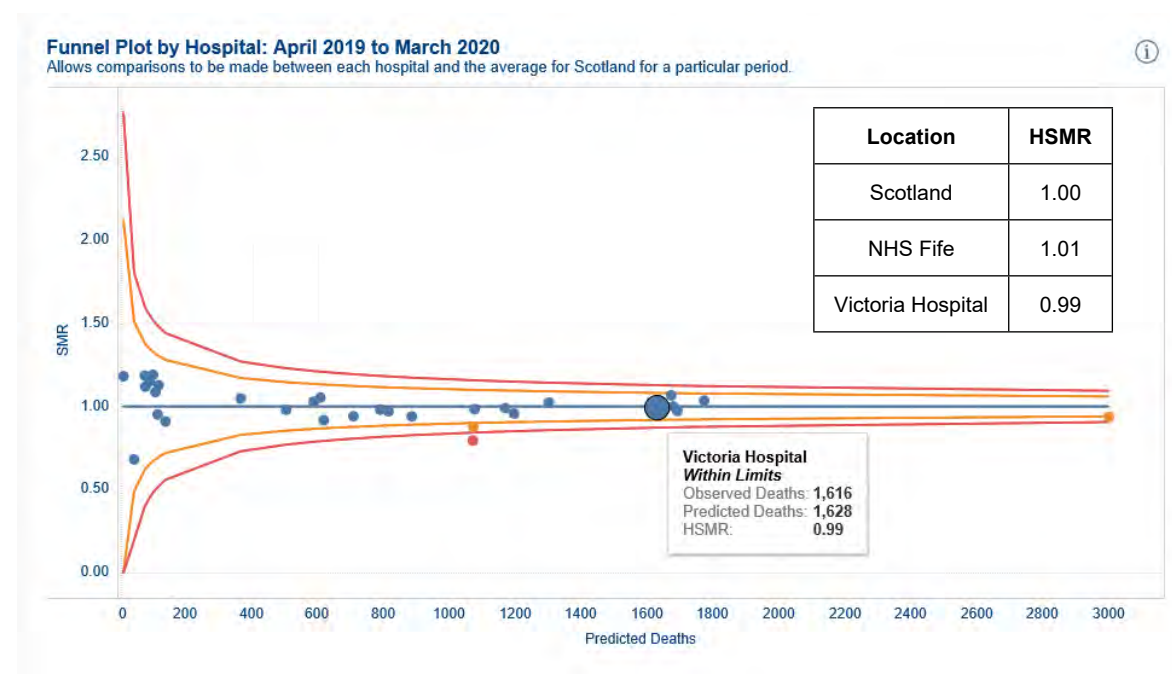
HSMR

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 2020^p

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

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



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.

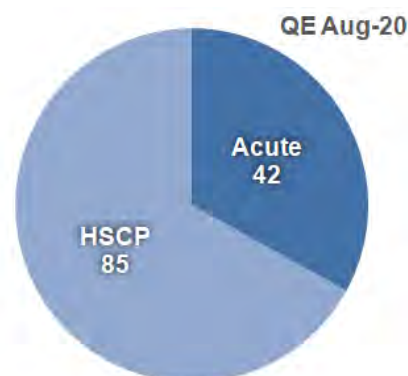
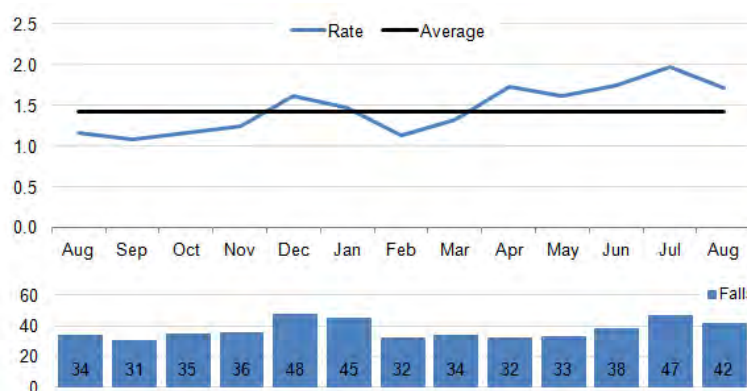
Clinical Governance

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

WITH HARM	Month	2019/20									20/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
	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.

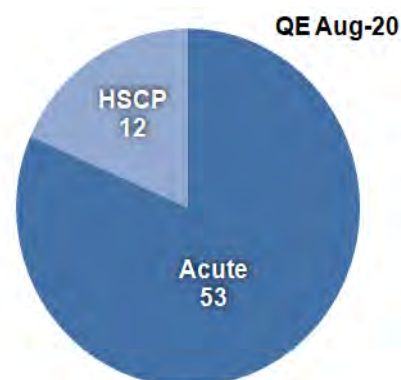
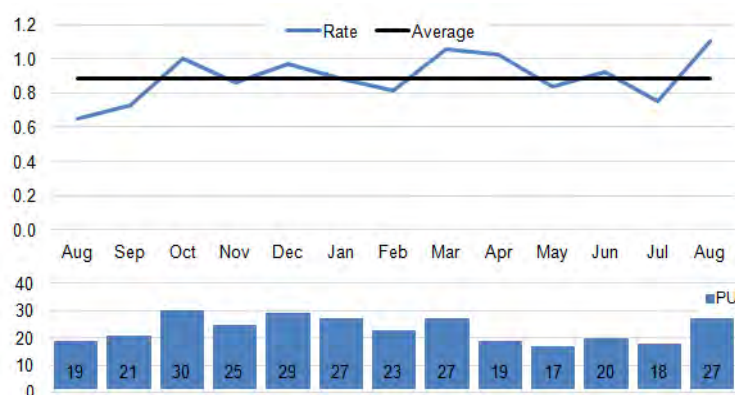
Improvement Actions	Update
20.3 Falls Audit By Nov-20	The audit tool has been revised to reflect more accurately the discreet elements of the falls bundle, and the plan is to re-audit again in the Autumn
20.5 Improve effectiveness of Falls Champion Network By Nov 2020 (Implementation Plan)	Work still 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 <i>By Dec-20 (was Sep-20)</i>	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 <i>By Dec-20 (was Oct-20)</i>	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.

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

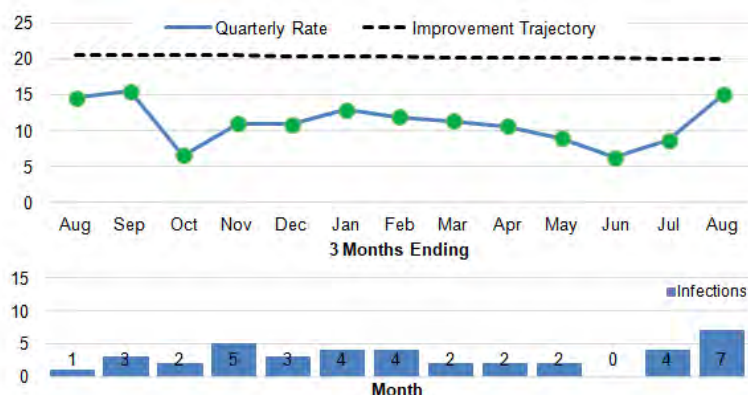
<p>20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan</p> <p><i>By Mar-21 (was Oct-20)</i></p>	<p>SSI implementation meetings have now restarted via Microsoft Teams.</p> <p>When the C-section SSI surveillance programme restarts, we will again adopt the new methodology in assessing SSI and type - this was working well prior to the pause of all surveillance in March 2020.</p> <p>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.</p>
<p>20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond</p>	

Clinical Governance

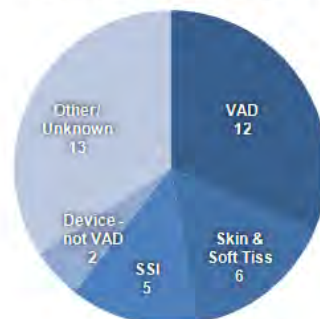
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Aug-20



National Benchmarking

Quarter Ending		2018/19		2019/20			2020/21
		Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	17.8	14.1	13.7	15.5	10.9	12.5
Scotland		17.7	15.6	16.7	17.5	15.2	16.3
							6.3
							20.3

Key Challenges in 2020/21

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

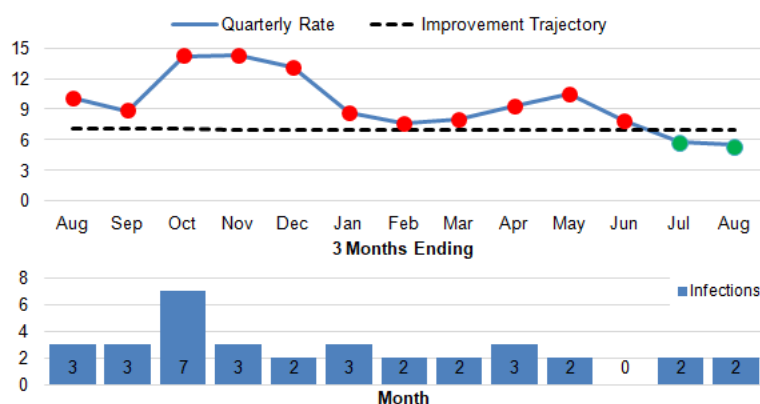
Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-21</i>	There have only been 3 PWID SABs so far in 2020, a marked improvement compared to the same period in 2019. Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September. 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 <i>By Mar-21</i>	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement 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 <i>By Mar-21</i>	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions. The group last met in August, and will meet again on 23 rd October. E-documentation bundles for catheter insertion and maintenance, to be added to Patienttrack for Acute services, are still awaited.
20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-21</i>	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

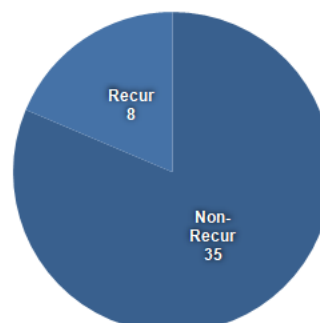
C Diff (HAI/HCAI)

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
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	10.0	5.4	8.0	8.9	13.1	8.0
Scotland		13.8	11.8	12.3	13.7	15.1	13.6
							7.9
							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 <i>By Oct-20</i>	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 <i>By Oct-20</i>	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 <i>By Oct-20</i>	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

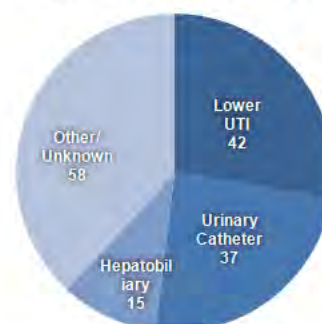
ECB (HAI/HCAI)

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 <i>By Mar-22</i>	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly 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 <i>By Mar-21</i>	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) <i>By Mar-21</i>	The UCIG will next meet in October, to review the following topics: <ul style="list-style-type: none"> 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

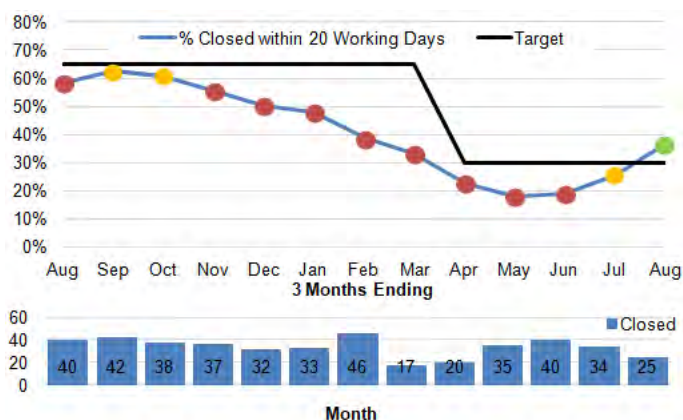
Clinical Governance

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

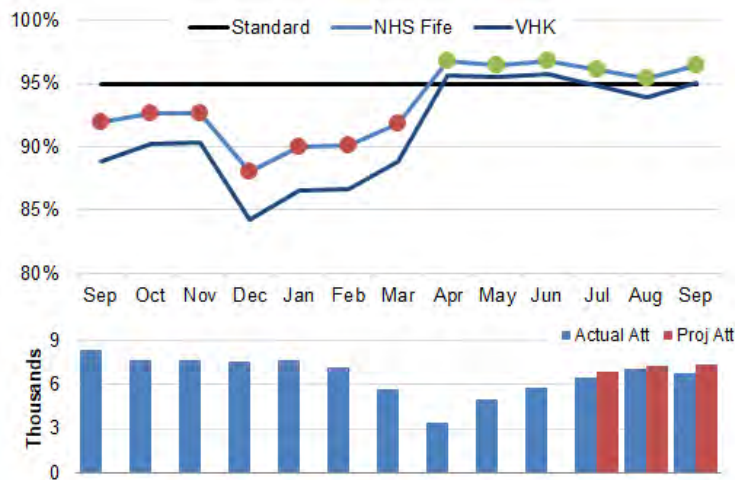
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses <i>By Mar-21</i>	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 <i>By Dec-20</i>	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

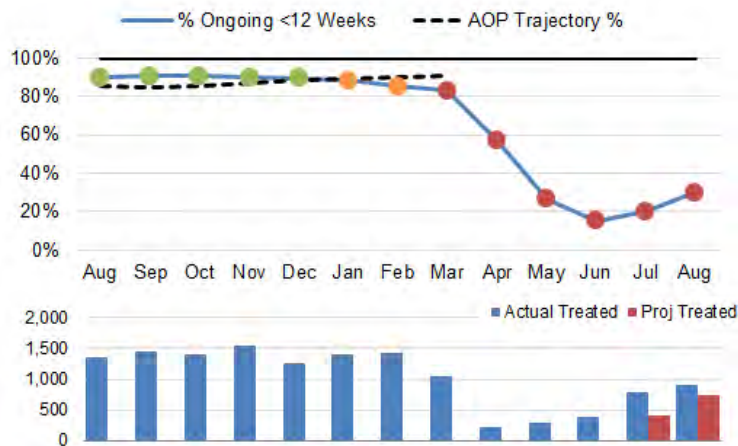
Finance, Performance & Resources – Operational Performance

Patient TTG

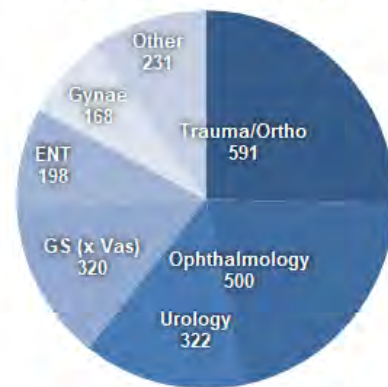
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

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

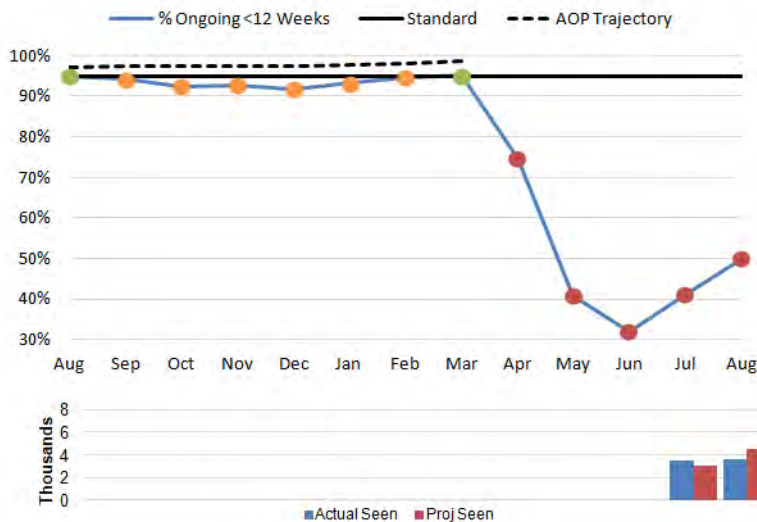
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3, 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

Finance, Performance & Resources – Operational Performance

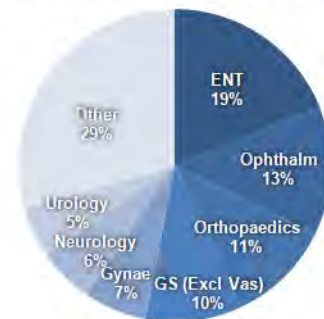
New Outpatients

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 Aug-20



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

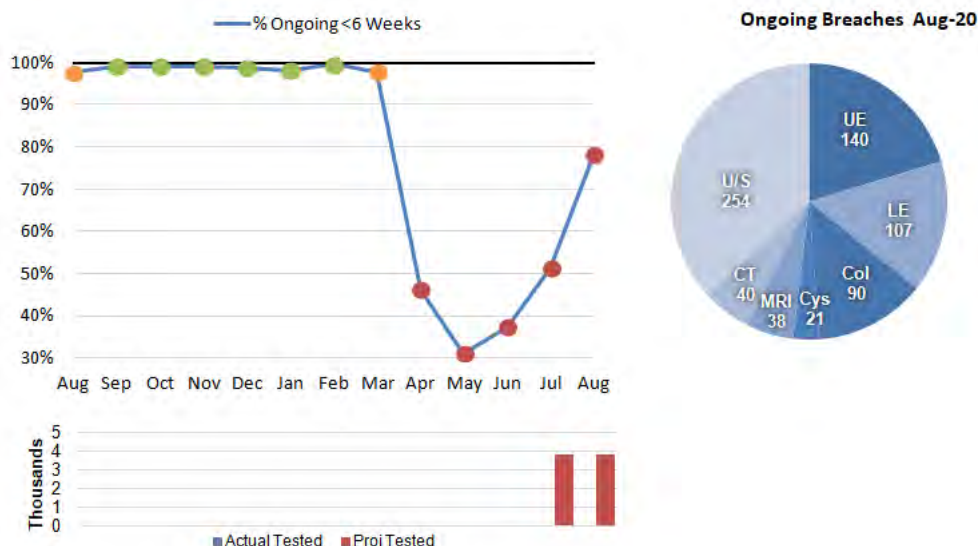
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review 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

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 <i>By Mar-21 (was Aug-20)</i>	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 <i>By Mar-21</i>	Action includes consideration of service redesign to increase capacity

Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2020/21 = **TBC%**

Local Performance



National Benchmarking

Month	2019/20								2020/21				
	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

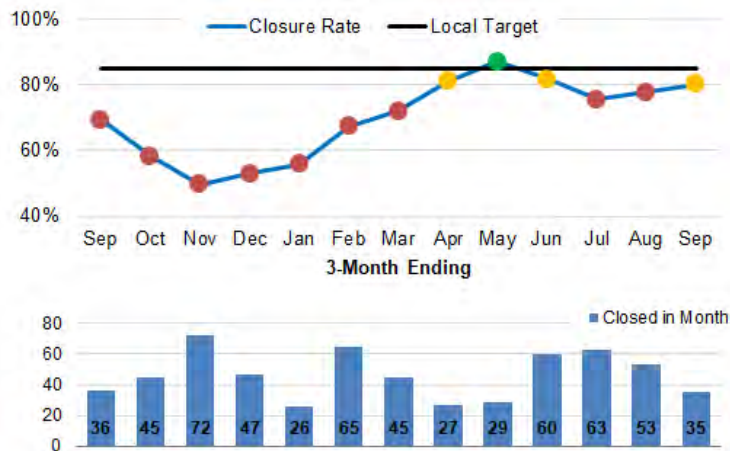
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Mar-21 (was Sep-20)</i>	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed 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 <i>By Mar-21 (was Sep-20)</i>	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 ***

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

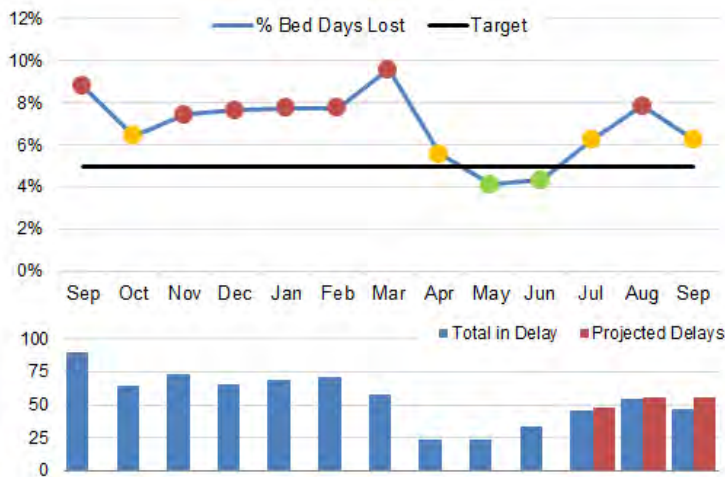
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services	<p>AXLR8 (the system designed to log, process, audit and respond to FOISA requests) went live on 22 September. The system has already shown to make the process of responding to FOIs 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.</p> <p>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.</p> <p>*** ACTION COMPLETE ***</p>
20.7 Formalise long-term resource requirements for FOI administration	<p>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.</p> <p>*** ACTION COMPLETE ***</p>

Finance, Performance & Resources – Operational Performance

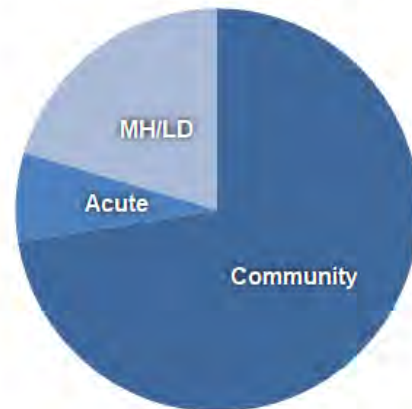
Delayed Discharges (Bed Days Lost)

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

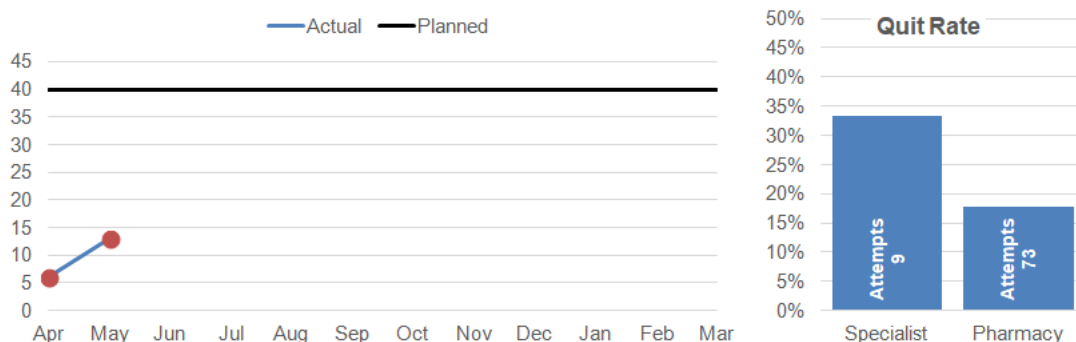
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	Framework completed during the COVID-19 pandemic. Implementation being finalised. *** ACTION COMPLETE ***
20.3 Moving On Policy to be implemented <i>By Nov-20 (was Aug-20)</i>	The moving on 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 <i>(By Mar-21)</i>	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.

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.

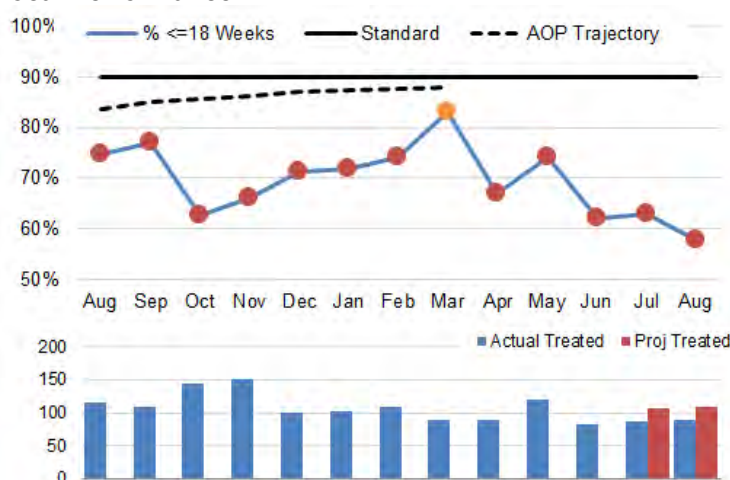
*****THE SCOTTISH GOVERNMENT HAVE ADVISED THAT NO NEW TARGETS WILL BE SET FOR 2020-21, AND THAT HEALTH BOARDS SHOULD STRIVE TO ACHIEVE THEIR 2019-20 TARGET. ALL OF THE ABOVE ACTIONS WILL CONTINUE TO BE FOLLOWED THROUGHOUT THE YEAR *****

Finance, Performance & Resources – Operational Performance

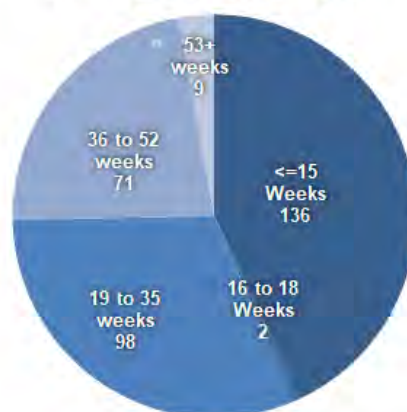
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (316) 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	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.

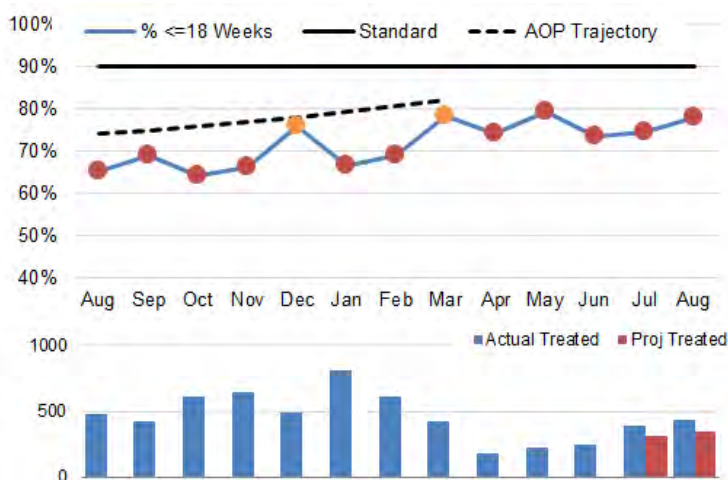
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

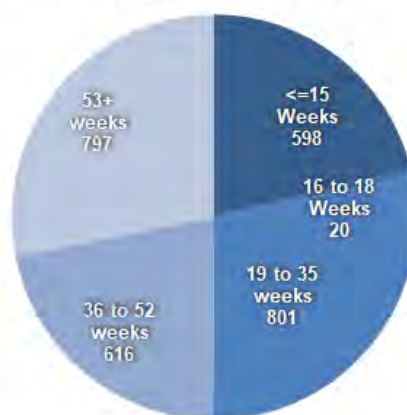
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

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)

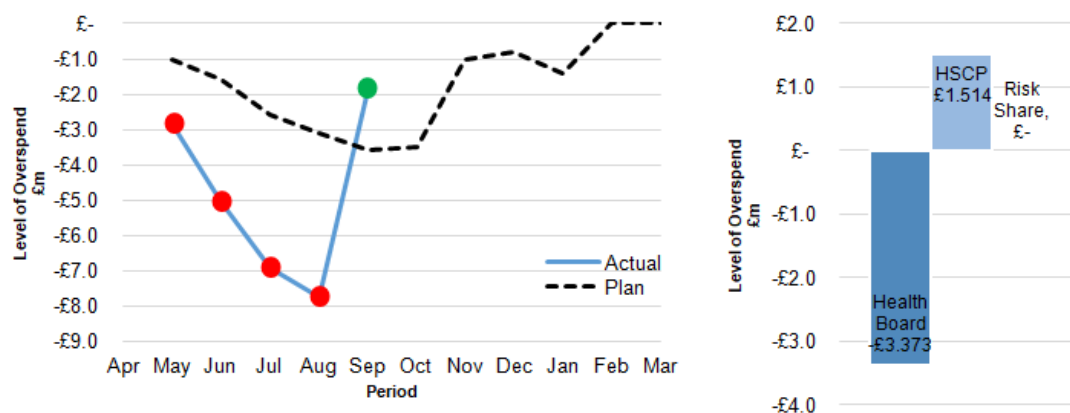
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision <i>By Dec-20 (was Sep-20)</i>	Implementation of full re-design is currently suspended, and the target completion date has been adjusted accordingly
20.4 Implement triage nurse pilot programme in Primary Care <i>By Dec-20</i>	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options <i>By Dec-20 (was Sep-20)</i>	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. 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 <i>By Dec-20</i>	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

Finance, Performance & Resources – Finance

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By		
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	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 <i>Ongoing throughout FY</i>	Partnering with the services to: <ul style="list-style-type: none"> • Identify additional spend relating to Covid-19 • Identify offsets against core positions • Understand and quantify the financial implications of remobilisation of core services across NHSF • Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position.
21.2 Savings <i>By Jan-21</i>	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

Finance, Performance & Resources – Finance

	since been updated to reflect £11m expected achievement; and £9m anticipated underachievement of savings.
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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.

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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Table 1: Summary Financial Position for the period ended September 2020

Memorandum	Budget		Variance	Variance	Variance Split By			
	CY	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

	Budget		Variance	Variance	Variance Split By			
	CY	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	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

Finance, Performance & Resources – Finance

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 & Clinical 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.

Finance, Performance & Resources – Finance

- 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.

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 Executives Gr
	NSS Risk Share			-3,733	-3,733	Annual Adjustment
	PfG Local Improvement 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 Allocation 20/21
	NHS Research Scotland Infrastructure			579	579	Annual Allocation
	Sla Children's Hospices 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 <i>By Mar-21</i>	Risk management approach adopted across all categories of spend

1. Annual Operational Plan

- 1.1 The capital plan for 2020/21 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

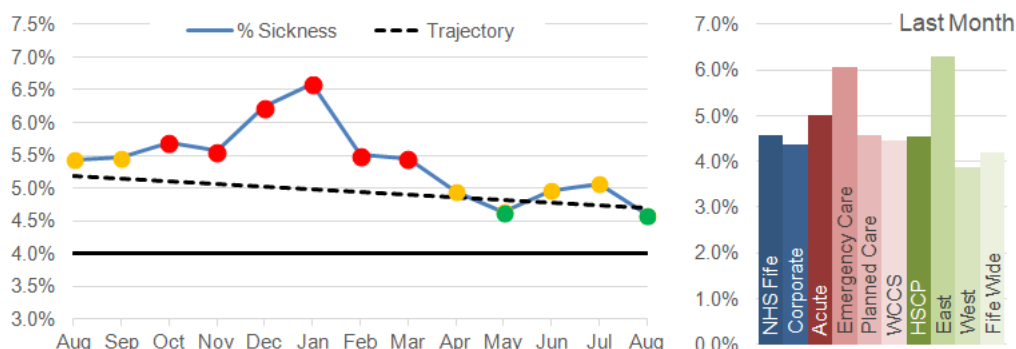
Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to August	September Adjustment	Total September
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	208	0	207
Covid Equipment	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 <i>By Dec-20</i>	<p>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.</p> <p>OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approaches and reflect the Once for Scotland policy implementation, this will be refreshed once services resume to the new normal.</p> <p>Business units are utilising trajectory reporting and RAG status reports. Further OH Drop-in Sessions will take place when COVID-19 activity allows.</p>
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason <i>By Mar-21</i>	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Initial consideration of factors including 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.</p> <p>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.</p>

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 <i>By Dec-20</i>	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 <i>By Dec-20</i>	To review the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements around the purpose of each group and how they interrelate, with the aim of providing a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels	

CAROL POTTER

Chief Executive
21st October 2020

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

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;

FTF Internal Audit Service

Organisational Performance Management Report No. B17/20

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

S Fraser, Associate Director – Planning & Performance
B Archibald, Planning and Performance Manager

G MacIntosh, Head of Corporate Governance/Board Secretary
R MacKinnon, Associate Director of Finance

Finance Performance and Resources Committee
Audit and Risk Committee
External Audit

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Draft Report Issued	21 July 2020
Management Responses Received	23 September 2020
Target Audit & Risk Committee Date	17 December 2020
Final Report Issued	12 October 2020
Final Report Re-issued	22 October 2020


CONTEXT AND SCOPE

1. The NHS Fife Board Strategic Framework has as its mission, *'Transforming health and care in Fife to be the best'*, with one of its operational performance management objectives for 2019/20, to *'Deliver agreed targets for performance delivery'*.
2. The NHS Fife Board Assurance Framework (BAF), which identifies risks to the achievement of the Board's objectives, considers the above objective within the risk components relating to workforce sustainability, financial sustainability and quality & safety. In particular, it describes the following risks, which could threaten the achievement of this objective – *'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'* and *'There is a risk that due to failure of clinical governance and performance management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care'*.
3. The current actions recorded in the BAF to mitigate these risks include – *'Continue to scrutinise and review any potential financial flexibility'* and *'Develop dashboards and other means of accessing information'*, thereby providing assurance to the services and to the Board through an effective reporting and assurance mechanism.
4. During 2019/20 the Performance & Accountability Review Framework (P&ARF) has been evolving at an operational level across NHS Fife to provide a structured, transparent and systematic approach to ensure delivery of standards and targets across all quadrants of governance: operational performance, finance, quality and workforce. The overarching purpose of the P&ARF is to:
 - Ensure effective systems and processes are in place to provide assurance to the NHS Board and stakeholders that services are performing to the highest statutory and regulatory standards
 - Develop the business intelligence capability of NHS Fife and thus inform service delivery, improvement activity; productivity and efficiency; sustainability; and delivery transformation
 - Support delivery of strategic objectives
 - Provide assurance on best value in the use of all resources.
5. The mitigation system has been identified within the strategic audit planning process as **Medium** and within the Client BAF as **High** with a rating of 15.
6. Our audit evaluated the design and operation of the controls relating to the implementation of the P&ARF and specifically considered whether:
 - Clear objectives have been set to instil a rigorous performance and accountability culture with a clear understanding of Senior Management responsibility, as agreed through the Board's Scheme of Delegation
 - The metrics used to assess performance are clearly set out for all services to enable identification of priorities for improvement and the implementation of effective remedial action
 - Management actions are based on performance risks, with ongoing monitoring of their impact on risk scores

- Review meetings are held on a regular basis, with appropriate Corporate and service representation.
7. This report will also be presented to the Board’s Finance, Performance & Resources Committee (FP&RC).

AUDIT OPINION

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

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

- A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.
9. The implementation of the P&ARF seeks to provide a structured, transparent, and systematic approach to ensure the delivery of standards and targets across the four quadrants of governance, with an effective reporting and assurance mechanism from service to Board.
10. Key summary points:
- The strategic objectives 2019-20, along with a paper aligning the strategic objectives to the Executive Team, were agreed by Fife NHS Board in May 2019.
 - The P&ARF was appropriately consulted and approved through Fife NHS Board’s governance processes.
 - There have been challenges in holding the scheduled P&ARF meetings on a quarterly basis. The meetings planned for December 2019 were cancelled due to diverting priorities to the Acute Hospital due to influenza. The meetings planned for March and June 2020 were cancelled due to other higher priorities, mainly the COVID-19 pandemic, which has changed the context in which NHS Fife is operating, although operational performance and standards remain in place. This has impacted the delivery of the P&ARF since September 2019 and therefore the approach will need to be reviewed to remain relevant and flexible. Completion of TURAS/Senior Management appraisals is described as underpinning the successful implementation of the revised P&ARF process, with delegation of responsibility for achievement of strategic objectives highlighted as being a key part of that. From a limited sample of four Executive Directors’ objectives, we evidenced links for the corporate objectives and KPIs to Executive Directors appraisal/TURAS objectives. However, we noted that for two Directors, the link was not overt and we recommend that NHS Fife should confirm within the P&ARF that all corporate objectives are appropriately mapped to a responsible Director within the appraisal/TURAS system.

- As the P&ARF evolves and the revised Risk Management Framework is implemented across the organisation, the P&ARF could be further enhanced by including risk management to ensure that associated risks are considered, and where they have been affected by improved or decreased performance, the impact on the risk score should be recorded in line with the Risk Management Framework.
- Action trackers are used to record outstanding actions for completion and enable follow-up at subsequent P&ARF meetings. Our review of those recorded for the September 2019 meetings found that they are not being used effectively with one department not including the deadline date for the actions, and another not having assigned individuals for completion of the tasks.

11. Detailed findings and information is included at Section 3.

ACTION


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


ACKNOWLEDGEMENT


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

Barry Hudson BAcc CA
Regional Audit Manager


Action Point Reference 1	
Finding:	
<p>There have been challenges in holding the P&ARF meetings on a quarterly basis as scheduled. The meetings planned for December 2019 were cancelled due to diverting priorities to the Acute Hospital due to influenza. The meetings planned for March and June 2020 were cancelled due to the COVID-19 pandemic which has changed the context in which NHS Fife is operating, although operational performance and standards remain in place. These have impacted the delivery of the P&ARF since September 2019 and therefore the approach will need to be reviewed to remain relevant and flexible.</p>	
Audit Recommendation:	
<p>Once normal operational management arrangements resume, from the interim governance arrangements to cover the COVID-19 pandemic, a revised schedule for the P&ARF meetings and the submission of a timetable for key documents should be agreed at the Executive Directors Group. This will ensure this process is appropriately re-prioritised to enhance the systems of operational assurance and governance assurances to the Standing Committees and the Board.</p>	
Assessment of Risk:	
Merits attention	<div>  <p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p> </div>
Management Response/Action:	
<p>A revised schedule has been produced, with the first set of meetings planned for September 2020 and subsequent meetings for February 2021. One PAR was held in September 2020 but due the changing COVID-19 related circumstances and given emergency planning measures are in place to last until 31 March 2021, the Chief Executive decided to postpone the recommencement of the PARs to 2021/22. The Terms of Reference for the Performance Accountability Framework will be reviewed at that time including the membership and deputies to help facilitate the process. The revised Terms of Reference will be presented and approved at the Executive Directors Group. In the meantime the P&AR process will be adapted as necessary to remain relevant and flexible over the coming months and well into 2021/22 while the current pandemic prevails.</p>	
Action by:	
Associate Director – Planning & Performance	
Date of expected completion:	
1 April 2021.	

Action Point Reference 2	
Finding:	
<p>We reviewed a limited sample of four Executive Director's TURAS appraisal objectives to map to the corporate objectives and KPI's and found that:</p> <ul style="list-style-type: none"> the objectives of two Directors were aligned to the corporate objectives and KPI's the objectives of one Director partly aligned to the corporate objectives and KPI's the objectives of one Director did not align to the corporate objectives or KPI's <p>There is further scope to strengthen the link between the corporate objectives, as set out within the NHS Fife Strategic Objectives paper presented to the May 2019 Board, and the KPIs to Directors' objectives within TURAS and the appraisal process. As outlined in the P&ARF paper to the FP&RC in May 2019, one of the key principles is '<i>creating a performance culture through improvement</i>' where it will require clear objectives at all levels of the organisation supported by existing individual PDP/appraisal processes.</p>	
Audit Recommendation:	
NHS Fife should confirm, within the P&ARF, that all corporate objectives are appropriately mapped to a responsible Director within the appraisal/TURAS system.	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>The Corporate Objectives for 2020-2021 are being presented at the next NHS Fife Board on 30 September 2020. Once approved, objectives will be agreed for the Chief Executive and Executive Directors and mapped to the responsible Director within the appraisal/TURAS system.</p>	
Action by:	
Chief Executive	
Date of expected completion:	
<p>30 October 2020 (due to impact of Covid-19, the corporate objectives will only be considered by the NHS Board in September)</p>	

Action Point Reference 3	
Finding:	
<p>As outlined in the P&ARF paper to the FP&RC in May 2019, one of the key principles is <i>'creating a performance culture through improvement'</i> where it will require clear objectives at all levels of the organisation supported by existing individual PDP/appraisal processes. The KSF/TURAS performance completion rate, as of 31 May 2020, was 43% against a target of 80% with COVID-19 having an adverse effect on this indicator. As the appraisal process is seen as underpinning the P&ARF, there is scope to address this within the Workforce area of the four governance quadrants and amend the template for this to be reported.</p>	
Audit Recommendation:	
<p>The KSF/TURAS/appraisal performance completion rate should be included within the Workforce section of the report used for the P&ARF meetings to provide monitoring and assurance over the completion of the appraisal process.</p>	
Assessment of Risk:	
<p>Merits attention</p> 	<p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>It is agreed in principle that the KSF/TURAS/appraisal performance completion rate is included within the Workforce section of the report used for the P&ARF meetings, subject to the agreement by the Director of Workforce. The change in the paperwork will take effect from 1 April 2021.</p>	
Action by:	
Associate Director – Planning & Performance	
Date of expected completion:	
<p>30 April 2021 (For the paperwork to include the KSF/TURAS/appraisal performance completion rate)</p>	

Action Point Reference 4	
Finding:	
<p>The performance team have supplied Directorates and Departments with a report template for reporting at P&ARF meetings to facilitate a standard approach which provides information on:</p> <ul style="list-style-type: none"> • Strategic objectives • Key performance indicators • Scorecard - split by the quadrants: Operational Performance; Finance; Quality and Workforce • Governance structures <p>Our review of eight of the reports submitted by Directorates and Departments found that only four of them included the strategic objectives.</p>	
Audit Recommendation:	
<p>Directorates and Departments should be reminded to include the links to strategic objectives and corporate objectives within the reports used for submission to the P&ARF. This will enhance reporting by ensuring that the achievement of the objectives are being directly considered and reported at P&ARF meetings.</p>	
Assessment of Risk:	
<p>Merits attention</p>	 <p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>The corporate objectives are currently in development and have not yet been fully agreed for 2020/2021. The Directorates and Departments will be reminded to include the corporate objectives for the Performance and Accountability reports submitted for the meetings when they are rescheduled in 2021/22.</p> <p>Service developments and improvements through the Service Reviews process for 2021/22 (to inform the AOP 21/21) will include alignment with the Clinical Strategy and Corporate Objectives.</p>	
Action by:	
Associate Director – Planning & Performance	
Date of expected completion:	
1 April 2021.	

Action Point Reference 5	
Finding:	
<p>The practice of using an action tracker and escalation note to record the key actions of the P&ARF meeting is a positive method of recording and progressing the outcome of the meetings. However, one action tracker from the September 2019 meeting did not include target completion dates for the actions required and one action tracker did not include the person responsible for the actions (due to Senior Management changes within the department). It is important that the action trackers record the key information, such as target completion dates and responsible officers to ensure actions are addressed in a timely manner.</p> <p>We note that attendance at P&ARF meetings is not currently recorded as part of the meeting process, making it difficult to assess if the appropriate levels of management are attending these meetings.</p>	
Audit Recommendation:	
<p>The officers responsible for completion of the action trackers should be reminded to include the responsible officer and completion dates to ensure that actions can be monitored and addressed in a timely manner.</p> <p>In addition, the action tracker should be amended to include attendance at the P&ARF meetings to monitor and ensure appropriate attendance.</p>	
Assessment of Risk:	
<p>Merits attention</p>	<p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>A reminder will be sent to the officers responsible for completion of the action trackers, to include the responsible officer and completion dates.</p> <p>The P&ARF meetings are cancelled if the appropriate levels of management are not in attendance, therefore there is no need to note the attendance at the meetings.</p>	
Action by:	
Associate Director – Planning & Performance	
Date of expected completion:	
1 April 2021	

Action Point Reference 6	
Finding:	
The P&ARF is in its early stages of implementation and currently risk management arrangements are not overtly included within it, with no reporting of such at P&ARF meetings.	
Audit Recommendation:	
As the P&ARF evolves and the revised risk management framework is implemented across the organisation, the P&ARF should be further enhanced by including risk management as part of the process to ensure that associated risks are considered and where they have been affected by improved or decreased performance, the impact on the risk score should be recorded.	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
Risks and risk scoring will be included as integral part of the P&AR report template for consideration at the reviews.	
Action by:	
Associate Director – Planning & Performance	
Date of expected completion:	
26 February 2021	

Control Objective 1 Clear objectives have been set to instil a rigorous performance and accountability culture with a clear understanding of Senior Management responsibility, as agreed through the Board's Scheme of Delegation.

1. The strategic objectives for 2019-20, along with a paper delegating responsibility to the Senior Executives for the corporate objectives therein, was agreed by Fife NHS Board at the May 2019 meeting. This provides clear corporate objectives and aligns these to Executive objectives to promote a robust performance and accountability culture. The Performance and Accountability Review Framework (P&ARF) paper presented to FP&RC at the May meeting describes two of the overarching purposes of the P&ARF as to:
 - support delivery of strategic objectives as set out in the Clinical Strategy and the Annual Operational Plan
 - provide assurance on best value in the use of all resources.
2. The P&ARF was presented and agreed at the Executive Directors Group on 18 February 2019. Further consultation was provided with papers presented to the Staff Governance Committee on 3 May 2019, the FP&RC on 14 May 2019 and the Audit and Risk Committee on 9 January 2020. The P&ARF paper presented to the FP&RC on the 14 May 2019, included, a matrix of the proposed meetings structure, a summary of the anticipated performance metrics for each service, a formal oversight escalation model and a timetable. An update in the form of an SBAR was provided to the November 2019 FP&RC meeting, where the key themes emerging from the September 2019 Performance and Accountability reviews were summarised.
3. The P&ARF objectives are as follows:
 - Assess performance against clear targets and goals
 - Inform strategic and operational decision making using robust data
 - Undertake exception reporting
 - Predict future performance and forecast outturn
 - Identify and monitor key actions
 - Establish effective review structures including intervention as necessary and appropriate
 - Focus resources and improvement efforts in key areas
 - Identify any systematic problems across NHS Fife.
4. The update also states that it is underpinned by having individual objectives included within existing appraisal systems. We reviewed a sample of four Executive Director's TURAS appraisal objectives to confirm that these mapped to corporate objectives and KPI's. We found that
 - the objectives of two Directors were aligned to the corporate objectives and KPI's
 - the objectives of one Director partly aligned to the corporate objectives and KPI's
 - the objectives of one Director did not align to the corporate objectives or KPIs

5. As outlined in the P&ARF paper to the FP&RC in May 2019, one of the key principles is '*creating a performance culture through improvement*' where it will require clear objectives at all levels of the organisation supported by existing individual PDP/appraisal processes. We recommend that NHS Fife confirms and explicitly states with the P&ARF that all corporate objectives are appropriately mapped to a responsible Director within the appraisal/TURAS system.
6. In addition, the KSF/TURAS performance completion rate, as of 31 May 2020, was 43% against a target of 80%, albeit COVID-19 and the implemented *pause* have adversely impacted this indicator. As the appraisal process is seen as underpinning the P&ARF, there is scope to highlight and monitor this issue by including this indicator within the Workforce area of the four governance quadrants within the reports submitted to the P&ARF.

Control Objective 2 The metrics used to assess performance are clearly set out for all services to enable identification of priorities for improvement and the implementation of effective remedial action.

7. The performance team have supplied directorates and departments with a report template for reporting at P&ARF meetings to facilitate a standard approach which provides information on:
 - Strategic objectives
 - Key performance indicators
 - Scorecard, split by the quadrants:
 - i. Operational Performance
 - ii. Finance
 - iii. Quality
 - iv. Workforce
 - Governance structures
8. Our review of eight reports found that only four of them included the strategic objectives.
9. The directorates and departments made use of the required template for the June reviews, with further improvements being noted on action tracking and escalation records. The action tracking and escalation record is designed to record the key elements of the meeting and the key actions arising from P&ARF meetings that need to be addressed to ensure progress towards achieving corporate objectives. There is a formal escalation process in place, although it has not been utilised to date.
10. We noted one action tracker from the department review meetings in September 2019 meeting did not include target completion dates for the actions required and one action tracker did not include the person responsible for the actions (due to senior management changes within the department). It is important that the action trackers record key information, such as target completion dates and responsible officers to ensure actions are addressed in a timely manner.
11. We note that attendance at P&ARF meetings is not currently recorded as part of the process.

Control Objective 3 Management actions are based on performance risks, with ongoing monitoring of their impact on risk scores.


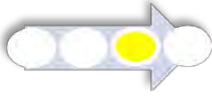
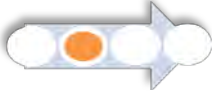

12. The Board Assurance Framework (BAF) provides assurance on the mitigation of risks associated with the NHS Fife Strategic Framework. The P&ARF paper presented to the May 2019 FP&RC stated that implementation of the P&ARF will support the risk management process and ongoing review of the BAF. However, there are no overt links from the P&ARF to the risk management process. Risk management arrangements are not included within the P&AR process, with no reporting of such at P&ARF meetings. The P&ARF is in its early stages of implementation and as it evolves, and the revised risk management framework is implemented across the organisation, the P&ARF should be further enhanced by including risk management as part of the process. This will ensure that associated risks are considered and, where they have been affected by improved or decreased performance, the impact on the risk score should be recorded in line with the Risk Management Framework.
13. We reviewed two reports and risk registers to ascertain if links were made from the P&ARF report to the risks. Although the reports, from the Public Health and Estates Directorates, included relevant risks related to the P&ARF there was no alignment of risks to individual corporate objectives relating to these directorates which could result in the corporate objectives not being fully considered when directorate risk registers are being reviewed. There was no inclusion of risk management within the P&ARF meeting for the Public Health Directorate, but the Estates report outlined its risk management process, including the escalation process to the EDG if necessary.

Control Objective 4 Review meetings are held on a regular basis, with appropriate corporate and service representation.

14. The P&ARF has introduced review meetings with a number of Directors present to bring a deeper and wider understanding of issues and to provide enhanced transparency around performance. However, there have been challenges in holding the P&ARF meetings on a quarterly basis as scheduled. The meetings planned for December 2019 were cancelled due to diverting priorities to the Acute Hospital due to influenza. The meetings planned for March and June 2020 were cancelled due to the COVID-19 pandemic, which has changed the context in which NHS Fife is operating, although operational performance and standards remain in place. This has impacted the delivery of the P&ARF since September 2019 and therefore the approach will need to be reviewed to remain relevant and flexible within this current context. Once the P&ARF evolves, this should further enhance the Integrated Performance Quality Report process which provides the status on performance.




Definition of Assurance

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

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

Assessment of Risk

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

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	None
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Six



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE TUESDAY 6 OCTOBER AT 10.00 AM VIA MICROSOFT TEAMS

Present:	David Graham [Chair] David Alexander Les Bisset, NHS Board Member Margaret Wells, NHS Board Member Rosemary Liewald
Attending:	Nicky Connor, Director of Health & Social Care Audrey Valente, Chief Finance Officer Fiona McKay, Head of Strategic Planning, Performance & Commissioning Jim Crichton, Interim Divisional General Manager (Fife Wide)
Apologies for Absence:	David Heaney, Divisional General Manager (East) Helen Hellewell, Associate Medical Director Lynn Barker, Interim Associate Director of Nursing Lynne Garvey, Interim Divisional General Manager (West) Martin Black, NHS Board Member Norma Aitken, Head of Corporate Service, Fife H&SCP Scott Garden, Director of Pharmacy & Medicine
In Attendance:	Tracy Hogg, Business Partner Avril Sweeney, Risk Compliance Manager Wendy Anderson, H&S Co-ordinator (Minutes)

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	David Graham welcomed everyone to the meeting and apologies were noted as above.	
2	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3	MINUTE OF PREVIOUS MEETING – 11 SEPTEMBER 2020	
	The Committee discussed the minute of the meeting of 11 September 2020 and it was agreed as an accurate record.	
4	MATTERS ARISING / ACTION LOG – 11 SEPTEMBER 2020	
	The Committee agreed the Action Log as an accurate record.	

NO	HEADING	ACTION
5	FINANCE REPORT	
	<p>Audrey Valente presented this report which provided information up to 31 August 2020. Variances from the previous report were listed on pages 15 and 16 of the Committee papers. Audrey advised that she would provide more information on several the items contained in the report in her Financial Presentation (Item 6 on Agenda).</p> <p>Nicky Connor advised that the upcoming presentation would help to provide assurance to members going forward and allow exploration around the frequency and content of future reports.</p> <p>The Committee noted the financial position as recorded at 31 August 2020 and noted and discussed the next steps and key actions within the report.</p>	
6	FINANCIAL PRESENTATION	
	<p>Audrey Valente had prepared a Powerpoint presentation which was shared with Committee members and would be circulated following the meeting.</p> <p>The presentation was based on comments and feedback from members at previous Committee meetings and would form the basis of discussions going forward.</p> <p>Nicky Connor advised that the presentation was to provide assurance to committee members. The Senior Leadership Team are committed to ensuring financial sustainability and collective responsibility.</p> <p>The presentation provided information on the reported budget gap position. This needs to be updated to reflect demographic trends, the potential impact of Scottish Government funding, remobilisation costs and the budgetary impact. Slides also covered the agreed budget for 2020-2021 and Local Mobilisation Plan funding.</p> <p>Audrey highlighted some outstanding financial queries and recovery action in relation to:-</p> <ul style="list-style-type: none"> • Winter Funding • Free Style Libra • Transfer of Pharmacy • Carers Funding • Recovery Plan actions • LMP excess funding • Seasonal Flu • Hub and Flow Centre • Delivery of savings (and progress to date) <p>The Summary Financial Position for 2020-2021 shows that there is scope to potentially reduced the projected outturn by a further £3m depending on the in year savings which can be achieved and further work which is planned.</p>	

WA

NO	HEADING	ACTION
6	FINANCIAL PRESENTATION (Cont)	
	Audrey then presented information the delivery of savings for this year. Many of those which may not be achieved have been delayed by Covid-19 but work on some of these has restarted.	
	An update was given on the Grip and Control measures which are ongoing and include Vacancy Management, Locum Recruitment, Cross Cutting Themes and Effective Financial Management. Where overspends are identified these will be escalated to the Senior Leadership Team and Finance & Performance Committee.	
	Information was given on the normal operating procedures for Fife Council, NHS Fife and the Partnership on virement and order approval limits for the Chief Officer and Divisional General Managers. These vary depending on the organisation. Reporting cycles also vary and this is an area which will be looked at to try to align these.	
	The Committee were then asked to discuss the presentation and bring forward any questions.	
	Rosemary Liewald asked about carer funding and the reasons why funding use has been lower. Audrey confirmed that this was due to Covid-19 which saw staff diverted to alternative roles. Fiona McKay advised that Scott Fissenden has been looking at the Carers Funding Plan, which was due to be implemented when Covid-19 started. A paper on what can be supported and restarted going forward will be brought to the Senior Leadership Team and then the Committee.	FM
	Audrey Valente felt it would be useful to undertake a benchmarking exercise with other H&SC Partnerships around respite care to allow the Committee to focus on this at a future meeting.	AV
	David Alexander enquired about enacting the partnerships Reserves Policy, Audrey Valente advised that this was an objective that she was aiming to achieve within the next 3 years.	
	Margaret Wells asked if the detailed information provided in the presentation could be captured in a written report and used to provide updated to the committee going forward.	
	Audrey Valente is meeting the Finance Directors from NHS Fife and Fife Council this week and will discuss arrangements.	
	Discussion took place around Finance and Performance Committee meetings and how best to use the time at these eg fewer agenda items allowing more in-depth discussion on a particular topic. Audrey Valente will come back with proposals as providing Finance Reports to every meeting is an onerous undertaking and different reporting methods may be more appropriate.	AV
	David Graham and Audrey Valente will discuss this offline and bring back to a future meeting.	DG/AV

NO	HEADING	ACTION
7	FINANCE & PERFORMANCE RISK REGISTER	
	<p>Fiona McKay presented this report which was for discussion and represented the risks which were relevant to the Finance and Performance Committee. All risks have been reviewed by risk owners and column 14 highlights changes made.</p> <p>It was agreed to bring the Risk Register to each meeting of the Committee.</p> <p>The Committee discussed the Risk Register, considered the content and whether any further information was required.</p>	
8	PUBLIC SECTOR CLIMATE CHANGE 2020	
	<p>Fiona McKay presented this report which is a statutory requirement by Scottish Government. The report will go to an Integration Joint Board meeting before it is signed off and submitted to Scottish Government by 30 November 2020. Fife Council and NHS Fife both submit their own returns.</p> <p>Fiona advised that Covid-19 has had a positive impact on several areas which impact on the Climate Change Report, including less travel, fewer printed items and more agile communications as people become more comfortable using online tools such as Teams and Near Me rather than meeting face to face.</p> <p>Margaret Wells asked how we know we are making the biggest difference we can. Fiona McKay is supported by Avril Sweeney and they link with partners to ensure we are making progress.</p> <p>Nicky Connor advised that this could be discussed in more depth at a Development Session to make this issue more visible within the partnership.</p> <p>The Committee considered and agreed the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report, as follows:</p> <ul style="list-style-type: none"> • In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 – 2030. • Continue to support and promote awareness raising of climate change issues for staff working in the HSCP. • Continue to work with partners to identify opportunities to work more efficiently and sustainably. • Continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies. • Reconsider the use of the Environmental/Sustainability impact section within SBAR's and whether there would be a benefit in moving to an alternative approach. <p>The agreed priorities will form part of the submission to the Scottish Government.</p>	

9	PERFORMANCE REPORT – SEPTEMBER	
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Fiona McKay presented this report which was for information. The report was up to September 2020 and showed improvement in several areas including the number of days clients were in STAR beds and a reduction in long term care numbers.

Margaret Wells raised concerns with information on staff absence which Fiona McKay advised is being constantly monitored by managers with Human Resources support from both Fife Council and NHS Fife.

Nicky Connor updated on the Absence Management Strategy which was still due to Covid-19 and advised that the Local Partnership Forum monitors absence figures at its monthly meetings. Work is ongoing on ensure that staff wellbeing and mental health are being looked after.

Fiona McKay advised that future Performance Reports will have more up to date figures for staff absence as a joint report will be available from the partners.

The Committee noted the information contained within the Performance Report.

10	ANNUAL ASSURANCE STATEMENT 2019-2020	
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This had been approved at the meeting on 11 September 2020, but an error had been found with a meeting date. This will be rectified and David Graham will sign the updated version.

11	AOCB	
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Nothing.

12	DATE OF NEXT MEETING	
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Wednesday 11 November 2020 at 10.00 am via Microsoft Teams