

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

Tue 13 July 2021, 09:30 - 12:00

via MS TEAMS

Agenda

09:30 - 09:30 **1. Apologies for Absence**
0 min

09:30 - 09:30 **2. Declaration of Members' Interests**
0 min

09:30 - 09:30 **3. Minutes of the last Meeting held on 11 May 2021**
0 min

enclosed *Rona Laing*

 Item 3 - Unconfirmed FPR notes 11 May 2021 v2mm.pdf (10 pages)

09:30 - 09:30 **4. Action List**
0 min

enclosed *Rona Laing*

 Item 4 - Rolling Action List Update from May 2021.pdf (1 pages)

09:30 - 09:30 **5. MATTERS ARISING**
0 min

5.1. Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements

enclosed *Nicky Connor*

 Item 5.1 - SBAR Community Health and Wellbeing Centres.pdf (4 pages)

5.2. Smoke Free Environment Strategy

enclosed *Nicky Connor*

 Item 5.2 - 210623 Sbar MH Smoke Free EDG 24.06.21.pdf (5 pages)

09:30 - 09:30 **6. GOVERNANCE**
0 min

6.1. Board Assurance Framework – Financial Sustainability

enclosed *Margo McGurk*

 Item 6.1 - BAF Financial Sustainability - SBAR for 20210713 mm.pdf (4 pages)

 Item 6.1 - 1. NHS Fife Board Assurance Framework (BAF) v29.0 210621 - Financial sustainability.pdf (2 pages)

 Item 6.1 - 1. BAF Risks - Financial Sustainability - Linked operational risks as at 210621.pdf (2 pages)

6.2. Board Assurance Framework – Strategic Planning

enclosed *Margo McGurk*

- Item 6.2 - SBAR FPR BAF 5 110521 MM FPR.pdf (3 pages)
- Item 6.2 - 5. NHS Fife Board Assurance Framework (BAF) v25.0 060621 - Strategic Planning.pdf (2 pages)

6.3. Board Assurance Framework – Environmental Sustainability

enclosed Neil McCormick

- Item 6.3 - SBAR (BAF) Environmental Sustainability FP&R July 2021.pdf (3 pages)
- Item 6.3 - NHS Fife Board Assurance Framework (BAF) v29.0 240621 - Environmental Sustainability.pdf (2 pages)
- Item 6.3 - BAF Risks - Environmental Sustainability linked operational risks as at 240621.pdf (1 pages)

6.4. Labs Managed Service Contract Performance Report

enclosed Claire Dobson

- Item 6.4 - EDG Paper (LAB MSC) 240621.pdf (4 pages)

6.5. Corporate Objectives 2021/22

enclosed Carol Potter

- Item 6.5 - SBAR FPR Corporate Objectives July 2021.pdf (13 pages)

6.6. Draft Model Publication Scheme

enclosed Gillian MacIntosh

- Item 6.6 - FP and R - Model Publication Scheme V1.1.pdf (4 pages)

09:30 - 09:30 7. STRATEGY / PLANNING 0 min

7.1. Development of the Population Health & Wellbeing Strategy

Verbal Margo McGurk

7.2. Property & Asset Management Strategy

enclosed Neil McCormick

- Item 7.2 - PAMS SBAR 2021 FPR July 21.pdf (3 pages)
- Item 7.2 - Appendix 1 SAFR & PAMS Programs 20-21.pdf (1 pages)

7.3. Orthopaedic Elective Project Update

enclosed Janette Owens

- Item 7.3 - 20210713 FPRC FEOC.pdf (4 pages)

7.4. Robotic-Assisted Surgery Final Business Case

enclosed Claire Dobson

- Item 7.4 - RAS FBC SBAR 050721.pdf (4 pages)
- Item 7.4 - Stage 1 Brief Impact Assessment NHS Fife RAS 050721.pdf (6 pages)
- Item 7.4 - 210623-Acute-RAS Business Case.pdf (18 pages)





7.5. Capital Formula Allocation 2021/22

enclosed Margo McGurk & Neil McCormick

- Item 7.5 - Capital Formula Allocation 202122mm.pdf (3 pages)

7.6. Transfer of Third-Party Leases

enclosed Neil McCormick



-  Item 7.6 - SBAR Primary Care Premises.pdf (4 pages)
 -  Item 7.6 - Appendix 1 - PCA(M)(2018)08 - Leased from private landlords.pdf (5 pages)
 -  Item 7.6 - Appendix 2 - Premises Code 2017.pdf (38 pages)
 -  Item 7.6 - Appendix 3 - GP LEASE DATES RENEWAL v2.pdf (1 pages)
-

09:30 - 09:30
0 min

8. QUALITY / PERFORMANCE

8.1. Integrated Performance & Quality Report

enclosed *Margo McGurk/Claire Dobson/Nicky Connor*

-  Item 8.1 - SBAR FPR Committee (1).pdf (4 pages)
 -  Item 8.1 - IPQR Jun 2021 v0.3.pdf (45 pages)
-

09:30 - 09:30
0 min

9. ITEMS FOR NOTING

9.1. Internal Audit Report B26/21 – Financial Process Compliance

enclosed

-  Item 9.1 - B26-21 Financial Process Compliance.pdf (8 pages)

9.2. Minute of IJB Finance & Performance Committee, dated 8 April 2021

enclosed

-  Item 9.2 - Confirmed Minute of F&P Meeting 8 April 2021.pdf (5 pages)

9.3. Minute of Primary Medical Services Committee, dated 1 June 2021

enclosed

-  Item 9.3 - MINS010621.pdf (3 pages)
-

09:30 - 09:30
0 min

10. ISSUES TO BE ESCALATED

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

09:30 - 09:30
0 min

11. Any Other Business

09:30 - 09:30
0 min

12. Date of Next Meeting: 7 September 2021 at 9:30am, in the Boardroom, Staff Club, Victoria Hospital

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON 11 MAY 2021 AT 09:30AM VIA MS TEAMS**

RONA LAING
Chair

Present:

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Ms A Lawrie, Non-Executive Director	Mrs M McGurk, Director of Finance
Mrs D Milne, Director of Public Health	Mr A Morris, Non-Executive Director
Ms J Owens, Director of Nursing	Mrs C Potter, Chief Executive

In Attendance:

Mrs C Dobson, Director of Acute Services
Mrs N Connor, Director of HSCP
Mr S Garden, Director of Pharmacy & Medicines
Mr N McCormick, Director of Property & Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Miss L Stewart, PA to the Director of Finance (minutes)

1. Welcome / Apologies for Absence

Aileen Lawrie was welcomed to her first meeting as a new member of the Committee, having recently taken up post as Chair of the Area Clinical Forum.

The Chair, on behalf of the Committee, thanked Dona Milne for all her hard work, contribution, input, and support, as she leaves NHS Fife to take up a new role in NHS Lothian. Dona was wished well in the future.

Apologies for the meeting had been received from Dr Chris McKenna, Medical Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 16 March 2021

The Committee formally **approved** the minute of the last meeting.

4. Matters Arising/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 133 (Kincardine and Lochgelly Health Centres), an update will be provided at the July 2021 meeting of the Committee.

It was advised that, for Action 140 (Mental Health Strategy), an update will be provided at the September 2021 meeting of the Committee.

5. GOVERNANCE

5.1 Board Assurance Framework – Financial Sustainability

Mrs Margo McGurk presented the report to the Committee on Financial Sustainability. The risk to financial sustainability has remained static at high; however, it is proposed that, due to achieving full funding for Covid and a break-even position at year-end within NHS Fife, the rating should be amended to moderate for the financial year 2020/21. It was noted that longer term, one of the key risk areas is delivering the savings required on a recurring basis.

The Chair highlighted that the BAF should be a dynamic document and it is important that this is updated to reflect the current position faced by NHS Fife.

Mr Alistair Morris highlighted to the Committee that the risk can be looked at in a number of ways and there will also be many associated risks which stem from this. It was felt that the risk can be reduced to moderate given the projected outturn for 2020/21 however, it is important to not lose sight of the elements within this risk which could still be viewed as high in the longer term. For example, as discussed, the deliverability of unachieved savings.

Mr Scott Garden advised that in some directorates it can be restrictive to identify where savings can be achieved. Mrs Margo McGurk advised that moving forward the SPRA process will help to support directorates with this process.

It was identified within the BAF that risk 522 is noted twice. It was agreed that this would be amended on Datix and Scott Garden would be the risk owner.

The Committee **approved** the Financial Sustainability section of the Board Assurance Framework and agreed that this risk should be amended to Moderate.

5.2 Board Assurance Framework – Strategic Planning

Mrs Margo McGurk presented the report to the Committee on Strategic Planning. It was highlighted that this report is similar to the Financial Sustainability BAF, where the risk has remained High since 2016. It was proposed that this risk requires redefinition and that a new risk should be introduced on the effectiveness of Strategic Planning. The new risk should focus on the delivery of the new Health and Well-being Strategy.

This BAF was also discussed at Clinical Governance and the Committee were supportive of the change in principle but felt that the suggested wording needed revised to ensure it captured transformation.

The Committee **discussed and agreed** the change in the risk associated with the BAF for Strategic Planning, noting that further work was required on its wording.

5.3 Board Assurance Framework – Environmental Sustainability

Mr Neil McCormack presented the report to the Committee on Environmental Sustainability.

It was highlighted that there are three residual operational links, two of which relate to the orthopaedic theatres and the tower block, and for all of which plans are in place to resolve. By September 2022, the last remaining inpatient area will be moved from the tower block and there will be a functioning new orthopaedic theatre.

The third operational risk relates to flexible hoses and this is a legacy issue. Consort are working through the replacement at present and an update on expected completion will be provided at the next meeting.

The Committee **approved** the Environmental Sustainability section of the Board Assurance Framework.

5.4 Annual Committee Workplan 2021/22

Mrs Margo McGurk introduced the workplan to the Committee. It was highlighted that this is submitted annually outlining what business should be expected at each Committee meeting.

Mrs Carol Potter highlighted that the RMP3 should be amended to 'Remobilisation / Annual Operational Plan' as the title of this will update and change throughout the year as they move through versions and iterations.

The Committee **approved** the proposed workplan.

5.5 Committee Self-Assessment Report

The Chair noted that this report is undertaken every year and the SBAR provides a good reflection of the main themes identified by members' feedback. On pages 2 and 3 of the report, details are given of a number of areas that the Committee should consider going forward in terms of planning the agenda and how information is presented.

Dr Gillian MacIntosh thanked the Committee members who were able to complete the self-assessment exercise, especially due to the pressures of Covid that coincided with its timing.

Following discussion, it was agreed that hour-long development sessions should recommence twice yearly and the timing of these will be discussed by the Chair and Director of Finance & Strategy.

The Chair highlighted that, within today's pre-meeting of non-executives, it was discussed that improvement could be made within the SBARs on how information is presented. For example, recommendations could be more explicit, and acronyms are frequently introduced before detail is provided on what they stand for. The new Board Committee Support Officer role should be able to help with this and improve consistency across committees.

The Committee noted the report and plans to take forward the relevant findings.

5.6 Draft Annual Committee Assurance Statement 2021/22

The Chair introduced the report to the Committee, and it was highlighted that this is an excellent report, which clearly details the work of the Committee over the past year. Dr Gillian MacIntosh advised that this has been an extraordinary year and the report aims to reflect some of the changes the Committee introduced to support Covid, whilst providing assurance that the role and key functions of the Committee were sustained during this time.

It was highlighted that further changes can be incorporated within the report, as there is an opportunity that an updated report can come back to the Committee for final sign off in July. If no further comments are received, however, this report can be taken as the final document.

Mrs Carol Potter emphasised that this is a very good report, which provides a qualitative and detailed assessment of what the Committee has covered this year, and that the information included is a great improvement on the less-comprehensive format used previously.

The Committee **approved** the Annual Committee Assurance Statement 2021/22, subject to members' advising Dr MacIntosh directly of any amendments necessary.

5.7 Review of General Policies & Procedures

Dr Gillian MacIntosh was invited to present a verbal update to the Committee. It was advised that normally a written report would be presented to the Committee at this time of year; however, the administrator who supports this area has been absent from work since January and therefore it has been challenging to progress work in this area.

A new role within Corporate Services will have future responsibility for this work and it is hoped that, once the new post holder commences at the end of this month, further progress can be made in this area. A full update will be provided to the Committee as scheduled in November.

The Committee **noted** the update.

6. PLANNING

6.1 Strategy Development / Strategic Planning & Resource Allocation

Mrs Carol Potter was invited to provide a verbal update to the Committee on the Strategy Development and Strategic Planning & Resource Allocation Process.

It was advised that a written report was due to be presented to all governance committees and the Board on the next steps of Strategy Development. However, following the April Board Development Session and after further conversations with Mrs Tricia Marwick and Mrs Rona Laing, it was felt that further time was required to reflect on discussions at the Development Session and determine the next steps. Further thought is required in terms of the challenge received from members at that session, the role of an anchor institution, appropriate support of the wider wellbeing of the community and how all this will underpin the strategy in terms of delivering clinical excellence. Further comments and feedback were welcomed on any of the matters discussed at the recent Development Session.

It was noted that there will be regular meetings with EDG, which will focus specifically on strategy as there is a lot of work which needs to be undertaken moving forward.

Mrs Rona Laing identified that one area that requires to be refined is performance, and how this can be best scrutinised. Performance in the past has been scrutinised through the IPQR, and it will be expected, going forward, to relate the new strategic challenges and ambitions to those measures.

Mrs Carol Potter identified that, moving forward post-Covid, there requires to be an increased focus of the performance of the NHS Scotland against the national framework.

Mrs Carol Potter advised that a slide was used within the Board Development Session which can be shared with the Committee, which focuses on the National Performance Framework for Scotland - it looks at each quadrants and identifies the contribution the NHS has made towards those targets.

The Committee **noted** the update.

6.2 Corporative Objectives 2021/22

Mrs Carol Potter provided a verbal update to the Committee. It was highlighted that the intention was to bring a written paper to the Committee however further work is required to refine the objectives. EDG are focusing on concluding this and a report will come to the next meeting of the Committee. .

The Committee **noted** the update.

6.3 Winter Plan & Performance Report

The Chair introduced the Winter Plan & Performance Report to the Committee and highlighted that the action plan in appendices reflects the huge amount of effort and ongoing work undertaken throughout the winter period. The staff should be proud of the work achieved.

Mrs Janette Owens was invited to provide an update to the Committee. It was advised that a HAI inspection took place last week and informal feedback from this has been very positive.

This was the final position to report in 2020/21. It was produced to provide an update on the metrics and the actions within the winter plan.

The Emergency Directorate has not met the 95% standard since September, but the Board has been above the Scottish average since mid-December 2020. Attendances at ED are continuing to climb. The number of inpatients peaked beginning of January to mid-February due to Covid. Occupancy in the VHK has been at 90% for most of March and particularly busy in the amber pathways. In Community hospitals the occupancy has been between 90 – 95% during winter. Most of the delayed discharges are due to guardianship issues, which is challenging to resolve due to courts being closed. The Partnership has achieved an average of over 100% of placements during winter. Most of the winter plan actions are complete on Trak. The two outstanding relate to the implementation of Home First and the restructure of medical assessment. 70 participants took part in the Winter Review Event which was held in April. Feedback from this session will be used to plan and implement the next iteration of the plan, and a further event will be held in August.

Mrs Nicky Connor advised that it has been a challenging year but the joint working that has taken place and continues has been really positive. There is pressure all year around, and there is commitment to work together to develop solutions and work to ensure there is capacity across the system to do the best for the people of Fife. Some actions are outstanding, but this is due to creating sustainable solutions and are ensuring effective engagement with stakeholders.

Mrs Claire Dobson advised that the activity is unrelenting, it was highlighted that on 10 May there were 249 attendances at the ED. Capacity and Demand is challenging but there is a joint approach to ensure individuals are seen by the most appropriate service. The action on Medical Assessment is still outstanding - at present there are two segregated pathways but there is a new General Manager in post who is working to develop efficiency and effectiveness at the front door.

Mr Eugene Clarke highlighted that the Winter Plan is in fact a dynamic and flexible document that varies dependent on the circumstances. There is a concern that the 'Winter Period' is not directly relating to the plan. It was felt that the name of the document should be reconsidered.

Mrs Nicky Connor advised that, following a meeting with Senior Teams, it was agreed that there should be 365 planning. Scottish Government however requires a return of the Winter Plan and the Board will continue to do this. The local plan will however focus on 365 planning. This would be linked to strategic planning as well as reactive planning to drive improvement and have flexibility.

Mr Alistair Morris emphasised that there is pressure on the system 365 days per year. However, it is challenging to have a plan to simply deal with managing pressure and not actually address the underlying capacity issues. It was questioned if there was support

from the Scottish Government to ensure the VHK was not always at capacity, since as the population grows there will be further a challenge.

Mrs Rona Laing agreed, and it was advised that this is part of the work within transformation. The redesign of urgent care also supports this, where they are diverting people away from A&E to more appropriate services. This is included in many conversations and should be considered whilst looking at the longer term.

It was agreed that this topic should be put forward for a future Board Development Session.

The Committee **noted** the report and thanked all staff for their efforts in managing what had been a difficult period.

6.4 Robotic-Assisted Surgery Business Case

Mrs Claire Dobson was invited to present the Business Case to the group. It was clarified that this is an interim business case rather than a final business case. The paper is to highlight the progress towards finalising the business case, which they hope to bring forward to the July Meeting.

The Committee were made aware of the procurement of the robot at the prior session. The robot arrived onsite in March. Robotic-assisted surgery is a positive development not only for the patients but for the workforce and Fife will see significant benefits of this.

The Committee were directed to the table within the report detailing financial information and expenditure over the next two years. Two Band 7 theatre staff will join the team in quarter two, and there are consumable costs which have an offset in quarter one. There is a maintenance and sim cost in year one. Decontamination is provided by Tayside; however, they are requesting significant investment to decontaminate the tools and instruments. NHS Fife is reviewing this and a potential alternative service from NHS Lothian.

The team are currently exploring the experience of other boards who have a robot, and they are looking at impact on lengths of stay and the impact of the surgical programme more widely.

The Final Business Case will come forward in July, but the Committee was made aware that there is a Robot Implementation Group already established, which is led by the lead consultant.

Margo McGurk provided assurance that the Finance Team are working closely with the Acute Services team on this project. It was emphasised that clinical pathways will require to go to Clinical Governance Committee for consideration prior to the robotics service becoming operational.

Mrs Rona Laing highlighted that within the SBAR it notes the impact and assessment of stage 1. It was questioned whether robotic-assisted surgery in relation to disabilities could be highlighted as a positive rather than a known fact. It was agreed that this would be amended and updated to reflect this.

Mr Alastair Morris questioned whether the timing of the subsidy from the supplier is linked to when the robot becomes operational, as it could create a loss in revenue and supplies. Mrs Margo McGurk advised that the timing of the subsidy will not create an issue.

It was advised that a surgeon who is already skilled in robotic-assisted surgery, is coming to Fife to support staff in August. Training at present is also underway but the Board may also incur further training costs next year as the service is rolled out.

The Committee **discussed and noted** the contents of this paper and the progress towards the presentation of the final business case for the robotic-assisted surgery.

6.5 Budget Setting 2021/22

Mrs Margo McGurk introduced the report, which gave the annual budget setting confirmation, and noted this is presented to the Committee for awareness and assurance.

The opening budgets were identified by the end of April to all directors and budget holders, and the finance team have worked closely with directors throughout the year with the SPRA process to inform this process.

Assurance was provided to the Committee that the budgets which have been set, fully reflect the financial plan for 2021/22 that was recently approved by the Board. This includes an increased level of investment in several areas.

It was emphasised within the letter that the budgets were set on the basis that the full savings challenge will remain until confirmation of funding support has been provided by Scottish Government. Each budget holder will have two saving lines identified - the first is a share of the £8m which was agreed as the in-year target; and the second is a share of the legacy saving of £13.6m which NHS Fife has requested Scottish Government support for in 2021/22. It is expected that there will be continuing cost offsetting in the first part of the financial year due to services not being fully up and running. It is likely that Scottish Government may take the view that cost offset should be used to part fund the legacy savings.

Scottish Government have highlighted that they are looking to have a more detailed conversation with NHS Fife on the 2021/22 Financial Plan, particularly in relation to the savings.

The Committee **noted** the budget setting process for 2021/22.

7 PERFORMANCE

7.1 Integrated Performance & Quality Report

The Committee reviewed and discussed the latest Integrated Performance & Quality Report.

Mrs Claire Dobson was invited to provide a verbal update on Acute Services performance. The Committee were advised that this report shows figures for February 2021. It was noted that the 4-hour emergency access performance has improved slightly as capacity was less challenging across the hospital at that time. The patient TTG, new outpatients and diagnostics shows a slow-down and deterioration in performance, as they worked to manage the second wave. There were also challenges within cancer services particularly in relating to staging and investigations.

Mrs Nicky Connor was invited to provide an update on Health and Social Care Performance. The Committee were advised that this performance report highlights the challenges against delayed discharge, which was discussed under the winter plan item. This is something that they are actively working across the service to deliver on. An update was provided on Smoking Cessation services and the challenges faced in the year, and the plans to support recovery and to improve performance in that area. In relation to CAMHS and Psychological Therapies performance in February 2021 was 88.1% for CAMHS and 84% for Psychological Therapies. It has been recognised for these services that there is an ongoing challenge of prioritising one area as it has a negative impact on the other. A request for funding has been proposed for short term funding to support the increase of capacity to help improve this. The recruitment process is ongoing for permanent staff and it is hoped that by the next update there will be a noticeable trajectory improvement. Mental Health is a priority area in NHS Fife to support the local population.

Mrs Margo McGurk was invited to provide an update on Financial Performance. It was highlighted to the Committee that, in terms of the revenue position, it relates to the Month 11 position, however the draft year-end position has also recently been confirmed. It was highlighted that, in terms of the Month 11 position, an underspend of £4.2m was noted. The year-end forecast improves this position to an underspend of £0.4m.

This has been a very challenging year in terms of the level of uncertainty on the financial impact of COVID on core service costs and new costs which have been incurred in the response to the pandemic. The report details the complexity and the specific work in the last quarter to manage the position in line with the RRL break-even requirement.

The year-end position notes that there will be a transfer of resource of £11m to the Partnership for use of specific and detailed purposes.

Mrs Margo McGurk advised that, in terms of the Month 11 capital position detailed, the Board were on track to achieve the full spend. It was confirmed that this has been achieved at year-end.

The Committee **noted and considered** the contents of the report, with particular reference to the measures identified in Section 2.3.

8 ITEMS FOR NOTING

8.1 Minute of IJB Finance & Performance Committee, dated 5 March, 18 March and 8 April 2021

The Committee **noted** the minutes of the above meetings.

9. ISSUES TO BE HIGHLIGHTED

9.1. To the Board in the IPR & Chair's Comments

The Committee considered the important NHS Assure report on the progress with the EOC Programme build phase. They welcomed the opportunity to review the findings of the report and the action plans in place within NHS Fife to respond to issues raised. The Committee took assurance that the report was considered fully from a technical perspective by the programme team and that the NHS Fife team were working collaboratively with NHS Assure to deliver the programme safely and to the standards required.

10. Any Other Business

There was no other business.

Date of Next Meeting: 11 May 2021 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
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.	July 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.	July 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.	September 2021
141	10.11.20	CAMHS	NC	Provide an update to the Committee on which recommendations made by the Scottish Government can be actioned, once agreed by HSCP Senior Leadership.	September 2021
142	19.03.21	FEOC	NMc	Provide the committee with regular updates on the FEOC progress	May 2021

COMPLETED ACTIONS					
138	10.03.20	FP&R Development Session	MM/GM	Bi-annual Committee development sessions to be arranged from May 2020.	Closed January 2021 as SPRA paper presented covers topic.

Meeting:	Finance, Performance & Resources Committee
Meeting date:	13 July 2021
Title:	Lochgelly & Kincardine Community Health and Wellbeing Centres
Responsible Executive:	Joy Tomlinson- Director of PH
Report Author:	Ben Johnston, Head of Capital Planning & Project Director

1 Purpose

This is presented to the group for:

- Awareness

This report relates to a:

- Project update

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to provide an update on the current position regarding the Lochgelly and Kincardine Community Health and Wellbeing Centres.

2.2 Background

The existing health centres are no longer fit for purpose. The new buildings will need a different design and ways of working to bring services together in the local area and allow local teams to coordinate appointments together in one place, where possible. The new Community Health & Wellbeing Centres will flexibly provide a range of services including GP, social care and voluntary sector.

The Initial Agreements for the two Community Health and Wellbeing Centres were approved by the Board on 27 November 2019. Lochgelly being beyond NHS Fife's delegated limit of £5m was subsequently approved by the Scottish Capital Investment Group (SCIG) on 9 January 2020. SCIG were also sighted on the Kincardine paper for information.

Following approval and giving cognisance to resource constraints due to the pandemic, a Project Team was assembled in Q4 of 2020 which commenced OBC work in earnest in March 2021.

The projects are being procured through Scottish Futures Trust Hub initiative, with Hub East Central Scotland engaged as a partner to deliver the projects.

2.3 Assessment

The projects are currently proceeding through the OBC stage where the building designs are being developed in consultation with all key stakeholders. Based on progress to date it is estimated that the business cases will be complete for internal governance in October 2021. Progress will continue to be reported and monitored at Project Board level.

2.3.1 Quality/Patient Care

The projects will be subject to design and technical scrutiny through the Design Assure and NHS Scotland Design Assessment Process. This will help to ensure that facilities are technically compliant contributing towards quality and patient care.

Staff, GPs and end users have also been integrated into the design development process helping to ensure that the facilities maximise their full potential. The design proposals will be assessed by the stakeholders at key stages through the design process using the Achieving Excellence Design Evaluation Toolkit (AEDET).

2.3.2 Workforce

There will be no workforce implications. Outdoor space, ample office space and designated wellbeing space will ensure staff who work in, or have access to the buildings. Wellbeing will be optimal.

2.3.3 Financial

The financial envelopes reported at Initial Agreement for each project (inclusive of all costs and optimism bias) are noted below. These costs will be updated within the OBC's.

Kincardine: £4.6m

Lochgelly: £8.2m

2.3.4 Risk Assessment/Management

A risk register has been prepared for the projects. The current key risks and issues to note are outlined below:

Risk / Issue	Mitigation Action
Lochgelly GP participation	Matter resolved with GP's now integrated into the design development process.
Acquisition of land and purification of related matters	Discussions ongoing with Fife Council. Broad agreement reached on the proposed sites for development.
Current schedule of accommodation (area) beyond Initial Agreement allocations	Additional area was deemed to be necessary to meet GMS requirements. Increase to be offset by optimism bias allocation.
May fail to ensure adequate level of ongoing community representation through process	Refer to section 2.3.7 which covers efforts in respect to communication and engagement.
Inability to deliver the project because of capacity pressures	Separate SBAR raised to help manage resource requirements.

2.3.5 Equality and Diversity, including health inequalities

An EqIA has been undertaken. Person personas included in the OBC highlighting the diversity and profile of the local communities.

2.3.6 Other impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

A draft communication engagement plan has been prepared for the project. This is a live document that will be updated as the projects progresses. The communication and engagement approach has included the following key activities to date:

- Option appraisal at Initial Agreement
- Engagement surveys with local residents
- Creation of community sub-groups
- Creation of staff sub-groups
- GP and end-user involvement in the design process

- Engagement with Councillors
- Communications

2.3.8 Route to the Meeting

3 List of appendices

None

Report Contact

Ben Johnston

Head of Capital Planning & Project Director

Email: ben.johnston2@nhs.scot

Meeting:	Finance, Performance & Resource Committee
Meeting date:	13 July 2021
Title:	Smoke Free Strategy – Mental Health Services
Responsible Executive:	Jim Crichton, Interim Divisional General Manager
Report Author:	Jillian Torrens, Senior Manager

1 Purpose

This is presented to EDG for:

- Awareness

This report relates to :

- Government policy/directive : Smoke Free Scotland (2005)
- Legislation : The Smoking, Health and Social Care (Scotland) Act 2005; The Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006
- Guidance : Smoke Free NHSScotland Implementation Guidance (2015)

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

- Safe
- Health Improvement for the People of Scotland (Heat Target)

2 Report summary

2.1 Situation

As a result of the Scottish Government direction ‘Smoke Free Scotland “ (2005) and the smoking legislation of 2005 and 2006, a duty was imposed on Health Boards to develop smoke free policies and support smoke free environments for the wellbeing and safety of patients, staff and visitors.

NHS Fife’s Smoking Policy (2013) outlines that smoking will not be allowed within any NHS Fife premises, around entrances or buildings, within NHS Fife grounds, within any official NHS Fife vehicles, or whilst official NHS Fife vehicles are being used on NHS business.

The only exceptions to this policy, in line with the Smoking, Health and Social Care (Scotland) Act 2005 are for hospices and mental health facilities (including Learning

Disabilities). Thus Mental Health sites retained provision for inpatients to smoke in designated areas.

These designated areas are now to be withdrawn and Mental Health sites will be smoke free in accordance with Board policy. Revisions to the original legislation were expected and have been delayed due to the Government's prioritization of work in relation to both Brexit and the pandemic. It is understood that the revisions will remove previous Mental Health exemptions.

Fife's Mental Health and Learning Disability Services have set a target date of 5 November 2021 to become Smoke Free.

2.2 Background

A Mental Health Smoke Free Environment Group was set up in June 2019. This Group was chaired by a Clinical Services Manager and reported into the Mental Health Directorate's Health and Safety Project Group. This Group met on two occasions and progress was initially halted due to the absence of the chair in October 2019. It was then put on hold in March 2020 due to the pandemic.

The Group reconvened in March 2021 with a newly appointed CSM Chair, Lead Nurse support and revised membership. The Group has met three times and is working in collaboration with Health Promotion, the Mental Health Quality Improvement Team and a range of key stakeholders to undertake the preparatory work required to successfully implement the smoke free premises and grounds initiative across Mental Health sites.

2.3 Assessment

The Mental Health Smoke Free Environment Group has embarked on and achieved the following :-

Implementation Plan (March 2021)

- Short Life Working Group membership agreed
- Terms of Reference to be developed
- Action Plan with time targets developed
- Implementation of 5th November 2021 agreed
- Re-scoping exercise to be facilitated to inform needs analysis
- Monthly meetings scheduled
- Communication and engagement strategy to be developed

Progress to Date (May 2021)

- Re-scoping exercise completed by MHQI Team and Health Promotion
- Terms of reference written and agreed
- Champions identified across sites to support roll out
- Scoping of training for staff completed
- Scoping of availability of NRT in each inpatient area in progress

- Discussion initiated re current policy and requirements to adhere to guidance
- Flash report circulated to services and tabled for discussion at teams meetings
- “Save the Date” notification circulated to services and teams.
- Communication strategy agreed – this includes the use of resources such as posters, leaflets, notices, letter head strap line, primary care mail drop and social media support.

Next Steps 9June (2021)

- Site Champions to determine site requirement for posters / displays and health promotion literature
- Complete scoping of NRT and products to support patients
- Develop patient resource pack
- Circulation of inpatient and outpatient smoke free pathways – supplied by health promotion.
- Complete agreed information banner to be added to letterheads and communications with legal and admin services.
- Identify literature / information leaflets to be circulated to staff
- Circulate online learning via ASH Scotland that requires to be completed before staff undertake impact training

Challenges, Issues & Concerns

The Group have noted and are working to address the following issues:-

- Conversations have had to be restarted to raise awareness following the delay from the initial roll out
- Staff knowledge and understanding of the legislation and policy is variable
- There is a variance in the interpretation of policy regarding the use of vapes / e cigarettes
- Staff anxiety re implementation & maintaining of a smoke free environment.
- There is a need to manage patient anxiety and safety
- Some patients and visitors are opposed to smoke free policy

2.3.1 Quality/ Patient Care

The key principles that support the drive for a smoke-free NHSScotland are:

- A commitment to the provision of a healthy smoke-free environment for staff, patients, their families and visitors.
- Acknowledgement of the dangers of second-hand smoke and the fact that it causes harm.

- NHSScotland should not condone smoking on any part of premises it owns or operates from.
- A commitment to provide smoking cessation support to staff and patients who wish to quit smoking.

NHS Fife has a duty of care to protect the health of, and promote healthy behaviour among, people who use, or work in, their services. This duty of care includes providing them with effective support to stop smoking or to abstain from smoking while using or working in NHS Fife.

Stopping smoking at any time has considerable health benefits for people who smoke, and for those around them. For people using secondary care services, there are additional advantages, including shorter hospital stays, lower drug doses, fewer complications, higher survival rates, better wound healing, decreased infections, and fewer readmissions after surgery.

2.3.2 Workforce

As above in section 2.3.1

2.3.3 Financial

This Group aim it achieve this work without the need for any additional resource.

2.3.4 Risk Assessment/Management

A risk assessment framework will be developed to underpin and support the move to a Smoke Free Environment. There are two potential areas of risk that will require specific consideration:-

1. Fire risk associated with hidden smoking in non compliant groups
2. Conflict management with non compliant individuals and the associated potential for acts of aggression and violence

2.3.5 Equality and Diversity, including health inequalities

An impact assessment is not required as there is no patient differentiation or discrimination dictated by operational application of the policy.

2.3.6 Other impact

No other identified impact.

2.3.7 Communication, involvement, engagement and consultation

Communication strategy has been developed and the Group are liaising with Communication Team for support.

2.3.8 Route to the Meeting

This paper has been considered by the Mental Health Senior Management Team. The content has been supported and feedback used to inform the development of the content presented in this report.

2.4 Recommendation

State the action being requested. Use one of the following directions for the meeting. No other terminology should be used.

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

3 List of appendices

The following appendices are included with this report:

No appendices

Report Contact

Author Name	Jillian Torrens
Author's Job Title	Senior Manager – Mental Health, Addictions & Learning Disabilities
Email	jillian.torrens@nhs.scot

Meeting:	Finance, Performance and Resources Committee
Meeting date:	13 July 2021
Title:	BAF – Financial Sustainability
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	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 May 2021.

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.

The attached schedule reflects the position at 31 May 2021. Since the last update (at 31 March 2020) the BAF current score has been updated and has reverted (from Moderate) to High.

The update reflects the current position where Scottish Government has indicated that: Covid-19 funding; treatment of offsetting cost reductions; and any potential funding of 'long covid' unachieved efficiency savings will be considered following a formal Quarter 1 review of Boards' financial performance. To that end, Scottish Government support for our financial gap is at this point uncertain and our BAF risk reverts to high risk rating level. Linked operational risks are also attached for information.

Further detail on the financial position 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 June 2021

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.scot

NHS Fife Board Assurance Framework (BAF)

					Initial Score				Current Score														Target Score							
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?	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			

Board Assurance Framework (BAF) - Financial Sustainability																											
1671	Sustainable	04/06/2021	31 August 2021	There is a risk that the funding required to deliver the current and anticipated future service models, particularly in the context of the COVID 19 pandemic, will not match costs incurred. 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.	Likely	Major	16	High Risk	Likely	Major	16	High Risk	2021/22 Covid-19 funding will be assessed post formal Quarter 1 review of Boards' financial performance. Hence this uncertainty impacts the risk rating and moves it to high risk.	Margo McGurk Director of Finance	Finance, Performance & Resources (F,P&R) Rona Laing	Ongoing actions designed to mitigate the risk including: SG has indicated that: Covid-19 funding; treatment of offsetting cost reductions; and any potential funding of 'long covid' unachieved efficiency savings will be considered following a formal Quarter 1 review of Boards' financial performance. To that end, SG support for our financial gap is at this point uncertain and our BAF risk reverts to high risk rating level.	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value. Responsible Person: Director of Finance / Director of Acute Services / Director of Health & Social Care Timescale: Ongoing 2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations. 3. Continue to scrutinise and review any potential financial flexibility. 4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB prior to the application of the risk share arrangement Responsible Person: Director of Finance Timescale: 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 the social care forecasts and the likely outturn at year end.	Whilst full Covid-19 funding was received for 2020/21 and we delivered a small underspend £0.440m subject to external audit review; funding for 2021/22 will be determined post formal quarter 1 review of Boards' financial performance.	Possible	Major	12	Moderate Risk	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.

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1513	Financial and Economic impact of Brexit	Active Risk	High Risk	20	McGurk, Margo
1364	Efficiency Savings	Active Risk	High Risk	16	McGurk, Margo
1363	Health and Social Care Integration	Active Risk	High Risk	16	McGurk, Margo
522	Prescribing and Medicines Management - Prescribing Budget	Active Risk	High Risk	15	McKenna, Christopher
1784	Finance (Short Term/Immediate)	Closed Risk	Moderate	8	Connor, Nicky

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1357	Financial Planning, Management and Performance	Active Risk	Moderate	12	McGurk, Margo
1846	Test and Protect/Covid Vaccination	Active Risk	Moderate	12	Connor, Nicky

ID	1513		1364		1363
Position of Risk (Risk Register)	NHSFBD - Brexit Risk Register		NHSFBD - Finance Directorate Risk Register		NHSFBD - Finance Directorate Risk Register
Opened	04.10.2018		13.06.2017		13.06.2017
Title	Financial and Economic impact of Brexit		Efficiency Savings		Health and Social Care Integration
Description	The impact of the exit from the EU, and uncertainty over the final withdrawal agreement, had 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 was escalated to the Finance, Performance and Resources Committee.		There is a risk that the organisation may not fully identify the level of savings required to achieve recurring financial balance.		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".
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not		4 - Likely - Strong possibility this could occur		4 - Likely - Strong possibility this could occur
Consequence (initial)	5 - Extreme		4 - Major		5 - Extreme
Risk level (initial)	High Risk		High Risk		High Risk
Rating (initial)	25		16		20
Current Management Actions	The Director of Property and Asset Management closely monitors any ongoing impact associated with the exit from the EU. There re no issues to escalate at this time.		The financial gap for 21/22 is £21.8m. We have plans in place to deliver £8m on a recurring basis; and whilst we continue to develop further plans, we have signalled to SG the requirement for support for our long Covid unachieved savings of £13.8m.		The Integration Scheme Review has been escalated to the CEs NHS Fife and Fife Council for discussion. The 2020/21 financial year closed with a HSCP earmarked reserve of £30m (£11m Health; and £19m SC). It is likely this earmarked reserve will assist the 2021/22 financial position and a IJB overspend may not occur. Notwithstanding the Integration Scheme review remains extant.
Likelihood (current)	5 - Almost Certain - Expected to occur frequently - more likely than not		4 - Likely - Strong possibility this could occur		4 - Likely - Strong possibility this could occur
Consequence (current)	4 - Major		4 - Major		4 - Major
Risk level (current)	High Risk		High Risk		High Risk
Rating (current)	20		16		16
Likelihood (Target)	1 - Remote - Can't believe this event would happen		3 - Possible - May occur occasionally - reasonable chance		3 - Possible - May occur occasionally - reasonable chance
Consequence (Target)	1 - Negligible		3 - Moderate		3 - Moderate
Risk level (Target)	Very Low Risk		Moderate Risk		Moderate Risk
Rating (Target)	1		9		9
Risk Owner	McGurk, Margo		McGurk, Margo		McGurk, Margo
Handler	Stewart, Laura		Robertson, Rose		Robertson, Rose
Previous Review Date	04.01.2021		04.06.2021		04.06.2021
Next Review	05.02.2021		31.08.2021		31.08.2021

1784	522	ID
NHSFBD – COVID-19 Risk Register	CORPORATE RISK REGISTER, NHSFBD - Prescribing & Medicines Management Risk Register	Position of Risk (Risk Register)
28.04.2020	30.03.2006	Opened
Finance (Short Term/Immediate)	Prescribing and Medicines Management - Prescribing Budget	Title
There is a risk that the coronavirus outbreak will have a negative financial impact on the HSCP in the short term	Prescribing and Medicines Management - Prescribing Budget: There is a risk that NHS Fife will be unable to control the prescribing budget.	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Possible - May occur occasionally - reasonable chance	Likelihood (initial)
4 - Major	3 - Moderate	Consequence (initial)
High Risk	Moderate Risk	Risk level (initial)
20	9	Rating (initial)
<p>26.02.21 Mobilisation plans submitted to Scottish Government. These reflect a year of costs. Regular meetings with NHS Fife and Fife Council Directors of Finance. Designated Covid -19 financial codes in both organisations. Letter of comfort from Scottish Government outlining agreement in principle to fund Covid 19 costs. Scottish Government have released an initial £50M across Scotland. Fife's share is £3.4M August 2020 - Confirmation received of a further £1.7M for Fife. A contribution of £680k has been received from the Scottish Government towards the 3.3% uplift for the living wage. However, this still leaves a pressure of £1M. Cross reference this risk to IJB Strategic Risk 3 Finance Further Government funding was announced at the end of September. £1.1Bn in total made available. However, unachieved savings are currently excluded. This is under review with further decisions expected in November for Social Care and January for Health. Recovery actions are being considered to help reduce overspend. Up to date local mobilisation plans were submitted in January, covering the period to Dec 2020 and the final funding allocations will be based on this Dec submission. Funding letter from Scottish Government in Feb 2021 announced full funding of local mobilisation plans including non-achieved savings for 2020/21. This means the IJB budget will break even (or potentially a surplus) this year.</p>	<p>30/4/21 - The GP prescribing position for 20/21 is an underspend of £24k (0.03%), on an annual budget of £70.7m. £1.891m recharged to COVID costs, based on final national guidance and local analysis. The analysis and basis of recharge to COVID funding focused on price impact, drug switch requirements (primarily to minimise healthcare contacts)and increased usage, full analysis is available. Hospital prescribing budget is overspent by £1.26m (3.7%), on a budget of £33.77m</p> <p>Medicines efficiency target for 21/22 is £500k for both HSCP and Acute Services (combined £1m).</p> <p>The first meeting of the Fife Prescribing Forum took place on 23 April.</p>	Current Management Actions
2 - Unlikely - Not expected to happen - potential exists	5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
4 - Major	3 - Moderate	Consequence (current)
Moderate Risk	High Risk	Risk level (current)
8	15	Rating (current)
1 - Remote - Can't believe this event would happen	3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
1 - Negligible	3 - Moderate	Consequence (Target)
Very Low Risk	Moderate Risk	Risk level (Target)
1	9	Rating (Target)
Connor, Nicky	McKenna, Christopher	Risk Owner
Sweeney, Avril	Reid, Euan	Handler
26.02.2021	03.02.2021	Previous Review Date
26.03.2021	30.06.2021	Next Review

Meeting:	Finance, Performance and Resource Committee
Meeting date:	13 July 2021
Title:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Committee 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.

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 has been a revision of this BAF to reflect the changes that have happened over the COVID period and the strategic planning for the new Population Health and Wellbeing Strategy for NHS Fife.

The risk associated with this BAF has been reviewed and renewed. The previous risk which has been in place since 2017 was:

There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.

This no longer reflects that current position of strategic planning, the development of the strategy and associated changes. The proposed risk is:

There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.

The BAF and risk also describes how the Corporate Objectives have been derived from the Strategic Planning and Resource Allocation (SPRA) process and the Strategic Priorities form part of the strategic planning direction going forward for NHS Fife.

2.3.1 Quality/ Patient Care

Quality of Patient Care is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.2 Workforce

No change.

2.3.3 Financial

Financial implications are part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.4 Risk Assessment/Management

Risk Assessment is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is part of the work of the Strategic Planning and Resource Allocation (SPRA) 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.

- Finance, Performance & Resources Committee, 11 May 2021
- EDG, 24 June 2021

2.4 Recommendation

The Committee is invited to:

- **Discuss and agree** the change in the risk associated with the BAF for Strategic Planning.

Report Contact

Susan Fraser
Associate Director of Planning and Performance
Email susan.fraser3@nhs.scot

NHS Fife Board Assurance Framework (BAF)

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

Board Assurance Framework (BAF) - Strategic Planning

1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	20/6/21	1 September 2021	<p>Proposed New Risk There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.</p> <p>Key Risks from previous BAFs will remain until committees are content they are covered in renewed PHW Strategy.</p> <p>1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales</p> <p>2. Governance of the transformation programmes remains between IJB and NHS Fife.</p> <p>3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams</p> <p>4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.</p>	Likely	Major	16	High risk	Unlikely	Major	12	Medium risk	<p>The Board remains under the direction of Scottish Government will clear priorities established for 2021/22.</p> <p>The RMP3 sets out those priorities and is likely to be reviewed in September 2021.</p>	Margo McGurk	Director of Finance	<p>Ongoing actions designed to mitigate the risk including:</p> <p>1. Progress has been made in development of strategy and will progress shared at Board Development session in June 2021</p> <p>2. Corporate Objectives for 2021/22 to be agreed through committees in June 2021.</p> <p>1.</p>	EDG Strategy meetings will provide the required leadership and executive support to enable strategy development.	<p>EDG will engage in monthly sessions to ensure the ongoing development of the new strategy.</p> <p>The NHS Fife Board and Governance Committees will be fully engaged in this process throughout 2021/22 and will be responsible for approval of the emerging strategy.</p> <p>Work is ongoing to develop clarity on the system-wide governance arrangements in terms of the developing strategy.</p> <p>Joint session with NHS Fife and Fife Council Executive Teams in May 2021.</p> <p>Responsible Person: Director of Finance</p> <p>Timescale: 31/03/2022</p>	<p>1. Minutes of meetings record attendance, agenda and outcomes.</p> <p>2. Reporting of key priorities to governance groups from the SPRA process.</p>	<p>1. Internal Audit Report on Strategic Planning (no. B10/17)</p> <p>2. Governance Committee scrutiny and reporting.</p>	Governance of new arrangements will be agreed to deliver the required assurance.	<p>Work is ongoing to agree the corporate objectives through SPRA process and the development of the Population Health and Wellbeing Strategy.</p> <p>This will be supported by the corporate PMO.</p>	Unlikely	Moderate	9	Low risk	
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Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)					
Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil applicable				

Meeting:	Finance, Performance and Resources Committee
Meeting date:	13 th July 2021
Title:	BAF – Environmental Sustainability
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Jimmy Ramsay, Estates Manager - Compliance

1 Purpose

This is presented to FP&R for:

- Awareness
- Discussion

This report relates to a:

- Board Governance & Strategic Objectives

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

- Safe
- Effective

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, contained in the following:

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

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

2.2 Background

Property & Asset Management receive capital funding from Scottish Government via NHS Fife's Capital Investment Group to address any statutory compliance or backlog maintenance issues. Prioritisation of this limited resource is carried out using a risk assessment methodology.

2.3 Assessment

Assessment of FHB's current position -

Property & Asset Management continue to mitigate the risks as and when funding becomes available.

Both PFI providers at St Andrews and the VHK have started the replacement programme for flexible hoses and these risks will be removed once these projects have been completed.

There has been no significant 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

N/A.

2.3.3 Financial

Projects are managed as and when funding becomes available through the capital planning process.

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 consulted 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

2.4 Recommendation

The Committee is invited to:

- Consider the position set out above
- Approve the updated environmental sustainability element of the Board Assurance Framework

3 List of Appendices

The following appendices are included with this report:

- BAF Environmental Sustainability
- BAF Environmental Sustainability linked operational risks

Report Contact

Neil McCormick

Director of Property & Asset Management

neil.mccormick@nhs.scot

NHS Fife Board Assurance Framework (BAF)

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

Board Assurance Framework (BAF) - Environmental Sustainability

1672	Clinically Excellent, Sustainable	03/06/2021	6 August 2021	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.	Likely	Extreme	20	High risk	Likely	Extreme	20	High risk	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.	Neil McCormick Director of Property & Asset Management Finance, Performance & Resources (F,P&R). Rona Laing.	<i>Ongoing actions designed to mitigate the risk including:</i> 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 Responsible person: Director of Estates, Facilities & Capital Services Timescale: Ongoing as limited funding available 2. Increase number of site audits Responsible person: Estates Compliance Manager Timescale: Ongoing	1. Capital Investment delivered in line with budgets 2. Sustainability Group minutes. 3. Estates & Facilities risk registers. 4. SCART & EAMS. 5. Adverse Event reports..	1. Internal audits 2. External audits by Authorising Engineers 3. Peer reviews.	None.	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	Remote	Extreme	5	Low risk	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5..
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Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1296	Emergency Evacuation, VHK Phase 2 Tower Block	Active Risk	High Risk	20	McCormick, Neil
1252	Flexible PEX hoses in PHASE 3 VHK	Active Risk	High Risk	15	McCormick, Neil
1007	Theatre Phase 2 Remedial work	Active Risk	High Risk	15	Cross, Murray

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
735	Medical Equipment Register	Closed Risk			
749	836 - VHK Ph.2 Main Foul Drainage Tower Block	Closed Risk			
1083	VHK CLO2 Generator (Legionella Control)	Closed Risk			
1207	Water system Contamination STACH	Active Risk	Moderate Risk	10	Fairgrieve, Andrew
1275	South Labs Plantroom	Active Risk	Moderate Risk	8	Lowe, David
1306	Risk of pigeon guano on VHK Ph2 Tower Windows	Active Risk	Moderate Risk	12	Lowe, David
1312	Vertical Evacuation - VHK Phase 2 Tower Block	Closed Risk			
1314	Inadequate Compartmentation of Escape Stairs and Lift Enclosures	Closed Risk			
1315	Vertical Evacuation - VHK Phases 1 and 2 (excluding Tower Block)	Closed Risk			
1316	Inadequate Compartmentation VHK Phase 1, Phase 2 floors B-1st	Active Risk	Moderate Risk	8	Fairgrieve, Andrew

1335	FCON Fire alarm potential failure	Closed Risk			
1341	Oil Storage - Fuel Tanks - Central/NEF	Active Risk	Moderate Risk	10	Keatings, Gordon
1342	Oil Storage - Fuel Tanks - QMH/DWF	Active Risk	Moderate Risk	10	Wishart, James
1352	Pinpoint malfunction	Closed Risk			
1384	Microbiologist Vacancy	Closed Risk			
1473	Stratheden Hospital Fire Alarm System	Closed Risk			

1007	1252	1296	ID
Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Corporate Directorate - Estates Risk Register	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
11.02.2015	02.06.2016	22.08.2016	Opened
Theatre Phase 2 Remedial work	Flexible PEX hoses in PHASE 3 VHK	Emergency Evacuation, VHK Phase 2 Tower Block	Title
Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	Description
3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	5 - Extreme	5 - Extreme	Consequence (initial)
High Risk	High Risk	High Risk	Risk level (initial)
15	15	20	Rating (initial)
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 - 03/06/2021 - Info from ENGIE (JN)We have started a programme to remove all the Flexible hoses in Phase 3 VHK Phase 1 was completed in May with 67 sinks and 14 showers changed out and a full survey of sinks and showers in the areas covered. This is 35% of the works completed Phase 2 will be starting this month I will keep you and the Water Safety Group up to date on the progress.	JR - 22/06/2021 - Current management actions still apply. The fire safety advisors have visited ward 10 and all staff have completed recent fire training. An exercise to upgrade/repair all the compartment doors is underway and a survey to check for any breaches in compartmentation is also underway.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	5 - Extreme	5 - Extreme	Consequence (current)
High Risk	High Risk	High Risk	Risk level (current)
15	15	20	Rating (current)
1 - Remote - Can't believe this event would happen	2 - Unlikely - Not expected to happen - potential exists	1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	5 - Extreme	5 - Extreme	Consequence (Target)
Low Risk	Moderate Risk	Low Risk	Risk level (Target)
5	10	5	Rating (Target)
Cross, Murray	McCormick, Neil	McCormick, Neil	Risk Owner
Lowe, David	Bishop, Paul	Ramsay, Jimmy	Handler
09.04.2021	03.06.2021	22.06.2021	Previous Review Date
10.01.2022	29.10.2021	30.09.2021	Next Review

Meeting:	Finance Performance and Resources Committee
Meeting date:	13 July 2021
Title:	Laboratories Managed Service Contract
Responsible Executive:	Claire Dobson
Report Author:	Ken Campbell, Laboratory Services Manager

1 Purpose

This is presented to EDG for:

Awareness

This report relates to a:

Annual Operational Plan

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

Effective

2 Report summary

2.1 Situation

An audit was carried out in August 2019 by the FTF Internal Audit Service on Service Contract Expenditure – Managed Service Agreement for Laboratory Services Report No. B29/19 .

The scope of the audit was to evaluate and report on controls established to manage the risks relating to the operational governance and financial monitoring of this contract.

One of the recommendations made was that an annual SBAR is prepared for the Director of Finance (for discussion at the Finance, Performance and Resources Committee) with information on the performance of the contract, the variations that have been authorised, service deductions, explanations for any increase or decrease of the contract payment and any other key information.

2.2 Background

A Managed Service Agreement for Laboratory Services between NHS Fife and Roche Diagnostics was signed in May 2014 with an agreed commencement date of 1st April 2015 for a contract term of seven years, ending in March 2022. The contract covers Blood Sciences, Microbiology and Cellular Pathology. As part of the contract governance NHS Fife receives a quarterly business review report from Roche which is followed up with a review meeting involving key personnel from both parties.

This SBAR describes year six of the contract for 2020/21. The value of the contract for 2020/21 was £2.471m with VAT savings standing at £418k.

2.3 Assessment

Performance

The Q4 report for 2020/21 detailed an underspend of £441,596 against the forecast

Reasons for underspend:

- Qiagen - £266,447 (Reduced molecular activity due to diversion of resources to COVID-19 and suspension of sexual health CT/NG testing. Released as COVID offset)
- Launch - £31,072 (Due to failure of supply of FTD kits)
- Roche Point of Care - £46,423 (Although included in the forecast no activity until near year end)
- Roche Molecular - £33,688 (Although included in the forecast no activity until near year end)
- Roche Centralised Solutions (various) - £69,048 (Reduced activity due to COVID-19. Released as COVID offset).
- KPI Credits - £5,889 (KPI penalties were waived for Q1)

Following Q1 the unitary charge was suspended and payments were based on contract activity to ensure that NHS Fife did not make significant overpayments. This decision was based on the dramatic drop in workload in the early stages of the COVID -19 pandemic.

Authorised Variations

There were 6 in-year contract change notices (CCNs):

CCN No.	Detail	CCN Value (£)
CCN 055	Addition of Factor Xa Cals and Controls	899.00
CCN 056	NTproBNP	8994.58
CCN 057	Chromsystems and reagent	371.28
CCN 058	Addition of Roche Ultra	19,653.50
CCN 060	Addition of E&O	9,921.60
CCN 062	Addition of Roche COVID Antibody test	0 (Central allocation)

These are mainly equipment and consumables being moved into the contract. They do not reflect additional spend.

KPI Refunds (service deductions)

Period	Value (£)
Q1	0
Q2	1,757.58
Q3	1,194.42
Q4	2,937.23
Total	5,889.23

Other key information

Although there was an initial reduction in activity due to COVID-19, workload has now recovered and is significantly above pre-COVID levels in some areas e.g. 173% for molecular activity. Forecasting for the current year has been completed and we will revert back to a unitary charge with quarterly payments however this will be monitored closely in conjunction with our workload data. We have been reasonably confident in doing this as the areas with the biggest increase in workload can be attributed to COVID related activity and will be coded accordingly. We have assumed that we will be able recoup our COVID related costs for the remainder of 2021-22.

Following the end of the BREXIT transition period, the laboratories held approximately 2 weeks of additional stock but had reverted to normal stock holding by the end of March 2021. This was carefully managed throughout to ensure adequate supplies while minimising wastage of reagents. The new UK border operating model has not affected the ability to ship products or spare parts by Roche or their third party partners.

In September 2021, NHS Fife will move to implement the first phase of the Regional Managed Service contract held by NHS Lothian. This will involve replacement of Blood Transfusion equipment and consumables. Implementation of the rest of the contract will be completed by April 2022.

2.3.1 Quality/ Patient Care

The contract is managed to both meet and evidence the requirements of laboratory accreditation to ISO 15189 as assessed by UKAS

2.3.2 Workforce

The Roche MSC includes a £10k training budget to support staff training and development.

2.3.3 Financial

This managed service has enabled NHS Fife to realise VAT savings of £418k in year 6 of the contract.

2.3.4 Risk Assessment/Management

A risk assessment was carried out in November 2019 and reviewed in June 2021.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because the contract only relates to the provision of equipment, reagents and consumables

2.3.6 Other impact

Not applicable

2.3.7 Communication, involvement, engagement and consultation

Not applicable

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.

NHS FIFE/Roche MSC review meeting, 26 May 2021

2.4 Recommendation

Awareness – For Members' information only.

3 List of appendices

The following appendices are included with this report:

None

Report Contact

Ken Campbell
Laboratory Services Manager
ken.campbell2@nhs.scot

Meeting:	Finance, Performance and Resources Committee
Meeting date:	13 July 2021
Title:	Corporate Objectives 2021/22
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to Committee for:

- Awareness
- Discussion

This report relates to:

- Corporate Objectives

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Corporate Objectives 2021/22 have been developed through the Strategic Planning and Resource Allocation process and represent the key objectives to be delivered in 2021/22.

This paper describes the process to agree the collated corporate objectives through the SPRA process for 2021/22 and also includes a reflection and review on the delivery of last year's Corporate Objectives for approval by the Board.

2.2 Background

Each year a review and objective setting exercise is completed for the Corporate Objectives. 2019/20 and 2020/21 were years characterised by a major disruption of services due to COVID-19. The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery.

The SPRA process completed by all NHS Fife services provided key service objectives and this was shared with EDG in March. Continued discussions throughout April, May and June with directors at EDG meetings refined the objectives further to their current state.

2.3 Assessment

Each director reflected and reviewed their corporate objectives for 2020/21 and their reflections can be found in Appendix 1 of this paper. COVID -19 had a significant impact on all aspects of health care and the review of the corporate objectives describes the increase in pace of some clinical transformation and the slowing down of progress against other objectives. These changes have been taken forward to next year's objectives.

As previously mentioned, the process for developing the corporate objectives was approached differently this year using the SPRA process. Earlier in March 2021, an EDG workshop agreed the Strategic Priorities for the Organisation going forward and this will be the framework used to provide assurance to the board of the delivery of the Corporate Objectives. The Strategic Priorities are:

1. To Improve Health and Wellbeing
2. To Improve the Quality of Health and Care Services
3. To Improve Staff Experience and Wellbeing
4. To Deliver Value and Sustainability

Each director was asked to confirm the corporate objectives they were the lead for and then were asked to identify their role in the other corporate objectives. The roles covered L for lead, C for contributing director, S for supporting director and I for information.

The Corporate Objectives have been discussed in detail with the director over the past few months at EDG meeting and the proposed objectives have been agreed including the role of each director against each Corporate Objective.

The proposed Corporate Objectives for 2021/22 can be found in Appendix 2.

Summary

The review of the corporate objectives for 2020/21 provides assurance to the Board that the objectives for the organisation are still relevant and appropriate. The objectives for 2021/22 are now aligned to NHS Fife's Strategic Priorities and will be aligned to the 'in development' Population Health and Wellbeing Strategy.

2.3.1 Quality/ Patient Care

Corporate Objectives are aligned with providing high quality and good patient care.

2.3.2 Workforce

Corporate Objectives are aligned with workforce development and support

2.3.3 Financial

Corporate Objectives are aligned with financial implications

2.3.4 Risk Assessment/Management

n/a

2.3.5 Equality and Diversity, including health inequalities

Corporate Objectives are aligned with equality and diversity

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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 Corporate Objective meetings 26/28 April 2021
- EDG Strategy meeting 7 June 2021

2.4 Recommendation

The Committee is asked to

- **Agree** to the Corporate Objective for 2021/22 and note the review of the Corporate Objectives 2020/21.

3 List of appendices

The following appendices are included with this report:

- Corporate Objective 2021/22
- Review of Corporate Objectives 2020/21

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser3@nhs.scot

APPENDIX 1: Corporate Objectives 2020/21 REVIEW		Lead Director
PERSON CENTRED		
Improve complaints process to respond more effectively and efficiently to patient issues		Director of Nursing
<i>Review:</i> COVID-19 had a significant effect on the complaints process. The process was put 'on hold' as clinicians' focus was on dealing with the pandemic. Holding letters went out to complainants explaining the situation to them. Some members of the patient relations team were redeployed into other teams to support services.		
Improve patient, public and partner engagement and participation with on-going strategic change agenda		Director of Nursing
<i>Review:</i> Over the last year there has been 24 requests to the Participation & Engagement Advisory Group (PEAG) for support. Most notable are the large pieces of work such as the development of the Lochgelly and Kincardine health and wellbeing centres, the mental health strategy and urgent care redesign.		
To work with local partner to address the wider determinants of health in order to prevent and reduce health inequalities in Fife.		Director of Public Health
<i>Review:</i> <ul style="list-style-type: none"> - Key member of Fife Partnership Board and Communities and Wellbeing Partnership, Opportunities Fife, Economic Partnership, Children's Partnership and Welfare Reform and Anti Poverty partnerships looking at how our partnership work can prevent and reduce inequalities - Joint lead with Fife Council of Fife Child Poverty Action Plan - Lead for Food Insecurity work in Fife ensuring access to food and support for families who need it - Lead for whole systems approach to obesity prevention amongst children and young people working with local authority, health and social care and voluntary sector partners - Key member of Food for Fife partnership development group linking together environment, sustainability, climate change, access to affordable healthy food, the food economy and procurement - Chair of Community Safety Partnership - Employability – health promotion service workplace team needs assessment determining workforce needs with employers across Fife - Financial inclusion – working with voluntary sector to provide financial advice to staff and to patients - Fuel poverty – working with colleagues in Fife Council housing services to improve information on housing and health to staff and to patients 		
CLINICALLY EXCELLENT		
Create and nurture a culture of person-centred approach to care recognising the COVID-19 sensitive situation		Medical Director/ Director of Nursing
<i>Review:</i> Promoted use of digital technology to facilitate contact between patients and their families. Supported compassionate / essential visiting, understanding how difficult		

this was for patients, their families and staff.	
Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	Medical Director
<p><i>Review:</i></p> <p>Due to the pandemic this objective has been slower to progress, however the leads remain in position and a recently appointed project manager will facilitate the work moving forward.</p>	
Phased implementation in line with Phase 1 of the refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly	Director of Health and Social Care
<p>The Fife Mental Health Strategy 2020/24 was formally approved by the (IJB) on 28th February 2020.</p> <p>20/21 was dominated by impact of COVID: Some of the positive progress that has been made in response to COVID is: Reduction in acute admission beds by 26% to meet infection control standards; Need to manage more activity in the community and ensure good patient flow; Positive impact on the quality of care – staff patient ratios improved; 24 bedded units rather than 30. (Optimal 18-20); Rapid acceleration of alternatives to face-to-face contacts; Use of Near Me increased; Use of telephone contacts significantly increased; Use of MS Teams for Clinical Team Meetings and Management Meetings; Digital is not a panacea but a platform for a blended model going forward. Increased focus nationally on mental health and wellbeing / estimate of 9% increase in incidence of mental health issues related to pandemic; Directive to fully mobilise mental health services during pandemic, Commitment to increased funding for mental health services including staff support; £1.3 million to Fife for Community Living Fund; Action 15 funding used to support primary care/A&E and work with 3rd sector; Development of an Emergent MH in Primary Care Recommendations supporting primary care transformation and early intervention</p> <p>CAMHS/PT - Comprehensive review of need undertaken with national team. Additional funding in 21/22 to assist with CAMHS and PT waiting times.</p> <p>Estates Redesign: The estates project is at Stage 1; Initial Agreement; Options Appraisal; Public Consultation</p> <p>Development of community mental health teams: Commenced whole system redesign across all care groups, supports Multidisciplinary Working, Embedding AHPs within Teams; Development of Duty Worker System and Review of specialist roles/functions</p> <p>Growing Care home liaison team: Redesigning support for care home residents; Enhanced workforce skills; Nursing team able to provide support and advice; focusing on both preventing deterioration and support during acute episodes; Aim to maintain in community where possible and appropriate; Accelerate discharge with support; Directly linked to OA CMHTs</p> <p>Unscheduled Care: Expansion of Unscheduled Care Team Supported by Action 15 monies; Introduction of ANP posts to support A&E; Closer links with Primary Care and the Unscheduled Care Hub' Mental Health Emergency Service</p> <p>Inpatient services: Wards operating with reduced bed numbers; Reduced incidents; Increased therapeutic activity; Reduced lengths of stay; Environmental improvements; Green Gyms installed; Focus on Physical Health Care improvements</p>	
To ensure effective resilience capacity in Fife and ensure the effective delivery of the COVID -19 Strategic Framework for Fife	Director of Public Health
<p><i>Review:</i></p> <ul style="list-style-type: none"> - Co-chair of Fife Resilience Partnership - Chair of Fife Resilience Partnership COVID Subgroup covering local incidence, response, testing and partnership working around matters such as support for those who are shielding 	

<ul style="list-style-type: none"> - New system in place for Business Continuity Assurance within NHS Fife - NHS Fife Resilience Forum continues to have oversight of resilience matters in Fife - Care for People Group – a few different people attended over the year (George, Neil, Lucy, me) - Community Assistance Hubs saw development and establishment of multidisciplinary teams in 7 local areas 	
Maintain and audit the system of Safe & Secure Use of Medicines Management	Director of Pharmacy
<p><i>Review:</i></p> <p>As a result of the COVID19 pandemic the Safe and Secure Use of Medicines Audit Programme was disrupted. However, the audit programme was re-prioritised to ensure that areas of highest risk were taken forward in line with available capacity. A new timetable for the audit and assurance program has been developed and has been signed off by the Safe Use of Medicines Group for 21-24.</p> <p>The following audits were completed in 20/21</p> <ul style="list-style-type: none"> • Ward CD audits; Fridge audits and medical gas audits • Observation audit for Controlled drugs administration in Theatres • Audit of keys safes across all wards and departments was completed <p>The SUMPP document has been maintained updated with Covid-19 changes throughout the last 12 months by the group and through Pharmacy Silver throughout the pandemic.</p>	
Reduce Healthcare Associated Infections recognising the COVID-19 sensitive environment	Director of Nursing
<p><i>Review:</i></p> <p>The IPCT supported NHS Fife with best practice in line with national guidance as per the four UK countries COVID-19 guidance for IPC in healthcare settings/ the mandated National Infection Prevention and Control Manual. This guidance is in line with current IPC advice and guidance that is used by NHS Scotland to manage the response to COVID-19 as the situation evolves:</p> <p>The IPCT surveillance programme has continued throughout 2020/21 in line with the CNO letter (2020) Scottish Government temporary changes to routine surveillance requirements, with a pause in Surgical Site Infection Surveillance as requested.</p>	
Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date	Director of Nursing
<p><i>Review:</i></p> <p>Framework refined following Board Development Sessions focussing on risk tolerance and risk appetite. Board Assurance Framework is reviewed regularly by relevant Committees.</p>	
Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care	Director of Nursing
<p><i>Review:</i></p>	

The Excellence in Care Programme is currently on hold due to the pandemic response. NHS Fife has, however, continued to collect data which is displayed on the CAIR dashboard. The Senior Nurse for Excellence in Care has provided support and training for areas in relation to EIC and quality improvement.	
Work to develop and embed systems & services to reduce avoidable hospital admissions supporting winter pressures, sustainability and value	Director of Health and Social Care
	Director of Acute Services
<p><i>Review:</i></p> <p>The COVID pandemic resulted in significant changes to the way hospital admissions are managed. Initially Emergency Department attendances and hospital admissions reduced. The Acute Services Division introduced a Medical Admissions Co-ordinator (MAC) role to support the flow of patients into the hospital ensuring that patients would receive the right care, in the right place and by the right person. This role was undertaken by a senior clinical decision maker, Consultants in the main and supported access to the acute setting. This role has continued across the year and is viewed as supporting emergency access appropriately.</p> <p>Managing this year's winter pressures and delay has required significant whole system working. The Directors Oversight group and weekly and daily operational meeting worked well and have informed a platform for this coming year to move towards 365 planning.</p> <p>Positive feedback from winter review event that took place in April 2021. Some of the key highlights include</p> <p><u>Commencing unscheduled care transformation & Establish Flow and Navigation hub</u></p> <p><u>Urgent Care Services Fife (UCSF):</u> supports COVID community pathway, palliative care support line, Flow navigation hub (01/12/20) and MIU at SACH OOH; Care delivered via telephone/Near me consultation, assessment centres or home visits. Clinically lead with consistent oversight real time and retrospectively – assurance re safe service' Activity over winter remained constant but due to pandemic majority of care managed initially via telephone consultation to support safe appointing and flow; Reduction in admissions maintained over winter – well below KPI of 10%</p> <p><u>Length of Stay and Delayed Discharge:</u> Length of stay in Community Hospitals significantly reduced from previous year consistently over winter. Over the past 12 months Fife, with the exception of a few spikes there has been Tangible reductions in Delay evidenced in both acute and community hospitals. With only a few expectations, the discharge performance over the past year has significantly exceeded previous performance. This is despite having to open surge beds at QMH over the winter.</p> <p><u>Established and maintained a multi-agency care home hub.</u> Supporting reviews in all care homes and now established until 2022 in first instance. There have been significant care home closures throughout winter 2021 and through the daily huddles, assurance group and directors oversight group there is significant support been offered. Close working with Scottish care to support partnership working.</p> <p><u>Home care services</u> including managed and external providers have been supported and using business intelligence have been able to be more sustainable in maximising capacity in local runs.</p> <p>The MAC role worked well in conjunction with the COVID hub and assessment centre over both waves of the pandemic with a direct professional to professional line to support the appropriate direction of patients and to expedite the transfer of patients from the COVID assessment centre to the Emergency Department.</p> <p>To support demand, capacity and flow across the system an integrated capacity tool was developed. This tool incorporates data from across community and acute services and it supports service planning to manage foreseeable operational pressures. The Acute Services Division and the HSCP meet daily to look at the tool and to plan accordingly.</p>	

Develop links with St Andrews University medical school through the SCOTGEM programme aspiring towards university status	Medical Director
<i>Review:</i> This objective remains a live issue with the announcement in the change in legislation allowing STA University to once again award a Primary Medical Qualification. This objective will be adjusted and carried forward into 2021/22	
Provide clinical support and professional leadership to Care Homes during 2020/21	Director of Nursing
<i>Review:</i> Care Home team established with Head of Nursing, Care Home Lead Nurse and Care Home Liaison nurses appointed. Infection Control Nurses appointed to support infection control practice in Care Homes. Excellent working relationship between the nursing team and the Care Homes.	
EXEMPLAR EMPLOYER	
Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	Director of Workforce
<i>Review:</i> A light workforce strategy was produced reflecting the transformation plans due to the pandemic.	
Develop arrangements which support effective Talent Management and Succession Planning requirements	Director of Workforce
<i>Review:</i> This objective was superseded by work in response to COVID-19 including, fast track induction, L&D revised delivery model and development of digital delivery. The foundations of the framework are in place and manager have a range of tools available to them currently to enable talent management and succession planning to be undertaken.	
Ensure compliance with Staff Governance standards and the principles and values of the 2020 / Everybody Matters strategy in line with national policy.	Director of Workforce
<i>Review:</i> This work was successfully completed and compliance with SG Standards maintained.	
Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff	Director of Workforce
<i>Review:</i> A desktop exercise was completed to ensure the infrastructure and training environment was appropriate. Changes were made in some aspect of the learning and development (training) environment to account for the restrictions during COVID-19 pandemic. See section 1 above	
Maximise participation in the staff engagement survey and ensure feedback received informs workforce practice for 2020/21	Director of Workforce
<i>Review:</i> This was completed. Nationally the decision was taken to conduct a Pulse Survey, instead of the iMatter survey, this was successfully undertaken. Results were published at a directorate level, support provided to reflect on and consider the data provided from the survey results and for team to action as/if appropriate.	

Ensure effective staff engagement and communication – develop and implement an effective internal communications strategy	Director of Workforce
<i>Review:</i> The focus of this work during the year was to maintain effective communication with our staff and recruits on the impact and changes as a result of COVID-19 as well as ensuring StaffLink was effectively used. There has been early engagement with Head of Comms on the further development of an internal communication strategy.	
Implement statutory safe staffing across all wards in accordance with new legislation	Director of Nursing
<i>Review:</i> Legislation currently on hold however workforce planning training and supporting staff and clinical areas is ongoing. Work ongoing to develop Realtime risk assessment process for inpatient wards with scope to develop in community areas. Use of workforce tools to support vaccination programme.	
SUSTAINABLE	
Refresh and embed the joint Transformation Plan for NHS Fife to deliver the triple aim supporting sustainability and value recognising the COVID-19 sensitive environment whilst continuing the re-design and transformation of services following COVID-19	Director of Finance and Strategy,
<i>Review:</i> Due to COVID the transformation programme was paused. However, the pandemic enabled the acceleration of other transformation work which has been captured in the Remobilisation Plan. The Strategic Planning and Resource Allocation (SPRA) was implemented in 2020 and will be used to shape the change programme in Fife along with the developing Population Health and Wellbeing Strategy, Strategic Priorities and Remobilisation Plan.	
Review and refresh Fife's Clinical Strategy for 2021-2026	Medical Director
<i>Review:</i> This objective will be carried forward into 2021/22	
Develop the Property and Asset Management Strategy to support strategic transformation & performance	Director of Estates and Facilities
<i>Review:</i> <ul style="list-style-type: none"> A further iteration of the PAMS was developed as an interim document and approved by the NHS Board in March 2021. The document and work behind the strategy support the transformation agenda and detail the key risks and performance of the estate The PAMS was delivered later in the year than anticipated due to the Covid-19 Pandemic Work is already ongoing in relation to next year's iteration of the PAMS 	
Deliver Full Business Case for the Fife Elective Orthopaedic Centre	Director of Nursing
<i>Review:</i> Programme on track.	

Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance	Medical Director
<i>Review:</i> Digital and Information Strategy agreed and published in 2020.	
Deliver medium term strategies for revenue and capital	Director of Finance & Strategy
<i>Review:</i> This has been completed for 2020/21	
Develop performance framework to support delivery of Remobilisation Plan	Director of Finance & Strategy
<i>Review:</i> Performance updates reported and incorporated in the Integrated Performance and Quality Report during 2020/21 and updates on actions included in subsequent remobilisation plans.	
Deliver effective corporate governance to the organisation	Director of Finance & Strategy
<i>Review:</i> Review has been undertaken and completed for 2020/21	
Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance and ensure key training compliance targets are in place	Director of Estates and Facilities
<i>Review:</i> <ul style="list-style-type: none"> NHS Fife remains in compliance with Health and Safety legislation The organisation (one of 2 Health Boards) was visited by the HSE in November/December 2020 and they carried out an inspection of our Covid-19 arrangements in clinical and non-clinical areas. This resulted in an Action Plan to address any deficiencies and a management response was given at the end of January 2021. Any remedial actions have been addressed and so far have satisfied the HSE to date. All key training requirements were met in full for Authorised Persons (AP) and Authorised Engineers (AE) to ensure compliant safe and effective management of our estate. 	
Evidence progress against 6 outcomes of Integration in line with 2020/21 delivery plan.	Director of Health and Social Care
<i>Review:</i> Integration Scheme: The position of the Integration Scheme in Fife has been accepted by Scottish Government acknowledging the work will be concluded in coming months. Development Sessions and Scheme of Delegation with IJB: The development sessions with the IJB has led to shared understanding of the future governance structure which will be able to be implemented pending conclusion of Integration Scheme. MSG Indicators: Progress can be evidenced across the range of areas outlined above demonstrating that despite COVID there has been improvement in both pace and scale of integration in Fife.	

MSG - Finance Indicators - Agreement has been reached with partners for the CFO to have a post to support the role - further discussion with partners on how to build this team will progress through the regular meetings with CEO and DOF and CFO that are now in place. Discussion in principle re progressing set aside in year 2021/22. The IJB budget was set by 31 March 2021. For the first time since the IJB began the reserves policy has been utilised. There has been discussion with partners and the IJB regarding "the Fife pound". Whilst further work to be done - there has been progress on MSG financial Indicators.

MSG Collaborative Leadership Indicators: Well established COCO and CFO/DOF, and HRD meetings. Winter has demonstrated strong working with acute services. COVID has demonstrated strong whole system working including independent and vol sector. - need to build on this into the coming year. The development of an extended leadership team has supported discussion regarding leadership/culture/workforce.

MSG Indicators for Governance: Agreed the approach to Clinical and Care Governance which will be brought formally to the IJB following completion of the integration scheme. Directions policy has been developed which will be signed off at April IJB. Further work needed in relation to a shared understanding of the IJB role with partners.

MSG Indicator Engagement: Have worked with the Carers rep to develop and review induction and support in line with the national standards. Participation and engagement process being reviewed following publication of the new planning with people policy framework.

HEPMA Full Business Case to be completed and approved through governance committees and Fife Health Board. Plan for implementation developed.

Director of Pharmacy

Review:

Full Business Case approved by Fife Health Board in November 2020. Programme Dashboard attached with progress.

APPENDIX 2

NHS Fife Corporate Objectives 2021/22

	Medical Director	Director of Nursing	Dir of Public Health	Dir of Fin & Strategy	Director of Workforce	Dir of Pharmacy & Medicines	Dir of Property Asset management	Dir of Acute Services	Dir of Health and Care Services
1. To Improve Health and Wellbeing									
1.1. Work to address poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife	C	C	L	C	C	C	C	C	C
1.2. Establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities.	C	C	L	C	C	C	C	C	C
1.3. Collaborate in the East of Scotland Partnership for the prevention and reversal of Type 2 Diabetes	C	C	L	C	S	C	S	C	C
1.4. Provide an effective dental public health function for Fife and the East Region dental public health network	C	C	L	C	S	C	S	S	S
1.5. Deliver the Fife Child Poverty Plan with Fife Council and other partners	S	S	L	S	S	C	S	C	C
1.6. Establish a new system for the review of drug related deaths and increase prevention activity jointly with the Alcohol and Drug Partnership	C	C	L	S	S	C	S	C	C
1.7. Deliver an effective health protection function, including an enhanced COVID response, the Test and Protect programme and immunisation programme	S	S	L	S	C	C	S	C	S
1.8. Develop and implement a system wide medicines safety programme with an initial focus on high risk pain medicines	C	C	C	S	S	L	S	C	S
1.9. Plan and deliver the COVID vaccination programme, before handing over to operational delivery	C	C	C	C	C	L	C	C	C
2. Improve the Quality of Health and Care Services									
2.1. Collaborate and redesign urgent care services supported by the Acute Service and HSCP teams	L	S	S	C	S	C	S	C	C
2.2. Identify priorities to deliver high quality, patient centred, sustainable cancer services to the people of Fife.	L	C	C	C	S	C	S	C	C
2.3. Develop feasibility and implementation plan for transition to Teaching and Research (University) Health Board status	L	C	C	C	C	C	C	C	C
2.4. Develop workforce capabilities and capacity to support research, development, and innovation growth, including creation of an NHS Fife innovation framework.	L	C	S	S	S	C	S	C	C
2.5. Ensure the Digital Delivery Plan is aligned to the Strategic Priorities and enables the remobilisation and redesign of plans for services	L	C	C	C	C	C	S	C	C
2.6. Develop and commence the implementation of a digital learning and education framework	L	C	C	C	C	C	S	C	C
2.7. Provide clinical support and professional leadership for Care Homes	S	L	C	S	S	C	S	S	C
2.8. Reduce Healthcare Associated Infections	C	L	S	S	S	C	S	C	C
2.9. Provide assurance on the quality of care delivered by nurses, midwives and AHP	S	L	S	S	S	S	S	S	S
2.10. Promote Person Centred Care in COVID and post COVID environment	S	L	C	S	C	S	S	S	S
2.11. Implement Safe Staffing legislation	C	C	S	S	L	C	S	C	C
2.12. Develop and implement an integrated pharmacy strategy and re-design of services that transforms the way we care for patients and their medicines	C	S	C	C	C	L	S	C	C
2.13. Deliver HEPMA implementation plan	C	C	S	C	S	L	S	C	C
2.14. Initial agreement (IA) and Outline Business Case (OBC) developed and approved for the automation of the pharmaceutical supply chain (Robotics)	S	S	S	C	S	L	S	S	S
2.15. Deliver Pharmacotherapy service in line with national direction and GMS contract	S	S	S	S	S	L	S	S	S
2.16. Redesign the front door of the Acute Services to improve performance and patient experience	S	S	S	C	S	C	S	L	C
2.17. Establish a Rapid Assessment and Discharge Unit to schedule the unscheduled urgent care of frail people	C	C	S	C	S	C	S	L	C
2.18. Implement Phase 1 of the refreshed mental health strategic framework for Fife	C	C	S	C	S	C	C	C	L
2.19. Implement a Home First Initiative for Fife	S	C	S	S	S	C	S	C	L
3. Improve Staff Experience and Wellbeing									
3.1. Enhance Staff Health and Wellbeing	C	C	C	C	L	C	C	C	C
3.2. Develop and deliver Phase 1 of the framework to improve leadership capability and embed talent management and succession planning	C	C	C	C	L	C	C	C	C
3.3. Attract, recruit and retain a high-quality Workforce	C	C	C	C	L	C	C	C	C

NHS Fife Corporate Objectives 2021/22

	Medical Director	Director of Nursing	Dir of Public Health	Dir of Fin & Strategy	Director of Workforce	Dir of Pharmacy & Medicines	Dir of Property Asset management	Dir of Acute Services	Dir of Health and Care Services
4. Deliver Value & Sustainability									
4.1. Deliver planned elective Orthopaedic centre build	C	L	S	C	S	C	C	C	C
4.2. Deliver timely and accessible communications with stakeholders on the delivery and development of person-centred health and care services	C	L	C	C	C	C	C	C	C
4.3. Deliver an effective resilience function for NHS Fife	C	C	L	C	C	C	C	C	C
4.4. Supporting the development of the Health Hub business plans for Lochgelly and Kincardine - OBC September 2021	S	S	L	C	S	S	C	S	C
4.5. Develop the medium-term financial strategy	C	C	C	L	C	C	C	C	C
4.6. Develop the Population Health and Wellbeing Strategy	C	C	C	L	C	C	C	C	C
4.7. Deliver improved governance across all aspects of procurement	C	C	C	L	C	C	C	C	C
4.8. Deliver the Strategic Planning and Resource Allocation process for 2022/23	C	C	C	L	C	C	C	C	C
4.9. Develop and deliver corporate PMO capacity and capability	S	S	S	L	C	S	S	S	S
4.10. Develop the NHS Fife Workforce Strategy 2022-25	C	C	C	C	L	C	C	C	C
4.11. Develop the Property & Asset Management Strategy	C	C	C	C	C	C	L	C	C
4.12. Ensure the maintenance and improvement of the condition of NHS Fife's estate supported by the 5-year capital plan	S	S	S	C	S	S	L	C	C
4.13. Remobilise elective outpatients, diagnostics and inpatient/daycases in line with government guidelines	C	C	S	C	S	C	S	L	S
4.14. Support Primary Care providers to reform service delivery for people in Fife in line with the Primary Care Transformation Plan and MoU	C	C	C	C	C	C	C	C	L
4.15. Evidence improved understanding and joint working between partners to deliver the ambitions of integration across the health and care system in Fife	C	C	C	C	C	C	C	C	L

Meeting:	Finance, Performance and Resources Committee (FP&R)
Meeting date:	13 July 2021
Title:	Model Publication Scheme (MPS)
Responsible Executive:	Margo McGurk – Director of Finance and Strategy/SIRO
Report Author:	Alistair Graham – Associate Director of Digital and Information

1 Purpose

This is presented to the board for:

- Awareness

This report relates to a:

- Legal Requirement

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

- Effective

2 Report summary

2.1 Situation

The Freedom of Information Act requires every public authority to have a publication scheme, approved by the Scottish Information Commissioner's. The Model Publication Scheme (MPS), commonly referred to as a Guide to Information sets out our commitment to make certain classes of information routinely available. These classes tend to include information such as policies and procedures, minutes of meetings, annual reports and financial information.

The Act also requires Scottish Public Authorities to review the scheme periodically.

The MPS was presented to Executive Directors Group (EDG). EDG agreed to the use of the Model Publication Scheme format without amendment (as recommended by the Scottish Information Commissioner). EDG also agreed the scheme meet the six MPS principles detailed in section 2.3.

The Guide to Information is presented to the Committee for awareness.

The scheme is available via this link (<https://www.nhsfife.org/about-us/guide-to-information-available-through-the-model-publication-scheme/>).

2.2 Background

Following engagement with the Scottish Information Commissioner's office regarding the planned improvements within the Freedom of Information domain, the Commissioner's office requests that NHS Fife accelerate the delivery of its revised Model Public Scheme and publish it by Wednesday 14 July.

Following this request, several teams within NHS Fife, have prioritised the work necessary to provide the information required within the scheme and update this information to ensure compliance with the scheme requirements.

Consideration and benchmarking with other NHS Scotland Board's Guides to Information has also taken place.

To support its imminent publication, changes have also been made to NHS Fife's corporate website to accommodate the availability of information and ensure ease of access for the public.

2.3 Assessment

Adopting the MPS is the most efficient and effective way to secure the Commissioner's approval for a publication scheme. This approach also supports consistency across the public sector and availability of information to the public.

The MPS imposes six principles which govern the way authorities must make their information available through their Guides to Information:

- Principle 1: Availability and formats
- Principle 2: Exempt information
- Principle 3: Copyright and re-use
- Principle 4: Charges
- Principle 5: Advice and assistance
- Principle 6: Duration

Principle 1: Availability and formats

The Guide to Information will be published on NHS Fife's corporate website and on the Scottish Information Commissioner's website. In addition, the guide states and provides a means to request different formats. The details are contained in Section 1 and Section 3 of the Guide to Information.

Principle 2: Exempt information

Section 4 of the Guide details the conditions where information may be withheld and section 10, Class 8 Commercial Publications, notifies that information under this class is not available/published.

Principle 3: Copyright and re-use

Section 6 of the guide details the copyright arrangements for the information contained.

Principle 4: Charges

Section 5 and Section 9 contains details of charging structures for access to information.

Principle 5: Advice and assistance

Section 8 and Section 9 details information where the public can seek advice and assistance, Section 8 also details information on where to make a complaint relating to access to information and Section 9 details the request process for additional FOI requests.

Principle 6: Duration

The guide shows a last updated date and the Information Governance and Security Workplan will, as with other areas of policy and procedure, adopt a 6 monthly review cycle for the MPS. This will commence 6 months from the first publish date.

These factors make the MPS compliant with the 6 principles.

There are 9 classes of information in the Model Publication Scheme that broadly describe the types of information that must be published. The classes and appropriateness for NHS Fife are detailed below in Table 1 – Class Description

Table 1 - Class Description

Class Description		Relates to NHS Fife
Class 1	About the Authority	Yes
Class 2	How we deliver our functions and services	Yes
Class 3	How we take decision and what we decide	Yes
Class 4	What we spend and how we spend it	Yes
Class 5	How we manage our human, physical and information resources	Yes
Class 6	How we procure goods and services from external providers	Yes
Class 7	How we are performing	Yes
Class 8	Our commercial publications	No
Class 9	Our open data	Yes

The link to the Guide to Information (<https://www.nhsfife.org/about-us/guide-to-information-available-through-the-model-publication-scheme/>) provides the additional links and access to the information for each Class within Section 10.

Except for the Board Induction Pack (Section 10: Class 1), all the information contained in the Guide has been presented on the corporate website or been subject to an FOI request.

2.3.1 Quality/ Patient Care

The acceptance to the MDS supports our compliance with the Freedom of Information (Scotland) Act 2002 in an efficient and effective manner.

2.3.2 Workforce

None

2.3.3 Financial

No impact

2.3.4 Risk Assessment/Management

The completion of this activity is a mitigating action within the Information Governance & Security area and will allow for the downgrading in risk profile for the associated risk.

2.3.5 Equality and Diversity, including health inequalities

N/A.

2.3.6 Communication, involvement, engagement and consultation

N/A

2.3.7 Route to the Meeting

The MPS was considered by the following groups: -

- Information Governance and Security Steering Group (Meeting on 2/6/21)
- Executive Directors Group (Meeting 8/7/21)

2.4 Recommendation

- The Model Publication Scheme and Guide to Information is provided for the committee's awareness

3 List of appendices

None.

Report Contact

Alistair Graham

Associate Director of Digital & Information

alistair.graham1@nhs.scot

Meeting:	Finance Policy & Resources
Meeting date	13 July 2021
Title:	2020/21 Property & Asset Management Strategy
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Scott Baillie, Capital Planning Manager

1 Purpose

This is presented to the Board for:

- Information

This report relates to a:

- 2021 Update of the Property and Asset Management Strategy

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This document provides an update to FPR on the 2020/21 Property & Asset Management Strategy (PAMS) as required by the State of the NHS Scotland Assets and Facilities Report (SAFR) Programme. The Boards' PAMS submissions to Scottish Government have been optional during the pandemic but NHS Fife are choosing to produce a PAMS to reflect the position from 1 April 2020 to March 21.

The timescales for completion of this strategy document are included in the paper

2.2 Background

This PAMS report is a strategic document which highlights NHS Fife's asset needs and its investment making decisions.

NHS Fife's 2021 PAMS return will be compiled by the Directorate of Property & Asset Management in conjunction with lead stakeholders.

The Report covers all buildings owned or leased by the Board together with transport, equipment, and IM&T.

2.3 Assessment

The Scottish Government have released the updated templates required for reporting the SAFR data for 2020/21 some two months late therefore these are currently being processed

The required data is now being sought from relevant departments and will be populated in the templates with a target completion date of first week July,

The Strategy document (PAMS) will need to reflect the above data and include relevant input from a wide range of stakeholders.

The document is being compiled and co-ordinated by Scott Baillie, Capital Planning Manager with support from the Director of Property & Asset Management and the Estates team.

Currently the target for approval of the NHS Fife PAMS document by the NHS Board is November 2021 with the PAMS document being scrutinised by EDG, FCIG, FP&R in advance of the Board meeting.

We are currently reviewing any requirement for a regional component of PAMS going forward.

2.3.1 Quality/ Patient Care

Not Applicable

2.3.2 Workforce

Not Applicable

2.3.3 Financial

A summary investment plan will be included within the report

2.3.4 Risk Assessment/Management

Key risks are monitored and managed in line with the Board's Assurance and Risk Management Framework

2.3.5 Equality and Diversity, including health inequalities

EQIA Assessments are carried out as and when required for significant developments and/or service changes.

2.3.6 Other impact

Not Applicable

2.3.7 Communication, involvement, engagement and consultation

Not Applicable

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.

- FCIG 28 May 2021
- EDG 24 June 2021
- FPR 13 July 2021

2.4 Recommendation

- FCIG are asked to note the position with the 2020/21 PAMS.

3 List of appendices

The following appendices are included with this report:

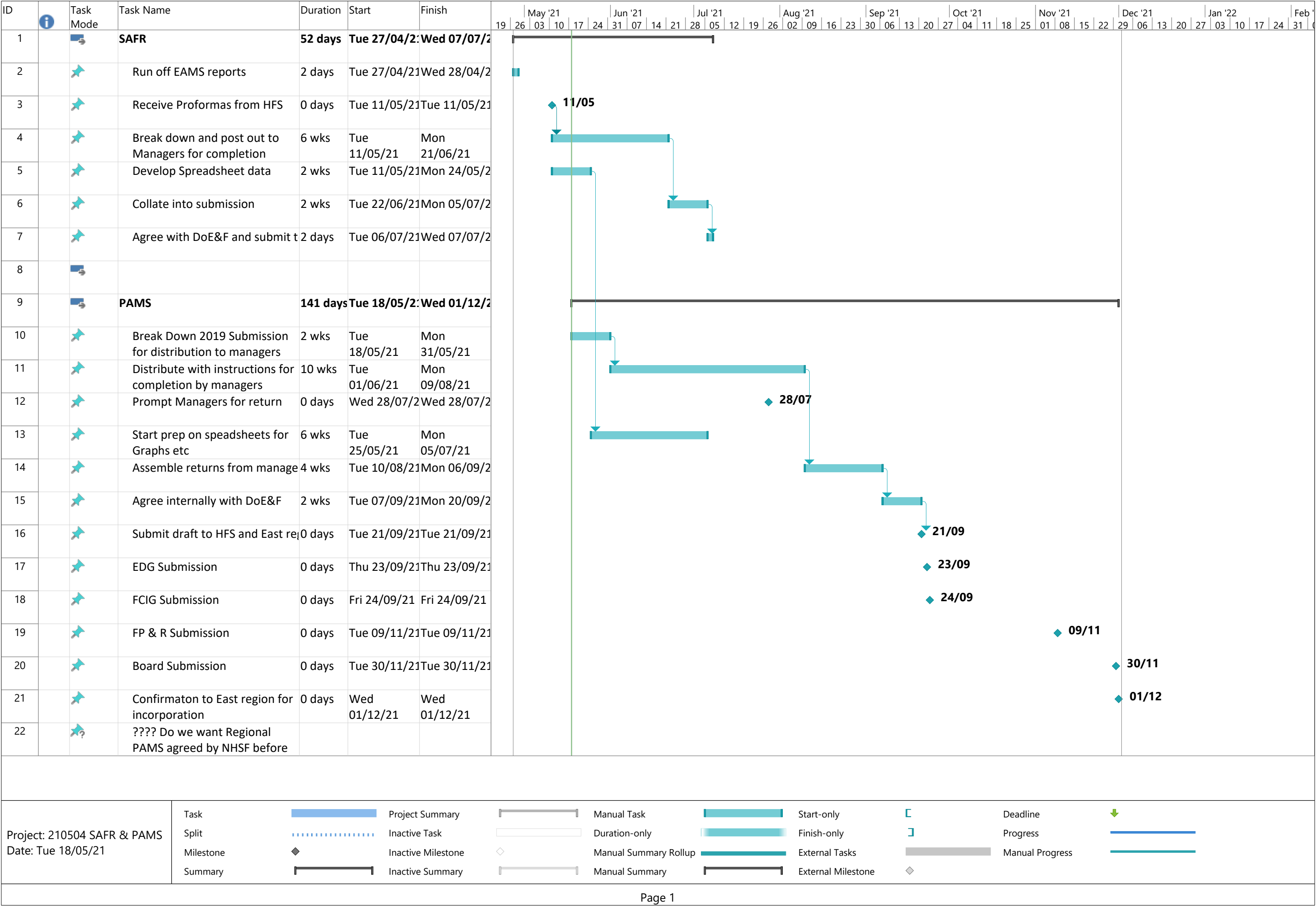
- Appendix 1 - SAFR and PAMS programmes

Report Contact

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot



Meeting:	Finance Performance and Resources Committee
Meeting date:	13 July 2021
Title:	Fife Elective Orthopaedic Centre
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Ben Johnston, Head of Capital Planning & Project Director

1 Purpose

This is presented to the group for:

- Awareness

This report relates to a:

- Project update

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to provide an update on the current position regarding the Fife Elective Orthopaedic Centre.

2.2 Background

The project involves providing a new Elective Orthopaedic Centre at the Victoria Hospital in Kirkcaldy, Fife. The accommodation generally comprises of 3 no. theatres together with in-patient and outpatient accommodation. The Gross Internal Floor Area is currently 6,142m² and the forecast project cost is currently £33.2m.

The Full Business Case was approved by the Board in November 2020 and then by the Scottish Capital Investment Group on 11 March 2021, allowing the construction phase of the project to commence. Following the completion of car park enabling works, the project

started on site on 1 March 2021 and is due for completion in September 2022. Following a client transfer and commissioning period it is anticipated that the facility will be operational in November 2022.

The project has been procured through Health Facilities Scotland, Frameworks Scotland 2 and is being delivered by Graham Construction. The construction contract between NHS Fife and Graham Construction has been executed by both parties.

2.3 Assessment

The project is progressing well generally and in line with programme. There are some issues arising in respect to material availability and associated price increases, but these are currently being mitigated and managed at Project Team and Project Board level. The construction works are also having an impact on the wider hospital due to utility connections primarily, although these are being planned and coordinated to reduce the extent of disruption.

2.3.1 Quality/Patient Care

Quality and patient care has been managed through the pre-construction stage of the project in the following ways:

- Compliance with all appropriate healthcare guidance except where a derogation is agreed
- Staff and patient involvement in the design development process
- A technical audit by NHS Scotland Design Assessment Process
- A technical audit by NSS Design Assure

Quality will continue to be managed through the construction stage via the following methods:

- Delivering the facilities in accordance with the agreed Quality and Commissioning Strategies
- Appointment of an NEC Supervisor to monitor and manage quality
- Participation in the NSS Design Assure Key Stage Reviews (construction)
- Planning for a Soft Landing post-handover (equipment, staffing, training, patient awareness)

It is also important to note that the project is engaging with the Fife Health Charity with the prospect of identifying funding to support a number of patient and staff enhancements. This may help to realise the vision of creating a true centre of orthopaedic excellence.

2.3.2 Workforce

Given that the facilities will enable more capacity, there will be workforce implications. A related paper building on the Full Business Case and outlining the workforce requirements has been prepared by the Clinical Lead, Andy Ballantyne – this will be considered by the Project Board.

There is likely to be opportunities to receive financial support with the additional workforce requirements through the National Treatment Centre Programme. Discussions are required internally and externally to ensure that resources can be secured in line with programme.

2.3.3 Financial

The financial allocation approved by the Scottish Government is £33.2m. The project is being managed within this allocation. Key financial risks relating to BREXIT and COVID19 have been transferred to the Scottish Government and effectively sit out with the £33.2m allocation.

2.3.4 Risk Assessment/Management

A risk register has been prepared for the projects. The current key risks and issues to note are outlined below:

Risk / Issue	Mitigation Action
COVID-19 impact on material costs and availability	Secure materials/orders early where possible. Agree deviations to specifications where there is no reduction in quality but improved availability. Cost risk transferred to SG.
BREXIT impact on material cost and availability	As above.
Unforeseen ground conditions	Existing site information collated, and project specific surveys and investigations have been undertaken. Contingency allowance to deal with any unforeseen matters.
E-health initiatives to support patient care – programme and funding risk	E-health initiatives identified and prioritised. Business cases being developed. Funding to be considered by Project Board and discussed with the National Treatment Centre Programme / SG where appropriate.

	Note: E-health initiatives are generally Fife wide and not specific to the project.
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2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment is in place for the project.

2.3.6 Other impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

A communication engagement plan has been prepared for the project. With the project in construction the strategy is currently focusing on staff and patient awareness through a monthly newsletter and updates to the project's webpage. As the project moves towards completion on 2022, communications will move towards making patients aware of changes to the elective orthopaedic service and how they may access the new facilities.

2.3.8 Route to the Meeting

EDG 24 June 2021

2.4 Recommendation

This paper seeks to provide a project update and general awareness. FPRC is asked to note the status of the project and take reassurance from the current position. The Project Board will continue to provide governance as the project progresses through the construction stage and will escalate any significant matters arising to EDG.

3 List of appendices

None

Report Contact

Ben Johnston
Head of Capital Planning & Project Director
Email: ben.johnston2@nhs.scot

Meeting:	Finance, Performance and Resources Committee
Meeting date:	13th July 2021
Title:	Robot Assisted Surgery – Final Business Case
Responsible Executive:	Claire Dobson, Director of Acute Services
Report Authors:	Claire Dobson, Director of Acute Services

1 Purpose

This is presented for:

- Discussion
- Decision

This report relates to an:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

At the end of March 2021 NHS Fife secured capital funding from Scottish Government for the procurement of a Da Vinci robot to assist with surgery. The Planned Care Directorate along with the Associate Director of Finance have continued to develop the business case for Robotic Assisted Surgery (RAS).

This paper and the final business case describe the revenue consequences associated with this service development.

2.2 Background

RAS will develop over the coming years and may replace some current laparoscopic procedures particularly for very complex procedures. This requires additional capital and infrastructure funding over the medium-term.

A National Framework was agreed by the National Planning Board (NPB) in 2020 for RAS in NHS Scotland. As a consequence of that decision, NHS Scotland National Procurement and CLO organised a National Procurement Framework (Single Supplier – “Intuitive”) to supply and install the robots and the associated consumables.

In the East Region both NHS Lothian and NHS Fife submitted proposals to host a robot. The decision was made that the allocation to the East, which was 1 Robot, would go to NHS Lothian. Since then NHS Fife continued to progress planning to host a Robot in anticipation of further allocations in 2021/22. Scope emerged in terms of availability of additional national funding in the 2020/21 financial year.

The SPRA for the Planned Care and Women and Children’s Directorates highlighted an objective to progress with the introduction of RAS over the next 3-year period. The availability of national capital funding permitted the acceleration of this. There was no certainty that capital funding would be available in 2021/22.

Approval was requested and granted from the NHS Fife Chair and the then Vice-Chair on 12 March 2021 to formally submit a request to Scottish Government for capital funding of up to £2.5m to permit the RAS funding to be released and an order to be placed by 15 March 2021.

Securing that approval facilitated delivery of the robot last financial year. The robot was delivered and installed temporarily within Theatre 11, Phase 3 at Victoria Hospital on 24th March 2021

2.3 Assessment

The final business case is located at Annex 1.

2.3.1 Quality/ Patient Care

The business case sets out the range of benefits to patient care associated with this innovation.

2.3.2 Workforce

The business case sets out the range of benefits to current surgical teams and support staff. There is also a specific benefit in relation to the recruitment and retention of specialised surgical staff in NHS Fife with the introduction of this new technology.

2.3.3 Financial

Funding for the capital purchase of the robot, circa £2,200,000 was sourced from the Scottish Government prior to the end of March 2021. The Formula Capital for 2021/22 will be prioritised to support the Endoscopic cameras, minor works and trays and instruments required for the robot to be fully operational.

The financial case, revenue costs are detailed in the business case. The recurring costs rise from £412,416 this year to £732,143 by 2024/25. It is assumed that given the COVID 19 pressures that it will be unlikely that full implementation and activity levels can be achieved in the next 12 months. For the purposes of the business case it has been assumed that 50% of potential activity levels could be delivered during 2021/22. The revenue funding will require to

be considered in the context of the overall financial plan for NHS Fife and will require additional savings and/or further re-prioritisation of Acute Division priorities for funding.

There will be cost savings from robotic surgery. However, these are difficult to estimate or extrapolate.

In addition to the clinical and strategic need, this business case, with its multi-specialty approach, demonstrates a model for productivity and efficiency.

2.3.4 Risk Assessment/Management

The business case sets out the key risks associated with this development and specifically focuses on ensuring appropriate mitigation for the risks associated with decontamination and theatre re-provisioning.

2.3.5 Equality and Diversity, including health inequalities

A Form 1 Brief Impact Assessment form had been completed Appendix 2 and updated since the last committee. This development will have a positive impact. It is recognised that the EQIA may need to be expanded.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

There has been positive engagement and support for the proposal with the Chair of the Robotic Steering Group and an initial discussion with the Chair of the National Planning Board to ensure that the NHS Fife proposal aligns with the National Strategy for RAS.

The Chief Executive has also engaged with and established support from the Chief Executives from NHS Lothian and NHS Borders.

The draft business case received committee support in private session.

There is strong clinical support and engagement regarding the introduction of RAS

2.3.8 Route to the Meeting

12th March 2021

Meeting with the NHS Fife Chair, Vice Chair, NHS Fife CEO, Director of Finance and Strategy and the Medical Director

16th March 2021

Private Session of the Finance, Performance and Resources Committee

11th May 2021

Finance, Performance and Resources Committee

2.4 Recommendation

- **Discussion**

The Committee is asked to discuss the contents of this paper.

- **Decision**

The Committee is asked to endorse the final business case for RAS, and recommend approval to the Board.

3 List of appendices

Appendix 1 RAS Final Business Case

Appendix 2 Form 1 Updated Brief Impact Assessment

Report Contact

Claire Dobson

Director of Acute Services

NHS Fife

Claire.Dobson3@nhs.scot

Equality Impact Assessment

Brief Impact Assessment

(Form 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full EQIA
Consideration of the impacts using evidence / public or patient feedback etc is necessary

Title: Introduction of Robot Assisted Surgery – Updated Form 1

Question 1: Lead Assessor's contact details

Name	Claire Dobson	Tel. No	01592 643355
Job Title:	Director of Acute Services	Ext:	28143
Department	Acute Services Division 5th July 2021	Email	Claire.Dobson3@nhs.scot

Question 2: Which Service, Dept, Group or Committee is responsible for carrying out the Standard Impact Assessment?

Name	NHS Fife Acute Services Division
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Question 3: What is the scope for this EQIA? (Please x)

NHS		NHS Fife	X	NHS Fife Corporate	
		Acute			
HSCP		Service specific:		Discipline specific	

Question 4:

Describe the aim and purpose of the policy, policy review, existing or new service, redesign, new build, new project or program.

Aim	Improve clinical outcomes for people under going abdominal surgery
Purpose	<p>The introduction of RAS in NHS Fife will see the conversion from open surgery to minimally-invasive procedures with potential improvement in outcomes and efficiencies including:</p> <ul style="list-style-type: none"> • Less invasive/shorter recovery times for patients; • Less complications for patients; • Shorter length of stay; • Increased theatre capacity • Reduced waiting times (there are particular pressures around colorectal cancer currently); • Shorter surgery times and less physically demanding for surgeons; • Shorter training times compared to open/laparoscopic; <p>All of the above will support improved clinical outcomes with more cost-effective use of the limited staffing and operating theatre resources. This proposal fits well with NHS Fife objectives through:</p> <ul style="list-style-type: none"> • Providing technology to help improve safety and quality of surgery. This is achieved through superior vision and advanced instrumentation which bridges the technical difficulties and invasiveness of open and laparoscopy surgery

Question 5:

Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any.

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
Age - children and young people, adults, older age	Positive - better outcomes following surgery including a shorter length of stay and a shorter recovery time
Disability - mental health, neurological, physical, deaf, hard of hearing	Positive - better outcomes following surgery including a shorter length of stay and a shorter recovery time
Race - black and ethnic people including	Positive - better outcomes following surgery including a shorter length of stay
Standard Impact Assessment	Equality and Human Rights Team
V1.7	Next review date- January 2022

Gypsy Travellers, racism by cast	and a shorter recovery time
Sex - women and men	RAS will be available to men and women
Sexual Orientation - lesbian, gay, transgender or bisexual	RAS will available to all genders
Religion and Belief or Spiritual Care	No Impact
Gender Reassignment – transitioning pre and post transition regardless of Gender Recognition Certificate	No Impact
Pregnancy and Maternity – including breastfeeding	RAS would be available where indicated
Marriage and Civil Partnership	No Impact

Question 6:

If necessary- please include in brief evidence or relevant information, local or national, that have influenced the decisions being made (this could include demographic profiles, audits, research, published evidence, and health needs assessment, work based on national guidance or legislative requirements, complaints etc). Any evidence /data that support's your assessment can be inserted into the box below.

Please enter evidence/data links :

See Purpose

Question 7:

Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	√	No	
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If yes, **who** was involved and **how** were they involved?

If not, why not, was this necessary? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

Thus far consultation has been mainly within the region, board and service and it is recognised that this may need to broaden. This may result in the EQIA being expanded and progressed to a full EQIA.

Question 8:

Meeting the Public Sector Duty as part of the Equality Impact Assessment

Please provide a rationale to support the results of the Brief Impact Assessment, in that due consideration has been given to the following; you can add in the positive outcomes and the negative ones

- **Eliminate unlawful discrimination, harassment and victimisation**
- **Advance equality of opportunity between different groups; and**
- **Foster good relations between different groups**

What we must do	Provide a description or summary of how this work does contribute to or achieve
Eliminate discrimination	RAS is a positive development for people in Fife. It will support access to clinically excellent surgery locally.
Advance equality of opportunity	RAS is a positive development for people in Fife. It will support access to clinically excellent surgery locally.
Foster good relations	The introduction of RAS brings an opportunity to foster good relations between clinical groups across the East region. It also presents an opportunity to foster good relations between patients and clinicians

Question 9:

If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, race, religion and belief etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Not applicable

Question 10:

Has your brief assessment been able to demonstrate the following and why?

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

Explain decision
Option 1 No action Option 1: No major change (where no impact or potential for improvement is found, no action is required)
Option 2 Adjust Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
RAS will have a positive impact on the patients and staff within NHS Fife. Work is already underway to support the training and development of staff to support the safe use the RAS device. Patient information materials detailing the preparation for and recovery from surgery are being prepared.
Option 3 Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
Option 4 Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed) All large scale developments, change, planning, policy, building, etc must have an EQIA

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Impact Assessment and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub groups etc and identify lead people to take these as actions.

Stage 2 require public involvement and participation.

You should make contact with patient relations dept to request community and public representation, and then contact the Scottish Health Council to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Claire Dobson
Email	Claire.Dobson@nhs.scot
Telephone (ext)	01592 643355
Signature	Claire H J Dobson
Date	27/04/21

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	
Email	
Telephone (ext)	
Signature	
Date	

**Return to Equality and Human Rights Lead Officer at
Fife.EqualityandHumanRights@nhs.scot**

Business Case Proposal

Project Title	Introduction of Robot Assisted Surgery in NHS Fife
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Key	
	All sections to be completed by service for Stage 1 submission
	All sections to be completed by service for Stage 2 submission
	To be completed by Finance and Capital Planning (where applicable)

Business Unit (Select one)	Acute
Executive Director/ Project Sponsor	Dr Chris McKenna, Medical Director
Clinical/Service Directorate	Planned Care Directorate (Colorectal and urology) Women, Children and Clinical Services (Gynaecology)
Project Lead <i>(will be required to regularly update on progress)</i>	Mr Satheesh Yalamarthy, Clinical Director, Planned Care Miss Karen Wright, Service Manager, Planned Care
Contact Details for Project Lead	Mr Satheesh Yalamarthy, Clinical Director, Planned Care

1. Governance

Governance and consultation to date	Departments	Project supported - Date
Local Governance/Prioritisation - Confirm prioritisation by local governance group eg Site Optimisation; Exec Board	<i>Senior Leadership Team</i> <i>Executive Directors Group</i>	16/03/2021
Relevant Departments Consulted	<i>General Surgery</i>	<i>19 Oct 2020</i>
	<i>Gynaecology</i>	<i>19 Oct 2020</i>
	<i>Urology</i>	<i>19 Oct 2020</i>
	<i>Theatres & Anaesthetics</i>	<i>23 Nov 2020</i>
	<i>Procurement</i>	
	<i>Finance(Craig Pratt)</i>	<i>21 Oct 2020</i>
Estates	Approval status	Click here to enter a date.
Fire Safety	Not required	Click here to enter a date.
Health & Safety	Not required	Click here to enter a date.
eHealth	Not required	Click here to enter a date.
Infection Control	Approval status	Click here to enter a date.
Partnership	Approval status	Click here to enter a date.
Procurement	Approval status	Click here to enter a date.
Other: (Please name)	Approval status	Click here to enter a date.

2. Project outline

Including description of current issues, project objectives, and key steps

This Business Case seeks to secure capital funding from the Scottish Government to introduce robotic-assisted surgery (RAS) across multi-specialties (Colorectal Surgery, Gynaecology and Urology) in Fife. In addition, the Business Case seeks to secure non-recurring (capital and revenue) and recurring funding from NHS Fife to meet the revenue consequences of introducing RAS for Fife patients.

The Scottish Government have indicated that there is capital funding available prior to the end of the financial year which will support the capital purchase of robots for a number of Scottish Health Boards..

Over recent years, RAS has undergone expansion across the UK as a consequence of innovation and increased competition in the market place which has driven down the costs to a level comparable with current minimal access laparoscopic surgical procedures.

Surgical procedures use open or laparoscopic techniques. Laparoscopy is a minimally-invasive procedure due to the small size of incisions required to perform the operation. However, more complex procedures that require suturing, extensive dissection and reconstruction are technically challenging, time-consuming, physically exhausting even for the most proficient laparoscopic surgeons. Minimally-invasive surgery performed with the 'assistance' of the robot makes these complex aspects potentially simpler, safer, quicker and more effective to perform. The surgeons who have been identified to train and deliver RAS locally are all experienced with laparoscopic surgery, which is advantageous as this shortens the learning curve for RAS in their field.

The robot has the ability to improve upon traditional open and laparoscopic surgery in several ways:

- The improved handling speeds up the performance of complex surgical procedures in difficult to access areas such as the pelvis and retroperitoneum, as well complimenting the safety aspect of the procedure
- The improved ergonomics and reduced operating times leads to less operator fatigue and reduced incidence of repetitive strain injury, which is a recognised problem with laparoscopic surgery.
- The technology allows the learning curves of complex procedures to be shortened by a log factor (compared with standard laparoscopy), leading to reduced operating time and improved outcomes earlier in the adoption process.
- Improved training facilities for surgical trainees

All of the above is likely to translate into improved clinical outcomes with more cost-effective use of the limited human and operating theatre resources available. For patients, this hopefully will translate into improved functional outcomes, minimal blood loss (and associated transfusions), decreased length of hospital stay (LoS), lesser post-operative pain and quicker return to normal activities. This proposal fits in well with NHS Fife objectives by:

- Providing technology to help improve safety and quality of surgery. This is achieved through superior vision and advanced instrumentation which bridges the technical difficulties and invasiveness of open and lap surgery.
- Improves patient experience by providing a tailor-made approach selecting the right surgical approach (open, lap or robotic) for the individual patient.
- Will continue to support NHS Fife in attracting and retaining of high quality clinical staff and surgical trainees.

Fife surgical perspective

Why is Fife interested in this service enhancement?

- Highly motivated clinical teams in colorectal, urology and gynaecology who are seeking to embrace this technology to cater to the local population.
- Complex gynaecological oncology cases (GO) have been performed successfully in Fife since 2012 with good results. Since the introduction of GO the multi-disciplinary approach to care has enabled joint complex surgery in other areas within gynaecology, colorectal and urology to be carried out in Fife. We are keen to extend this approach as a part of our cross-speciality work.
- In light of the diverse pelvic surgery here in Fife, introduction of the robotic platform to pelvic surgery would further improve the quality of care. The maximum established benefit of robotics is in the pelvis with extension into other areas as well.
- Introduction of robotics will further strengthen the individual services in their ability of deliver an up to date modality of treatment to their patients. We are exploring this in a way that the benefit will be palpable across the 3 specialties with potential expansion into other areas.
- Support local DGH development. The introduction of a robot into a DGH setting at this stage, will test the concept of a multi-speciality robot extending to both benign and cancer work. Fife being a busy DGH in terms of its activities is in our view best suited to test this concept. In addition, the close multi-speciality working which already exists lends to joint working in some suitable cases.
- Support DGH's to innovate and influence the role of robotic surgery. Some of the DGH's across the Country provide excellent patient care and services and Fife over the last decade is a high-performing health board in the surgical specialties.
- New techniques have been introduced within Fife over the last few years, demonstrating a strong desire to embrace new and emerging technologies. There is a track record of all these new techniques being safely introduced.
- Simplicity of providing local service with personalised care and improves quality of life outcomes – avoid current issues when patients are sent back post-operatively from NHS Lothian to Fife for further investigations and follow-up.
- Improves patient experience putting it on an equal footing with other clinical outcomes
- Flexibility of utilisation to ensure optimal theatre capacity
- Proven track record of excellent patient care, both in cancer and non-cancer surgery
- Securing services through the provision of advanced technology for decades to come
- Recruitment and retention of high calibre motivated clinical staff over the last 5 – 10 years. This has enabled various service developments in all the 3 specialties.
- Build excellent departments in preference to loss of essential services

For NHS Fife, it translates into better long-term utilisation of operating theatre facilities, reduced risk of litigation for poor clinical outcomes, reduced risk of occupational injury to the surgical workforce and improved status as a Health Board providing a comprehensive range of cancer surgeries: the operative precision and high definition vision that the robot allows is particularly pertinent for cancer surgery as the oncological aims of en bloc tumour removal (with negative margins)- sometimes requiring multi-visceral resections, lymph node dissection and complex reconstruction, whilst maintaining low morbidity, are all achievable targets.

Potential risks to Fife

- This can be considered a watershed moment for NHS Fife. If we are entrusted with a robot now, we will be securing the well being of Fife services for the next 20 years and enthuse the local surgeons, who are highly motivated. Lack of robotic development will have a negative effect that weakens the current cancer surgical services and consequently loss of consultants.
- Ambitious consultants will look elsewhere and without a robot NHS Fife, will be unable to recruit to essential sub-specialty positions
- Currently Fife is an excellent training centre for the East trainees in all these specialties. Lack of the robotic platform will compromise the training for trainees where there is an expectation that robotics will become a more wide-spread modality of future service delivery. Limiting robotic

surgery to tertiary centres leads to central migration of these skills with movement of the trainees to those centres causing immense pressure to the delivery of emergency care in DGH's.

- Negative impact for our local population as there will be insufficient staffing in place to deliver basic emergency, timely elective and outpatient work. Our patients will have to wait longer periods of time for surgical management in tertiary centres, adversely affecting their clinical outcomes as a result.
- Recruitment will be challenging which would be extremely disappointing given the efforts by all specialties involved to recruit high calibre appointees to all vacant posts. Urology and General Surgery are presently in the strongest staffing position that they have been over the last five years and this is very much contributed to the forward thinking and ambitious team of Fife surgeons.
- DGHs need to remain viable and capacity (theatre, critical care, bed capacity) within teaching hospitals is limited. As mentioned earlier, testing of the robotic concept in a DGH setting for the Scottish Government will be vital and Fife will be an ideal set up for this.

NHS Fife is in a unique position compared to other DGHs' where a multi-disciplinary approach (colorectal, gynaecology and Urology) is well established. This has enabled delivery of complex surgery related to any of the 3 specialities locally. The team approach we have displayed previously puts us in a strong position to successfully implement and deliver RAS within Fife.

3. Strategic case

How does the project support departmental business needs, the NHS Fife Clinical Strategy, the Annual Operational Plan, and value & sustainability goals

This Business Case is a true collaboration across three surgical specialties. Given the trends in increasing demand driven by an ageing population, public awareness and choice, it is anticipated that there will be an incremental increase in the annual volume of cases performed by robot-assisted surgery.

The robot will be located within a dedicated theatre at Victoria Hospital and will be available for use (at least) 5 days (10 sessions) a week, with a distinct possibility of extending this arrangement to six day working (12 sessions) a week. The multi-specialty approach will ensure improved optimisation of the robot resulting in less zero days operating, which is the current norm (between 30 and 45%) across current Scottish sites

Colorectal

Procedure	Consultants to be trained	Procedures in the first year	Annual increase
Rectal surgery: Resectional work (Anterior resection, APER, Proctectomy)	Mr Neil Cruickshank Mr Geert Koffeman	30	Increase by 10-15 every year with expansion to other consultants
VMR for rectal prolapse	Mr Neil Cruickshank Mr Geert Koffeman	20	Another 5-10 per year
Colonic surgery Hemicolectomy IBD surgery (Crohn's Resections)	Mr Manimaran Mr Proctor	25	Increase by 10-15 every year with expansion to other consultants

Minimally-invasive surgery with a surgical robot offers potential in rectal resections for cancer patients and Inflammatory Bowel Disease (IBD) patients, helping with the technical difficulties in this complex surgery. It is well known that laparoscopic surgery in obese patients, especially men can be technically challenging.

Laparoscopic ventral mesh rectopexy is commonly used as a treatment for rectal prolapse and robot assisted surgery would simplify this procedure, potentially improving outcomes. The literature for robotic versus laparoscopic assisted VMR is limited. Data that is available suggests the procedure is equivalent in terms of safety and efficacy. A laparoscopic VMR requires a significant learning curve (estimated 50 cases). A robot could reduce this curve substantially (estimated 15 cases) and will offer a useful opportunity to develop operative surgery skills in the pelvis as including specific skills like laparoscopic suturing.

Currently patients who undergo a laparoscopic VMR require approximately 2 days hospital stay. It is proposed that the use of a robot would be linked in with a patient pathway that may allow same day or 23 hour discharge.

Robotic-assisted surgery should be considered for patients with rectal cancer who have a narrow pelvis, are obese (BMI>30), and/or have a tumour located in the mid to low rectum. There is evidence of clinical benefit in the form of reduced risk of conversion to open surgery in these patients). Expert opinion indicates that conventional laparoscopic options can be challenging.

The colonic team will focus on cancer and other benign cases. With time the 2 teams will expand into the other areas crossing these 2 specific pathways, as it is important that a colorectal surgeon is able to do both colonic and rectal work.

The plan is to develop 2 teams of 2 surgeons each (colonic and rectal teams). Working in pairs will be complimentary to both surgeons and will build in a support mechanism. This was a successfully modelled when laparoscopic colorectal surgery was introduced more than a decade ago. This process will enable safe delivery of care throughout, including the initial learning curve

Gynaecology

Procedure	Consultants to be trained	Procedures in the first year	Annual Increase
Hysterectomy for endometrial cancer (includes patients who require lymph node dissection (para-aortic), those with high BMI, cervical cancer that requires radical hysterectomy, ovarian masses with omentectomy)	Gynaecological Oncologists (Dr. Scott Fegan; Dr. Nidal Ghaoui; Dr. Sudha Singh)	25	10 cases per year
Hysterectomy, endometrial cancer where lymph node dissections are indicated	Same team as above	19	Progress to expand this to all suitable cases in the forthcoming years
Endometriosis – pelvic surgical work with or without hysterectomy	Dr. P Durgadevi; Dr O Thanoon	18	Potential to increase by 5-8 per year
Uro-gynaecological work	Dr O Thanoon; Dr C Lim	10	Potential to increase by 10 per year

The surgical gynaecology oncology team currently consists of three members who perform substantive laparoscopic surgery. Two of the gynaecological oncology (GO) consultants are employed by NHS Lothian and provide regular weekly theatre sessions at Victoria Hospital for complex cases, often including combined cases with the colorectal surgeons. It is anticipated that these two surgeons will be performing similar cases in Lothian and Fife. In Gynaecology, with the introduction of robotics, the plan is to function in two teams - 3 consultants for gynaecology oncology cases and 2 for benign surgical cases. The team members have indicated that they would wish to train in the future of laparoscopic assisted robotic surgery.

Overview of the gynaecology service

Over the last 8 years, there has been a transformation of the services provided within gynaecology in the Fife unit, with increasing inclination towards minimal access surgery. This is in accordance with national and global advances. All women are now offered laparoscopic hysterectomy and most other gynaecological surgery is being carried out through minimal invasive techniques.

It is proven that introduction of robotic surgery has clear advantages, particularly to our population – it allows for precise surgery, proven to have significantly less pain with lower risk of infection and blood loss, leading to better clinical outcomes in many cases & less scarring. Not only this, it will allow for shorter recovery, further shortening hospital stay.

From 2012, Gynaecology Oncology service for complex patients has taken a leap in Fife making this accessible through local provision for our population. This is made possible by the integrated services provided by other specialities, of specific importance to mention being the colorectal surgical and urology teams. There is a clear advantage of having the input from multiple specialities available within the same premises. Gynaecology-oncology service in Fife contributes to a significant volume of cases within SCAN, Fife being the second biggest contributor to these cases. Through a multi-disciplinary team approach adequate experience has been developed and we are proud as a multi-disciplinary team of providing a high class service locally.

With average BMI of Fife population being over 35-40, it is technically challenging to do complex surgery such as lymph node dissections in this group. Introduction of robotic surgery adds a great deal of value to this, allowing for surgical equality amongst all groups of patients, leading to overall better outcomes. Presently patients with high BMI are offered adjuvant treatment rather than surgery as the latter is more complicated due to technical difficulties in accessing the abdomen and pelvis. As the complexity of surgery increases, operating time increases, leading to physical constraints owing to surgical fatigue in managing such situations. Robotic platform reduces this considerably, thereby reducing complications due to fatigue.

Robotic surgery is of particular advantage in the patient groups who require lymph node dissection (para-aortic in particular), those who have high BMI, cervical cancer that requires radical hysterectomy, ovarian masses with omentectomy. All these categories average up to 25 per year. There were 19 endometrial cancer cases alone, who required lymph node dissections leading up to the end of September this year (2020)- i.e., just within the first 9 months of the year, despite the constraints posed by COVID 19. This shows a growing number.

Endometriosis is a common gynaecological condition that has a major impact of women's physical as well as mental well-being. Despite being a benign condition, women who are affected by it suffer a varying and great deal of pain and negative impact on their personal and family health. Endometriosis also has negative impact on fertility and quite often women in this group require surgical input before they can move on to assisted conception techniques, such as IVF.

Over the recent years, endometriosis service has expanded in Fife with complex major surgical work being carried out locally with multidisciplinary input. The combined working ethos has expanded beyond gynaecological oncology into benign complex gynaecology. In 2019, there were 18 such complex cases, which were undertaken. This shows a progressive approach by the involved teams by extending into other areas where this combined work approach is hugely beneficial.

Urogynaecology is an established service in Fife. Urinary incontinence is a debilitating condition for women, significantly limiting the quality of their lives. Presently, there are limited options for surgical management of proven stress incontinence, in the light of complications of mesh over the recent years. One such option is Burch colposuspension which is presently offered. However this is being done as an

open surgery with an inpatient stay of over 3-4 days. Introduction of Robotics allows this procedure to be offered with reduced morbidity and inpatient stay. Utero-vaginal prolapse is another condition that has negative impact on the quality of womens' lives. Over the last few years, the Urogynaecology team has been performing laparoscopic sacrocolpopexy for surgical management of pelvic organ prolapse, which involves complex technique. This is more challenging in women with higher BMI. There were about 20 such procedures that have been carried out in the 2 years. Availability of robotic surgical technology will aid in managing these challenges, whilst allowing extending this procedure to patients who would have otherwise posed technical challenges for conventional laparoscopic surgery.

Urology

Procedure (with yearly workload)	Consultants to be trained	Procedures in the first year	Annual increase
Renal – Radical (50)/Partial (20)Nephrectomy, nephroureterectomy (10), pyeloplasty (15), ureteric reimplantation (10)	Alex Chapman & Prospective consultant (will be appointed)	20 Radical nephrectomies; 10 partial nephrectomies & 5-10 of the other procedures	10-15 per year
Radical Prostatectomy	Alex Rawlinson		To remain at WGH in the short to medium-term. Fife robot can be used by the Network if resource is an issue in WGH.

This element of the business case will focus on radical and partial nephrectomy procedures along with other appropriate renal cases.

In Fife, laparoscopic nephrectomy has become the standard of care over the last few years. Over the last 5 years, we have progressed from open to laparoscopic approaches. This was safely delivered through a keen and able team.

In terms of partial nephrectomy, the robot platform makes significant advances on both open and laparoscopic methods. It is superior to open as it removes the need for a large painful potentially morbid (neuralgia, hernia, cosmesis) loin incision. It is also preferable to laparoscopic as the dexterity and precision of the robot instruments allow for much more time efficient suture haemostasis with all the benefits of lower blood loss and preserved renal function. The robot increases the threshold for more complex larger masses to be treated by robotic partial nephrectomy.

In Fife it is anticipated that one of the 9 urology consultants will retire in the next 12 months. In support of this business case it is proposed that a proleptic appointment is made, advertised as a laparoscopic/robotic post.

For all cases we would intend to provide initial support by securing the attendance of consultant colleagues from health boards who regularly carry out the same procedure (Aberdeen/Newcastle) for the first 20 cases for each surgeon.

The department has expertise in open surgery for all of the intended cases such that if the need arises the operation can be safely performed as previously carried out.

Radical prostatectomy is currently performed for the majority of Fife patients at the Western General Hospital (WGH) and is robot assisted. Mr Alex Rawlinson is nearing the completion of his formal robotic training and it is anticipated that he will soon become an independent robotic operator. He is one of three urological surgeons performing this procedure at WGH. Urology robots are traditionally based in units who perform 150 cases per year. Mr Rawlinson will require collegiate support from within a network arrangement as he is currently the sole trained consultant within the Fife urology service. He anticipates that he will perform between 50 and 75 cases per annum within the network. At this time it is the recommendation that Radical Prostatectomy remain at WGH to ensure the continued provision of this high quality service. This position will require to be reviewed when other urology consultants are trained in robotic surgery.

Overview of Urology service

Over the last five years the NHS Fife Urology Department has become one of the top centres in the country, having recently introduced a wide range of new interventional procedures.

The Department has grown from 3 substantive consultants in 2016 to 9 in 2020. This has supported repatriation of Fife patients treated in other Scottish Health Boards and has been driven by a clinical team culture which fosters excellence and ambition in a supportive and cohesive environment.

The clinical service have a proven track record of introducing new technology to the benefit of both their patients and the wider hospital – e.g. 200+ prostate surgeries for benign prostatic obstructions now occur as a day case in Queen Margaret Hospital (QMH) rather than occupying in-patient beds within Victoria Hospital. Ureterscopy has also been introduced at QMH leading to an 80% reduction in in-patient beds occupied for patients with stone disease. The introduction of minimally invasive surgery for partial nephrectomy has resulted in ALOS reducing from 6 to 2 days.

As a consequence of these and other measures and forward thinking, the Fife service has become an attractive unit to work for, both at consultant and trainee level. The department has been recognised as a key training centre by the East of Scotland Urology Training Programme and awarded 2 of the Fife consultants with the Trainer of the Year award for 2 consecutive years and their quota of trainee has tripled from 1 to 3 over the last few years.

The service is able to offer a complete complement of urological procedures to their patient population with the exception of being able to deliver a robotic programme.

There is a growing body of evidence and public opinion emphasising the necessity for several urological procedures (mostly oncological) to be performed with the assistance of a robotic platform. Within the department there is a case mix and skill mix ideally positioned to achieve this.

It is the aspiration of any top centre to be able to offer patients the most comprehensive services in a safe and local setting. A robotic programme will future proof the department and ensure we can continue to deliver on the excellence they have achieved in recent years. It will enable the department to recruit and retain staff and ensure they are not deemed a department which is not at the forefront of high calibre urology.

The department would look to continue to work within the regional collaborations with the support of regional colleagues i.e. a second site within the existing network. There is a heavy emphasis regionally on delivering a high volume of cases per surgeon and as such, by continuing to work collaboratively ensures this volume.

Benefits for all specialties would include and increase in the longevity of the minimal access surgical team members; enhancement of NHS Fife's reputation as a forward thinking health service providing a wide range of cancer and benign surgeries; and increased ability to attract high quality surgeons and

trainees in the future, competing on a level footing with neighbouring teaching hospitals. Fife over the years has done well for cancer patients locally and also delivered care some regional patients when required.

For the surgeon:-

Reduced wear and tear on the musculoskeletal system.

Traditional lap surgery involves an accumulation of wear and tear on the surgeon's body over time. Surgeons often have to twist and turn and stand in unnatural stances in order to perform lap surgery for many hours per operation. Eventually this has a detrimental effect on health of the surgeon and their long-term ability to operate. Robotic surgery is ergonomically designed so that the surgeon is seated comfortably at the robotic console while operating. It reduces fatigue and it is well established that errors are more likely with increasing fatigue.

To surgeons and trainees:-

Faster training time – Laparoscopic surgery requires substantially more operations to become proficient than robotic surgery. With all the surgeons being fully competent with their laparoscopic skills, the training required for robotics can be substantially shorter. In addition, development as a team will be ideal and help the training process. This is important both for patient safety and for the supply of fully trained surgeons to meet the ever growing demand for minimally invasive surgery.

Training

A number of existing experienced surgeons will require a period of intensive training to be able to perform a competent robot-assisted laparoscopic procedure. Detailed training plans will require to be developed. Additionally there will be an impact upon capacity due to longer operating times whilst becoming proficient, but this will be managed by the remaining members of the team. This will minimise any significant disruption and /or delays to service delivery in a timely manner.

All surgeons who have been identified to develop robotic surgery in Fife are experienced laparoscopic surgeons who will make the transition quicker.

All procedures will be carried out by a team consisting of 2 consultant surgeons.

Full training is included within the capital purchase of the robot.

Practicalities of Safe Implementation

- Training
- Support
- Theatre Team Expertise

The training for robotic surgery has been thoroughly outlined by the leading manufacturers and a formal sign off process exists to ensure robust training. This involves simulation (virtual/dry lab and wet lab), proctorship by expert surgeons and video submission. No surgeon will operate within NHS Fife without the appropriate level of recognised training.

The theatre set up in Victoria Hospital is well positioned to safely support this proposal. Urology, Colorectal and Gynaecology all work within the same theatre suite – as such the same robotic team could support inter-specialty.

Option Appraisal

- Option 1 – Continue Status quo with laparoscopic surgery
- Option 2 – Invest in robotic surgery locally with a concept of trialling this within a DGH setting
- Option 3 – Expand traditional laparoscopic capacity

Option 2 is confirmed as the preferred option by the NHS Fife surgical teams

Consumables

In recent years it can be noted that there has been a significant reduction in consumable costs associated with robot assisted surgery. Additional consumable costs have been identified in the final costings (See Appendix 1)

There will be one-off costs incurred to purchase theatre trays and instruments which would then be sent to Ninewells for sterilisation. These costs have been quantified (revenue and capital) and are contained at Appendix 1

In summary, the robot in Fife will give us and the Scottish Government an opportunity to test this modality of treatment in a DGH setting. We in Fife are exploring a

- (1) Multi-speciality approach to robotic surgery
- (2) Extend this treatment option to both cancer and benign surgery.
- (3) Maximise the use of this modality with minimal zero days allowing the learning curve to take place in a time sensitive way

What are the measurable key deliverables:

The key measurable deliverables of your project should be aligned to the following strategic priorities, however a project is not expected or required to meet all of these priorities.

Strategic Priority	Yes/No	Deliverables	Measures
Person Centred	Yes	- <i>Improve patient experience</i>	- <i>patient satisfaction surveys</i> - <i>patient outcomes</i>
Safe	Yes	- <i>up to date and modern theatre facilities</i> - <i>reduced conversion from laparoscopic to open surgery</i> - <i>Reduced blood loss and post-operative complications</i>	- <i>Datix incidents</i> - <i>Adverse incidents</i>
Effective Quality of Care	Yes	- <i>Retention of experienced and enthusiastic surgeons in all specialties</i>	- <i>Retention of staff</i> - <i>Allocation of trainees</i>
Health of Population	Yes	- <i>patients will continue to receive their surgery locally in state of the art premises</i>	- <i>patient outcomes</i>
Value and Sustainability	Yes	- <i>reduced length of stay</i>	- <i>ALOS monitoring</i>

4. Economic case (evaluation)

What are the options to deliver the project objectives? How will value for money and return on investment be measured/demonstrated?

Capital purchase of robot by Scottish Government including training; revenue consequences for training, maintenance contract and theatre consumables are summarised in Appendix 1

There will be cost savings from robotic surgery. However, these are difficult to estimate or extrapolate. Below are examples of where savings will be generated through improved patient outcomes.

- Robotic surgery decreased erectile dysfunction reducing ongoing patient treatment costs
- Robotic surgery improves patient's continence function, reducing ongoing patient costs associated with incontinence pad usage
- Robotic surgery improves cancer outcomes with positive surgical margins reducing requirement for post-surgical adjuvant radiotherapy

In addition to the clinical and strategic need, this business case, with its multi-specialty approach, demonstrates a model for productivity and efficiency. NHS Fife provide high quality and state of the art surgical services and there is an expectation from patients and referring clinicians that NHS Fife has state of the art technology so as to be able to provide excellent contemporary management of patients as standard.

5. Management case

What are the anticipated service benefits/savings? What actions require to be taken by whom to initiate the benefits/savings? How will the benefits/savings be realised and when?

Describe timescale and process here - detail/financial metrics to be included at sections 6 & 7

Will this project impact on other services and directorates?

Yes

If yes, indicate whether the impact is financial or otherwise and evidence discussions with the affected services/ directorate regarding implementation

Is the success of the project dependent on any other projects or business unit plans?

No

If yes, please detail below and provide assurance these have been considered

Project timetable:

Anticipated	Anticipated Start Date April 2021		Anticipated completion date August 2021	
Actual	Project start date		Project end date	
Evaluation Period	From	09/21	To	03/22

What are the key risks/ issues/ constraints and mitigation:

E.g. estates gaining access to clinical areas, timing, staff availability

Risks	Secure funding from SG for capital purchase of robot
Constraints	Funding – capital and revenue consequences
Mitigation	

6. Financial Case (Capital investment)

- When completing the Stage 1 submission you are required to give an estimate of costs from the appropriate cost band (see light blue section below). Please complete a line for each item e.g. equipment, building works, eHealth.
- If the project gains support in principle and Stage 2 information is requested actual costs will need to be confirmed and current quotes provided (see dark blue section below).
- If actual costs are known at the time of Stage 1 submission please include.

Capital Costs		£	£
	Funding Source	2020/21	2021/22
Purchase of robot	SG Funding	2,200,000	
Purchase of camera and endoscopes	Formula Capital		67,586
Trays and Instruments (Initial set up)	Formula Capital		249,000
Minor Works	Formula Capital		4,000
Total Capital Cost		2,200,000	320,586

If there has been a significant change in the overall cost of this project between Stage 1 and Stage 2 submissions please give the reasons for this.

Please indicate below if there are any other funding sources contributing to this project e.g. charities, research funding etc.

Funding for the capital purchase of the robot, circa £2,200,000 is being sourced from the Scottish Government prior to the end of March 2021.

The Formula Capital for 2021/22 will be prioritised to support the Endoscopic cameras, minor works and trays and instruments required for the robot to be fully operational.

7. Financial case (Revenue costs)

Will this project result in any recurring revenue costs? Yes

If yes, please detail costs below:

Recurring Revenue Costs	21/22 £	22/23 £	23/24 £	24/25 £
Est number of cases	95	190	220	250
Staff	84,393	112,524	112,524	112,524
Non-Pay Consumables	38,253	76,505	86,925	97,345
Maintenance		192,000	192,000	192,000
SIM Subscription		15,600	15,600	15,600
Decontamination (NHSL)	9,500	19,000	22,000	25,000
Decontamination (Transport/Driver)	28,211	37,615	37,615	37,615
Depreciation (10 year life)	252,059	252,059	252,059	252,059
Recurring Revenue Costs	412,416	708,303	718,723	732,143

Explain how these costs will be met. *Any recurring revenue must be signed off by your Business Partner (see sections 9 &10).*

It is assumed that given the COVID 19 pressures that it will be unlikely that full implementation and activity levels can be achieved in the next 12 months. For the purposes of the business case it has been assumed that 50% of potential activity levels could be delivered during 2021/22. The revenue funding will require to be considered in the context of the overall financial plan for NHS Fife and will require additional savings and/or further re-prioritisation of ASD priorities for funding.

Will this project result in any non recurring revenue costs? No

If yes, please detail costs below:

	Non Recurring Revenue Costs	Year Cost Commences	£ Estimated	£ Confirmed
a	Staff			£
b	Non-Pays – trays and instruments			£
c	Maintenance			£
d	Minor estates works in theatre			£
e	Other 2			£
f	Other 3			£

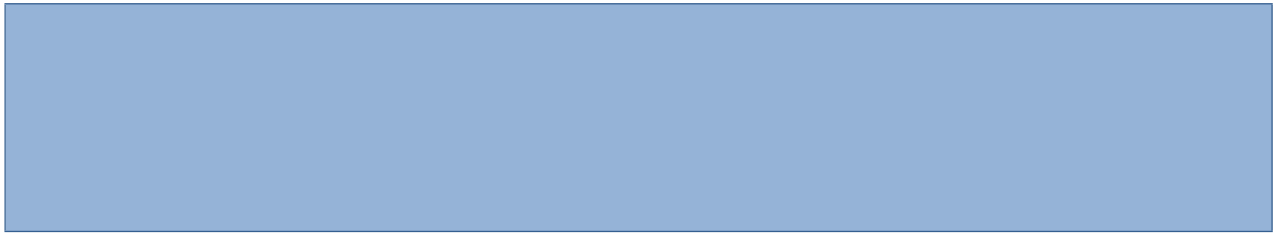
Explain how these costs will be met. *Any non recurring revenue must be signed off by your Business Partner (see sections 9 &10).*

8. Commercial Case (Procurement Route and Confirmation of Costs)

To be completed after gaining support in principle (Stage 2)

Please attach all relevant quotes and give details of any existing procurement contracts / contracting Frameworks that are being utilised (as per NHS Fife Standing Financial Instructions).

- Supply of goods or services over £25k (or £20k for capital) - OJEU required
- Supply of capital equipment, goods or services from £5k to £20k - 3 competitive quotes required
- Supply of goods or services from £10k to £25k - 3 competitive quotes required
- Supply of goods or services from £2.5k to £10k – 2 written quotes required
- Existing Procurement Contract / Contracting Framework - *please give details*



9. Sign off - Stage 1 initial submission

This Project Brief has been reviewed and agreed as a priority for this service.

SIGNED _____ Date _____

(Executive Director / Project Sponsor)

SIGNED _____ Date _____

(Finance Business Partner)

SIGNED _____ Date _____

(General Manager Manager)

SIGNED _____ Date _____

(Project Lead – *if different from above*)

10. Sign off - Stage 2 agreed costs

The required investment and savings plans as laid out in this project brief have been reviewed and agreed as being a priority for this service.

SIGNED _____ Date _____

(Executive Director / Project Sponsor)

SIGNED _____ Date _____

(Finance Business Partner)

SIGNED _____ Date _____

(General Manager)

SIGNED _____ Date _____

(Project Lead – *if different from above*)

Meeting:	Finance, Performance & Resources Committee
Meeting date:	13 July 2021
Title:	Capital Formula Allocation 2021/22
Responsible Executive:	Margo McGurk, Director of Finance Neil McCormick, Director of Property & Asset Management
Report Author:	Rose Robertson, Assistant Director of Finance

1 Purpose

This is presented to the Board for:

- Decision

This report relates to:

- Local policy

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

- Safe
- Effective

2 Report summary

2.1 Situation

This paper is presented to FP&R on behalf of the Fife Capital Investment Group (FCIG). It provides detail of the proposed capital budget distribution for the 2021/22 financial year.

2.2 Background

The Fife Capital Investment Group (FCIG) met on 28 April to agree the capital formula allocation for the 2021/22 financial year.

2.3 Assessment

As invited by the Chair of FCIG, members presented their respective cases and 'bids' for capital formula allocation. The Chair of the Capital Equipment Management Group made a case for capital equipment replacement; the Head of Estates made a case for Minor Works & Backlog Maintenance; and the Associate Director of Digital and Information made a case

for Digital and Information budget. In addition, the Capital Project Accountant highlighted approved business cases and associated capital budget requirements.

The following was proposed:

Proposed Capital Formula Allocation	2021/22
	£'000
Capital Formula Allocation	7.394
Payback to SG (Year 1 of 5)	-0.200
Net Capital Formula Allocation	7.194
Equipment	1.798
Surgical Robots Camera and Trays	0.102
Pharmacy Equipment	0.200
General Equipment (contingency)	0.094
HEPMA £0.2m - seeking national support	0.000
Statutory Compliance	3.500
Clinical Priority Works	0.500
Digital & Information	1.000
Total Expenditure	7.194

- The available capital budget for the year is £7.394m with a payback to SG of £0.2m
- CEMG to be allocated £2.3m on the understanding that £1.8m is already prioritised and accounted for. In addition, £0.1m would be allocated to the Surgical Robot equipment items; with the remaining £0.3m contingency split £0.2m for potential Pharmacy equipment; and £0.1m as a general contingency.
- HEMPA excess capital costs should remain as a risk as discussions continue with Scottish Government on additional funding.
- Backlog Maintenance to be allocated £3.5m with the caveat that a discussion takes place with Scottish Government on potential funding for the significant Steam Decentralisation works, this could release resource in-year to allow other schemes to be progressed.
- Minor Works is proposed to be renamed to Clinical Prioritisation Contingency, £0.5m to be allocated however it is expected that Clinical and Service leads should identify priorities rather than requesting submission of proposals from departments.
- D&I were allocated £1m as it is expected that this area could achieve ADEL and Covid Funding to supplement the expenditure in this area.

2.3.1 Quality/ Patient Care

The quality of patient care will be sustained or improved through the allocation of prioritised capital funding

2.3.2 Workforce

Not Applicable

2.3.3 Financial

The allocation identifies capital requirements and any ongoing revenue requirements are included within existing revenue budgets or within the relevant business cases.

2.3.4 Risk Assessment/Management

The allocation process undertaken was based on a risk management approach

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed

2.3.6 Other impact

None

2.3.7 Communication, involvement, engagement and consultation

All areas of NHS Fife and the HSCP have been involved in the development of the capital budget for 2021/22 through the FCIG.

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.

- FCIG 28 April 2021
- EDG 20 May 2021
- FP&R 13 July 2021

2.4 Recommendation

Decision – The FP&R Committee is invited to consider and support the proposed capital formulary allocation for 2020/21.

3 List of appendices

Not Applicable

Report Contact

Rose Robertson

Assistant Director of Finance

rose.robertson1@nhs.scot

Meeting:	Finance, Performance & Resources Committee
Meeting date:	13 July 2021
Title:	Transfer of Primary Care Premises 3rd Party Leases to NHS Fife
Responsible Executive:	Neil McCormick Director of Property & Asset Management
Report Author:	Neil McCormick Director of Property & Asset Management

1 Purpose

This is presented to EDG / GMS Premises Group for:

- Awareness
- Decision

This report relates to a:

- Government policy/directive

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

- Effective

2 Report summary

2.1 Situation

PCA(M)(2018) 08 included in Appendix 1 provides guidance to NHS Boards, Integration Authorities and GP contractors on the implementation of the policy for GP premises leased from private landlords as set out in the National Code of Practice for GP Premises

The National Code of Practice for GP Premises, 2017 (Appendix 2) sets out the support for a long-term shift to a model where GPs do not own their premises. In addition, it provides a code of practice where a GP wishes the Board to acquire property or take on some of their responsibilities under an existing lease. To enable this vision the GP Premises Sustainability Fund was established to allow GPs to access interest-free secured loans. This fund allows partners to release capital and encourage GPs to become partners in practices who own their own premises by reducing the up-front costs of becoming a GP

partner. The code describes the planned transition over a 25 year period to a model where GP contractors no longer own their premises.

2.2 Background

NHS Fife has been discussing the transfer of 3rd party leases with Auchtermuchty Health Centre and latterly also with the Primrose Lane Practice in Rosyth since 2018.

Significant progress has been made in agreeing the terms of a head lease with the landlord (which is the same landlord for both practices). NHS Fife has carried out a range of diligence exercises and has had been advised in this matter by its Property Adviser and the Central Legal Office (CLO).

There are some issues with the production of the sub-lease as this is being developed in conjunction with the CLO and the BMA and is, we understand, not yet ready to be used. There is a meeting of the national Property Transaction Group on the 19th May which will provide an update on this process.

There is a further complication in that the practice are requesting a sub lease for only part of the building (not including the HSCP activity) and that the NHS board maintain the main elements of the building. The latter request is in line with the code of practice.

The General Medical Services Contract Scotland, 2018 sets out the future focus for the GP role as “expert medical generalists” and the requirement for some tasks, historically carried out by GPs, to be undertaken by a wider multi-disciplinary primary care team; in addition to building on the role of GP clusters.

2.3 Assessment

The GPs’ solicitors have asked if the Board would be prepared deal with the lease and the sub lease separately. Broadly speaking the surrender of the existing GP Lease and the Board’s entering into a new Lease with the Landlords relieves the GPs of obligations under the existing lease and instead imposes these obligations on the Board under the new lease. Until such time as the GPs have entered into a sub lease which is under development they would not be under any sub lease obligations.

The two options are: -

1. We could enter into a short term licence until the sub lease is developed
- 2, We could agree to wait until the sub lease has been developed

The Lease for Auchtermuchty runs out in April 2023 and we do not want to risk any disruption to services.

It is, therefore, proposed that NHS Fife adopts Option 1 as an approach for the first practices as the timescale for the development of the sub lease is uncertain.

This is the first of a small number of Practices which are likely to apply to have their leases transferred under the Code and these are listed in Appendix 3

2.3.1 Quality/ Patient Care

This change in emphasis with respect to premises relates to the sustainability of primary care services which is essential to ensure continued quality in the delivery of primary care

2.3.2 Workforce

This change in emphasis in the responsibility for primary care premises may help with the future recruitment and retention of general practitioners

2.3.3 Financial

In simple terms, NHS Fife and the HSCP already hold the budget for the leases from third party landlords as these are already reimbursed to practices as a matter of course

The funding for maintenance of the buildings is also included within the sums that are reimbursed so we would need to ensure that these can be transferred to Estates and Facilities as required which the Code provides for

There is a balance sheet risk with the future implementation of IFRS 16 which would require capital charges to be set against leased properties, but this would be the same risk for all parties and likely all leases that NHS Fife hold.

2.3.4 Risk Assessment/Management

The key risks to NHS Fife are; -

1. The financial implications of IFRS 16
2. The risk of taking on responsibility for dilapidations (currently with the practice) which is mitigated by dilapidations being undertaken by the landlord and practice prior to transfer
3. The responsibility for maintaining a facility which has not been maintained properly over a period which is mitigated by Estates carrying out due diligence and undertaking a property survey

4. Commercial Risk which is mitigated by an assessment by the District Valuer and the involvement of CLO together with our Property Adviser.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this relates to a change in contractual positions with no change to the underlying services.

2.3.6 Other impact

None Identified

2.3.7 Communication, involvement, engagement and consultation

To be agreed as necessary

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, 20 May 2021
- GMS Premises Group, 20 May 2021
- FP&R 13 July 2021

2.4 Recommendation

- **Decision** – NHS Fife is asked to approve Option 1 in relation to the transfer of leases for the first premises and note the longer-term shift in direction for Primary Care Premises.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, PCA(M)(2018) 08
- Appendix 2, National Code of Practice for GP Premises, 2017
- Appendix 3, List of Practices with 3rd Part Leases

Report Contact

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot

Population Health Directorate
Primary Care Division



Addresses

For Action

NHS Territorial Board Chief Executives
Integration Authority Chief Officers

For information

NHS Boards Premises Sustainability Loan Coordinators
NHS Board Primary Care Leads
NHS Boards Heads of Estates
Lead Co-ordinator, Practice Manager Network
Chair, BMA SGPC

Policy Enquiries to:

Michael Taylor
Primary Medical Services
1 Rear
St Andrew's House Edinburgh
EH1 3DG

Tel: 0131-244 5483

Michael.Taylor@gov.scot

30 August 2018

Dear Colleague

NATIONAL CODE OF PRACTICE FOR GP PREMISES

GP PREMISES LEASED FROM PRIVATE LANDLORDS

Introduction

1. This letter provides advice to NHS Boards, Integration Authorities and GP contractors on the implementation of the policy for GP premises leased from private landlords as set out in the National Code of Practice for GP Premises ("the Code of Practice")¹.

2. In this letter, references to eligible GP contractors are references to all of a Health Board's GP contractors who lease their premises from private landlords.

Background

3. The Code of Practice sets out that the Scottish Government's long-term strategy is,

*"that no GP contractor will need to enter a lease with a private landlord. Health Boards will, over the course of the next fifteen years, take on the responsibility for negotiating and entering into leases with private landlords and the subsequent obligations for maintaining the premises from GP contractors who no longer want to lease privately."*²

¹ The National Code of Practice for GP Premises available at www.gov.scot/Publications/2017/11/7592

² Code of Practice, section 15.1

4. The Code of Practice sets out the actions that GP contractors who no longer wish to lease their premises from private landlords must take to allow Health Boards to take on that responsibility. These steps include ensuring the premises are suitable for the delivery of primary medical services and sufficient to meet the reasonable needs of patients; meeting statutory obligations regarding the premises; and meeting the cost of the dilapidations claim agreed with their landlords.

5. GP contractors who wish to continue to provide their own accommodation are free to do so. However, the Scottish Government's plans are based on the assumption that a significant number of GP contractors will request that their Health Boards takes on the responsibility of providing the practice premises during the next 15 years.

The rate at which responsibility transfers to Boards

6. The Scottish Governments recognises that Health Boards do not have the capacity to take on the responsibility for providing premises to all or even most eligible GP contractors within a short period of time. It is the Scottish Government's intention that this process is spread over a period of 15 years. Health Boards should prepare their plans for the transition along with their Integration Authorities and in consultation with the local Area Medical GP Sub-committee.

7. For the first years of the Code of Practice, it is expected that Health Boards will concentrate on taking on responsibility for providing accommodation to those practices whose leases are closest to expiry.

Leases expiring within five years

8. Eligible GP contractors who no longer wish to continue leasing their premises from private landlords should formally advise their Integration Authority and Health Board as soon as they reach the point where their lease has no more than five years until the expiry date. This will give the parties time to develop the options for a plan for the GP contractor to either continue in the existing premises or in alternative premises.

9. If the eligible GP contractor's lease already has less than five years until its expiry date and the GP contractor no longer wishes to continue leasing its premises, it must formally advise the Health Board and Integration Authority at the earliest practicable date.

10. Health Boards and Integration Authorities should inform all eligible GP contractors of the method by which GP contractors can formally advise them.

Register of leases - assignation

11. In line with section 19.1 of the Code of Practice, Health Boards must establish a register within the Estates Terrier Section of the Estate and Asset Management System (EAMS) of the leases where they are willing to accept an assignation of the

tenant's interests. All Health Boards who have GP contractors who lease from private landlords must now establish this register.

12. Health Boards must inform their eligible GP contractors of the establishment of the register and of the arrangements for applying to be included in it. Those arrangements must be consistent with section 19.4 of the Code of Practice.

Financial support to GP contractors

GMS / PMS contract standards and dilapidations

13. GP contractors who no longer wish to continue leasing their premises from private landlords will be required to ensure that their premises meet the standards required by the GMS / PMS contracts³ and the standard required by their lease (dilapidations).

14. GP contractors remain responsible for meeting any dilapidations claim by their landlord and for the cost of ensuring their premises meet the standards required by their GMS / PMS contracts.

15. The Scottish Government is making available two funding streams, grants and loans, to assist GP contractors with these costs where it is appropriate to do so.

Grant funding

16. The Code of Practice envisages circumstances where grants from the GP Premises Sustainability Fund ("the Fund") may be used to assist GP contractors with settling dilapidations claims or ensuring the premises meet the standards required by the GMS / PMS contract:

*"GP contractors who have, in the opinion of their Health Board, taken all reasonable steps to maintain their property to the standards required by their leases and the Premises Directions, may be able to recover part of the cost of any reasonable dilapidations claim from the GP Premises Sustainability Fund. This will be permitted only where budgets allow. The GP contractor must take all reasonable steps to reduce the amount payable to its landlord in respect of dilapidations."*⁴

17. The Scottish Government does not intend to put in place a formal application process for eligible GP contractors who wish assistance from the Fund with settling dilapidations claims or ensuring the premises comply with the GMS / PMS contract standards. Instead, GP contractors should inform their Health Board if they wish assistance. The Health Board will then decide if providing assistance is consistent with the Code of Practice. The amount of any assistance will then be agreed between the Health Board and the Scottish Government.

³ The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018, Schedule 3 & The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018, Schedule 4

⁴ Code of Practice, section 18.6

18. Any grants from the Fund in support of leased premises should be used in the first instance to assist with carrying out remedial works to the premises. Where a grant is agreed, funding will be provided to the Health Board. The Health Board will then ensure that the remedial works are carried out and paid for. The Health Board may directly instruct the remedial works to ensure that they are carried out.

19. A grant from the Fund may only be used for other costs associated with the transfer of leases to Health Boards (such as legal or surveying costs) where the amount of funding available is greater than the cost of carrying out remedial works.

Loan funding – GP Premises Repair loans

20. The Scottish Government is making available additional support by way of interest-free loans to eligible GP contractors to assist them with meeting dilapidations claims and for the cost of ensuring their premises meet the standards required by their GMS / PMS contracts. Loans will be provided where grant funding is not provided or is insufficient to meet the full cost of remedial works.

21. These “GP Premises Repair Loans” will be unsecured and will be repayable over an agreed period of time.

22. GP Premises Repair Loans are different from the previously announced loans for GP owned premises (“GP Sustainability Loans”).

The allocation of grant funds for leased premises

23. The Scottish Government intends that, over the next 15 years, grant funding to support the transfer of leased premises will be allocated to Health Board areas in a way which is broadly proportional to the amount of financial assistance with rent that Health Boards provide to the eligible GP contractors in each area.

24. However, there will be annual variations in the proportion of assistance from the Fund which each Health Board area receives. For example, a Health Board which has only one eligible GP contractor will receive its entire allocation in the year that it takes on responsibility for those premises.

25. The allocation of funds will also depend on the proportion of eligible GP contractors in each area who wish their Health Board to take on responsibility for providing their premises.

26. The amount of funding provided for each Health Board area in 2018/19 to support the transfer of responsibility for leasing premises will be worked out in consultation with Health Boards as their plans develop over the course of 2018.

27. Health Boards will be formally notified of their funding allocation for 2018/19 by December 2018.

Further information

28. GP contractors who wish further information should contact their Health Board in the first instance. Health Boards may request further information on the implementation of the Code of Practice and the GP Premises Sustainability Fund from GPPremisesFund@gov.scot.

Yours faithfully

A handwritten signature in black ink, reading 'Richard Foggo'.

RICHARD FOGGO
DEPUTY DIRECTOR

THE NATIONAL CODE OF PRACTICE FOR GP PREMISES



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GLOSSARY OF TERMS

Assignment - the Scots law term for the transfer of rights and duties from one person to another. Where a tenant's interest in a lease is assigned by the tenant, Person A, to Person B, Person A transfers its interest under the lease to Person B. Person B becomes the tenant under the lease with the tenant's right to occupy the property and the tenant's obligations under the lease such as to pay rent and to comply with any maintenance requirements the lease imposes. Leases can only very rarely be assigned without the permission of the landlord. Normally the landlord must agree to Person B becoming the tenant. Usually the lease will contain a provision that this consent is 'not to be unreasonably withheld'. As Person B will become bound by the tenant's obligations, Person B must also accept the assignment.

Break option - a clause in a lease which allows either the tenant, the landlord or both to terminate the lease earlier than the agreed expiry date. A break clause can normally only be used at certain points during the lease after giving the requisite notice.

Dilapidations - if a tenant does not comply with the maintenance and/or repair obligations under the lease, the tenant is in breach of contract. The landlord could require the tenant to comply with the lease or carry out the relevant repairs and charge the tenant or in extreme cases terminate the lease. Usually the landlord chooses not to do so provided that the tenant pays the rent and any other sums due under the lease. However at the end of the lease, the landlord then almost always serves a notice on the tenant known as a schedule of dilapidations. This identifies how the tenant has breached its maintenance and/or repairing obligations under the lease and the remedial actions needed (with their estimated costs) to bring the premises back to the standard required by the lease. In most cases the landlord will claim from the tenant the money needed to restore the property to the condition it would have been in if the tenant had not breached the lease. Usually there is some negotiation between the landlord and tenant as to what the landlord can properly claim under the schedule of dilapidations. Specialist surveyors and lawyers can be involved to negotiate settlements for such claims.

District Valuer Services - the specialist property arm of the Valuation Office Agency (VOA). It provides independent valuation and professional property advice to bodies across the entire public sector, and where public money or public functions are involved.

Existing Use Value (EUV) - the value of the property if it is going to continue being used for the same purpose it is currently used for.

Health and Social Care Partnership, "HSCP" - an Integration Authority established under the Public Bodies (Joint Working) Scotland Act 2014

Market Value - the estimated amount for which a property should exchange on the date of valuation between a willing buyer and a willing seller in an arm's length transaction after proper marketing wherein the parties had each acted knowledgeably, prudently and without compulsion.

Notional Rent - a payment made by Health Boards to GP contractors who own and occupy their own premises.

Premises Directions - the Primary Medical Services (Premises Development Grants, Improvement Grants and Premises Costs) Directions. The current Premises Directions were issued in 2004. Revised Directions will be issued early in 2018.

Schedule of conditions - a record of the condition the building was in at a certain date, often when a tenant first takes possession of the building. It usually comprises narrative along with relevant photographs and drawings. The usual purpose of a schedule of condition, when annexed to a lease, is to modify or clarify the repairing obligations.

Variation - a change to a lease. A lease can only be varied with the consent of the parties to that lease.

PART A – GP PREMISES OVERVIEW

1. INTRODUCTION

- 1.1. The Scottish Government recognises that there is pressure on the sustainability of general practice which is linked to liabilities arising from GP contractors' premises. Around two-thirds of GP premises are either owned by GPs or leased by them from third parties. GP contractors receive financial assistance from their Health Boards towards the cost of these premises. In recent years, there has been an increase in the number of GP contractors who have asked their Health Boards to help with liabilities connected to their premises.
- 1.2. In November 2016, the GP Premises Short-Life Working Group, composed of representatives of the Scottish Government, the BMA and Health Boards, recommended that the Scottish Government recognise and support a long-term shift to gradually move general practice towards a service model which does not entail GPs owning their practice premises.
- 1.3. The Short-Life Working Group also recommended that "the Scottish Government produce a national Code of Practice for GP premises on the actions to be taken by a Board where a contractor wishes the Board to acquire property or take on some or all of the contractor's responsibilities under an existing lease." This Code has been prepared in response to these two recommendations.
- 1.4. This Code of Practice sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GPs providing their practice premises. The Code sets out:
 - how the Scottish Government and Health Boards will enable the transition over a 25 year period to a model where GP contractors no longer own their premises;
 - how the Scottish Government and Health Boards will support GPs who own their premises during the transition to the new model through the provision of interest-free secured loans; and
 - the actions that GP contractors who no longer wish to lease their premises from private landlords must take to allow Health Boards to take on that responsibility.
- 1.5. The balance of GP premises' ownership is likely to gradually shift from GPs to Health Boards of its own accord with or without positive intervention from the Scottish Government. This code is designed to facilitate this movement in a sustainable and affordable way.
- 1.6. The Scottish Government is creating a fund, the GP Premises Sustainability Fund, to support the measures outlined in this Code. The Scottish Government will commit £30 million of additional support with GP premises by the end of this Parliament through this Fund.
- 1.7. Revised Premises Directions will be issued by the Scottish Government following the vote by GPs on the new GMS contract in order to implement the measures set out in this Code.

2. ABOUT THIS CODE

The structure of the Code

2.1. The Code is divided into three sections.

- Part A provides guidance on matters which apply to GP Premises generally.
- Part B provides guidance in relation to GP owned premises.
- Part C provides guidance in relation to premises which are leased by GP practices from private landlords.

The preparation of the Code

2.2. This Code has been prepared with the assistance and agreement of representatives of the BMA's Scottish General Practitioner Committee, Health Boards, HSCPs and the Scottish Government.

3. PRINCIPLES

The following principles should inform the actions taken by HSCPs, Health Boards and GP practices in relation to GP premises.

Principles for Health Boards and HSCPs to follow

- A. Health Boards and HSCPs should:
- have regard to their statutory duty to provide or secure the provision of primary medical services in their area;
 - have regard to the needs of the population in their areas;
 - have regard to their budgets;
 - consider whether assistance is an efficient and effective use of their resources;
 - have regard to their HSCP's plans for primary care;
 - share their plans with practices through the local consultative bodies; and
 - have regard to the level of co-operation and information they receive from GP contractors.

Principles for GP Contractors to follow

- B. GP contractors should
- have regard to their contractual duties to ensure that their premises are suitable for the delivery of primary care services and sufficient to meet the reasonable needs of their patients;
 - have regard to their statutory obligations regarding their premises;
 - act in a transparent manner;
 - provide all relevant information to their Health Boards and HSCPs in a timely manner;
 - give sufficient notice to their HSCPs and Health Boards of a need for assistance; and
 - fully co-operate with their Health Boards and HSCPs.

4. PLANNING

Property Asset Management Strategies

- 4.1. All Health Boards already have to prepare a Property and Asset Management Strategy that seeks to match clinical and operational need with the physical infrastructure required to meet that need. Property and Asset Management Strategies have generally only covered premises which were owned or occupied by the Health Board and have not, in the past, included premises which were owned by GPs or leased by GPs from private landlords.
- 4.2. All Health Boards must now include GP owned premises and premises leased by GPs from private landlords in their Property and Asset Management Strategies. Health Boards, in conjunction with HSCPs, must take an active approach to the management of the whole of their GP estate. The sections below identify ways that should be done.

Priorities for investment in primary care premises

- 4.3. HSCPs and Health Boards must work together to identify their priorities for investment in primary care premises. Their priorities for investment must support HSCPs' primary care improvement plans.
- 4.4. HSCPs must take into account the needs of their population, the need to sustain general practice and, working with Health Boards, address the need to provide fit for purpose premises for the provision of primary medical services when they identify their priorities for investment in primary care premises.
- 4.5. HSCPs, in conjunction with Health Boards, must consult their Area Medical Committees (in practice this is expected to be the GP Sub-Committee) when they identify their priorities for investment.

The need for regular surveys

- 4.6. The Scottish Government is commissioning a survey of all GP premises, whether owned by Health Boards, GPs or third parties, so as to better understand the GP estate and to help plan for the future. The GP estate will need to be surveyed at regular intervals in future in line with existing obligations on Health Boards such as that of CEL 35(2010). Health Boards and GP contractors should co-operate with the survey being commissioned now and with future surveys.
- 4.7. GP contractors will continue to have the obligation under their contracts to allow persons authorised in writing by their Health Board to enter and inspect the practice premises at any reasonable time.¹ Such inspections are necessary to assist GPs to manage their premises and to allow Health Boards to manage the primary care estate better.

¹ The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004 ("GMS Regulations 2004"), Schedule 5, paragraph 81 & The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004 ("PMS Regulations 2004"), Schedule 1, paragraph 46.

- 4.8. Health Boards and HSCPs should use the information gathered by surveys of the GP estate to help inform their Property and Asset Management Strategies.

Using the primary care estate better

- 4.9. HSCPs and Health Boards should consider the potential benefits to GP sustainability of making space available in existing Health Centres for GP contractors which are not currently in publically owned facilities.
- 4.10. GP contractors who are offered the opportunity to relocate to existing Health Centres should consider the benefits to their long-term sustainability of doing so.
- 4.11. The HSCP, together with its Health Board, must consider how best to use any GP premises purchased or leased by the Health Board. Together with the GP contractor and their Area Medical Committee (in practice this is expected to be the GP Sub-Committee), they should consider whether it would be better if the GP contractor provided its services from another location and for the building vacated by the GP contractor to be used for another health or social care purpose. In such cases, the HSCP and Health Board must work together to find suitable alternative accommodation for the GP contractor.
- 4.12. The HSCP and Health Board should also consider whether the premises should be used for any other health and social care purposes in addition to GP services.

5. ASSISTANCE FROM HEALTH BOARDS: GENERAL CONSIDERATIONS

- 5.1. There are a number of factors and requirements which apply whenever a GP practice wishes its Health Board to assist it with premises liabilities.

The purpose of assistance from Health Boards

- 5.2. The purpose of Health Boards providing assistance to GP contractors with their premises liabilities is to support HSCPs to sustain the practice and continue providing primary medical services.

Time

- 5.3. The most important factor in finding a solution which results in a successful outcome for the GP contractor, the HSCP, the Health Board and patients, is time. The more notice a GP contractor can give its HSCP and its Health Board of its need for assistance due to a premises-related liability, the more likely it is that a solution can be found which protects the GP contractor and ensures that primary medical services are continuously provided.

- 5.4. GP contractors should give as much notice as possible to their HSCP and Health Boards of their need for assistance, and provide whatever information is needed to support HSCPs and Health Boards in their efforts to provide that assistance.
- 5.5. GP contractors should recognise that HSCPs and Health Boards need time to make decisions on how to help those GP contractors who need assistance.

Giving notice of termination of the GMS or PMS Contract

- 5.6. If the GP contractor gives notice of the termination of its contract, the likelihood of a successful outcome to any premises issue for all parties is significantly reduced. Giving notice of termination arbitrarily constrains the length of time in which a solution can be found; six months for most practices, and only three months for practices with one partner. Giving notice of termination is not an application for the practice to become a "2C practice".² If the Health Board decides to continue the GP practice as a section 2C practice, it is under no obligation to employ the former partners or to provide support in relation to premises.
- 5.7. Giving notice of termination of the GMS or PMS contract makes it more likely that the Health Board will be forced to consider dispersing the patient list amongst neighbouring practices using the contractual assignment process.
- 5.8. The measures outlined in this Code are aimed at GP contractors who will continue to provide services under a GMS or PMS contract.

Open-book policy

- 5.9. GP contractors who request assistance with premises liabilities from their Health Boards will need to be prepared to adopt an open-book policy. They must provide all relevant information to the Health Board including (but not limited to):
- accounts;
 - partnership agreement (where applicable);
 - copy of the lease (where applicable);
 - details of their mortgage as requested by the Health Board (where applicable);
 - copy of the premises title deeds (where applicable);
 - copy of any standard security over the premises (where applicable); and
 - details of what has led to the request for assistance and what steps have been taken to solve those issues.

- 5.10. In turn, Health Boards will fully respect the confidentiality of the information provided and will use it for no other purpose than to identify how it should provide support and assistance.
- 5.11. While the parties are working together to find an appropriate solution to the premises issue, all parties should respect the confidentiality and sensitivity of the discussions taking place.

Health Boards' approach to decision making

- 5.12. When Health Boards are making decisions on whether to provide assistance to GP contractors with their premises liabilities, the Health Boards should, amongst other things:
- take into account the needs of patients and existing statutory responsibilities;
 - work with the relevant HSCP to identify a solution that supports the appropriate provision of primary care services in that locality;
 - consult with their Area Medical Committee (in practice this is expected to be the GP Sub-Committee);
 - consider the effect of their decisions on neighbouring GP practices; and
 - set out clear reasons for their decisions.

6. STANDARDS

GMS and PMS Contracts

- 6.1. All GP contractors have to ensure their premises are suitable for the delivery of the services they provide and that they are sufficient to meet the reasonable needs of their patients.³

The Premises Directions

- 6.2. Any GP contractor who receives payments for recurring premises costs under the Premises Directions has to comply with the minimum standards set out in Schedule 1 of the Directions. Those standards include a requirement for GP contractors to maintain the premises, fittings and furniture in good repair.
- 6.3. Therefore, all GP contractors who receive assistance with rental costs, Notional Rent or borrowing cost payments have agreed to maintain their premises in good repair as a condition of that assistance.

Standards imposed by the general law

- 6.4. There are a number of standards which are imposed on GP contractors by the general law as owners and as occupiers of buildings. GP contractors are also required by their GMS or PMS contracts to comply with all relevant legislation.
- 6.5. All Health Boards should provide advice to their GP contractors on the property related assessments that GP contractors have to carry out by law.

3
GMS Regulations 2004, Schedule 5, paragraph 1 & PMS Regulations 2004, Schedule 1, paragraph 5. These obligations will continue under the new contract regulations.

Premises leased from private landlords

- 6.6. Most GP contractors who lease their premises privately will have an obligation in their lease to maintain the premises to a certain standard. Many commercial leases are Full Repairing and Insuring leases (FRI) – the tenant has to maintain both the interior and exterior of the building and also insure the building. Under other leases the tenant only has to maintain the interior of the building and pays (by way of a higher rent or service charge) for the landlord to maintain the exterior and to insure the building.
- 6.7. The standard to which tenants have to maintain their properties varies. Some leases may require the tenant to keep the property in “good repair”. Other leases may exclude “fair wear and tear” from the repairing obligation, so that the tenant has a lower standard to meet. Differences in repairing standards are usually reflected in the rent.
- 6.8. It is important that GP contractors understand what their repairing obligations are under their leases.
- 6.9. GP contractors in leased premises should ensure they maintain their premises to the standard required by their leases.

7. VALUATION

- 7.1. There are different ways to value premises used as GP surgeries. Existing Use Value is the value of the premises if they are to continue to be used for a GP surgery. The Existing Use Value can be calculated by taking the figure for the Notional Rent that the Health Board pays to the GP contractor and applying an appropriate multiplier. The multiplier will change depending on different factors such as location. Existing Use Value can equate to Market Value in many instances.
- 7.2. Another way to value GP premises is to Market Value. Premises which can be used as residential property will often have a higher Market Value than their Existing Use Value. Premises which can only be used for non-residential purposes may have a lower Market Value than their Existing Use Value. This would be the case if there were no market for commercial property in the area and a GP surgery were not going to continue in the building.
- 7.3. While there are other methods of valuing property, this Code refers to bases of Market Value and Existing Use Value only.

8. THE GP PREMISES SUSTAINABILITY FUND

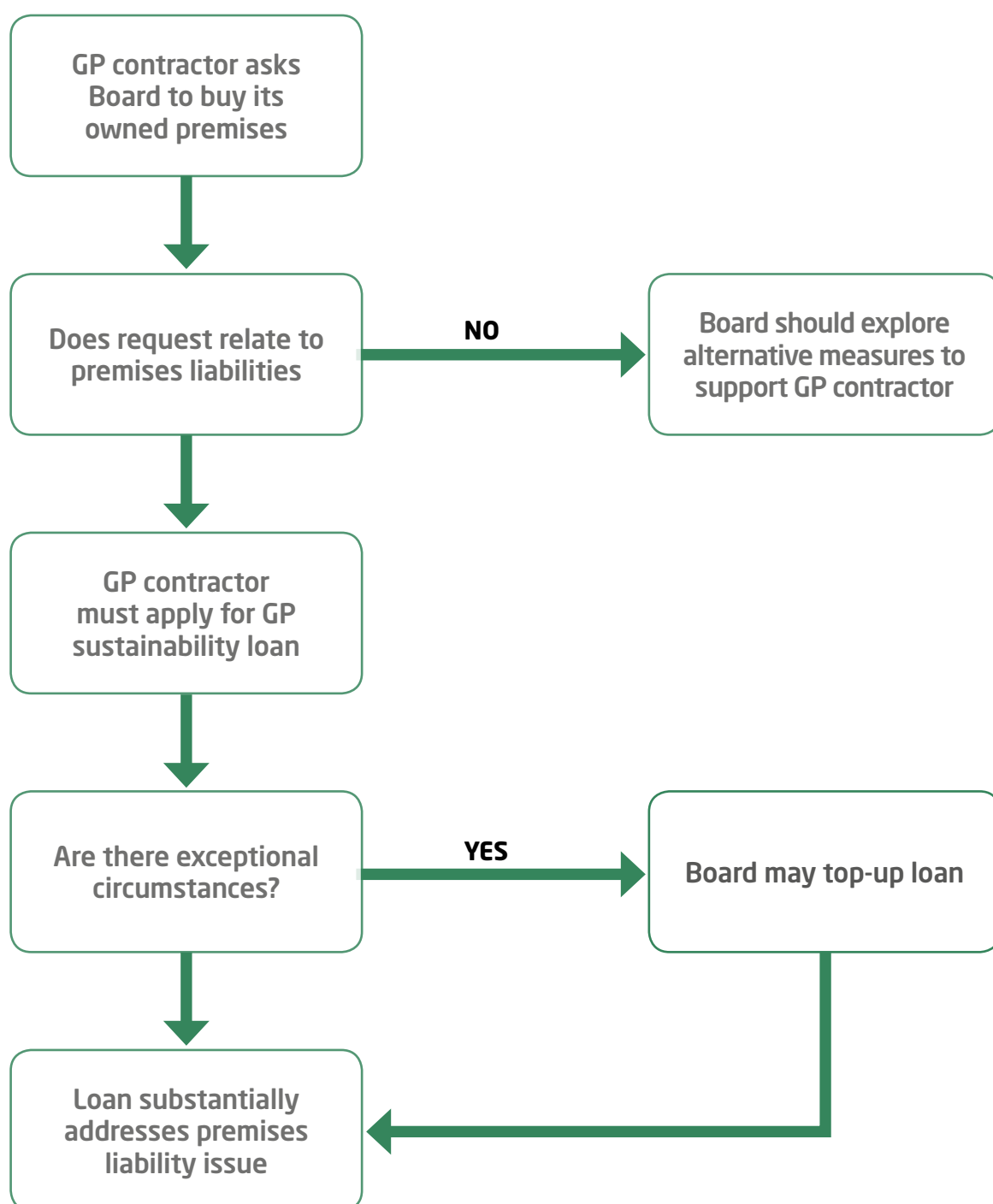
- 8.1. The Scottish Government is creating a GP Premises Sustainability Fund from 1 April 2018 to provide additional support to GP contractors who own or lease their premises. It will be used to fund GP Sustainability Loans and to ease the process of transferring responsibility for leasing premises from GPs to Health Boards.
- 8.2. The Fund will open to loan applications from 1 April 2018. A system of prioritisation will be put in place. It is likely that only priority applications will be considered in the first six months of the Fund. This will be reviewed on a quarterly basis.
- 8.3. All applications by GP contractors will be made to their Health Board in the first instance to be checked and prioritised before being passed to the Scottish Government. Funding will be awarded on a quarterly basis.
- 8.4. Further guidance on the application process, the system of prioritisation, and the criteria for making awards will be published in the first quarter of 2018.

PART B: GP OWNED PREMISES

9. GP OWNED PREMISES - STRATEGY

- 9.1. The Scottish Government is committed to supporting the gradual shift towards a model where GPs are not presumed to own their premises. This part of the Code sets out the Scottish Government's plan to achieve this shift in a sustainable and affordable way.
- 9.2. The first priority is to ensure the sustainability of general practice by mitigating the effect of premises issues. This will be done by providing GP Sustainability Loans. During the period 2018 to 2023, all GP contractors who own their premises will be eligible to receive a GP Sustainability Loan out of the GP Premises Sustainability Fund. These loans will help support general practice as a whole. They will allow partners to release capital without destabilising their practice, reduce the up-front cost of becoming a GP partner, and make general practice more financially rewarding. The loans will encourage GPs to become partners in practices which own their premises.
- 9.3. The Scottish Government envisages that once the first cycle of GP Sustainability Loans is complete (2023), a further five year cycle will begin to further reduce the risk to GP practices which own their premises. The Scottish Government intends that these five year cycles of investment will continue until the transition to the new model where GPs no longer own their premises is complete (by 2043). The Scottish Government anticipates that Health Boards will complete the purchase of the GP owned estate from 2038 onwards. GP contractors should not expect their Health Board to buy their premises before then.
- 9.4. In order to achieve the change in the model of GP premises ownership, Health Boards must as part of their strategy for primary care (in addition to providing GP Sustainability Loans) over the next 25 years either:
 - purchase existing GP owned premises in a planned manner; or
 - provide alternative premises to allow GPs to sell their existing premises where that is in the best interests of patients and provide GPs with financial assistance with relocation.
- 9.5. This Code sets out two further measures to allow Health Boards to do this. Firstly, it will be a condition of a GP Sustainability Loan that the Health Board can purchase the GP premises at an appropriate value (except where that is not enough to clear the GP contractor's other secured debts).
- 9.6. GP Sustainability Loans will create a financial incentive for GP contractors to remain in their existing premises even where it is no longer appropriate for them to do so. As a result, Health Boards will have a new power to withdraw (where it is appropriate to do so) Notional Rent and borrowing cost payments from a GP contractor owner-occupier who chooses not to re-locate to suitable alternative premises provided by the Health Board. The Area Medical Committee (in practice this is expected to be the GP Sub-Committee) must be involved in this decision and the alternative premises must be suitable for the provision of primary medical services. Health Boards must ensure that a GP contractor is given sufficient financial guarantees where the GP contractor is asked to move. These guarantees are set out in more detail in section 14.

- 9.7. Taken together, the measures outlined in this Part of the Code will stabilise general practice, make it more financially rewarding to be a GP partner and will enable the transition, over a 25 year period, to a model where GPs are no longer presumed to own their premises.



10. GP SUSTAINABILITY LOANS

Introduction

- 10.1. From April 2018 to March 2023, all GP contractors who own their premises can receive a GP Sustainability Loan from their Health Board.

GP Sustainability Loans - Key points

- All GP contractors who own their premises will be eligible for an interest-free loan including those in negative equity.
- The loans will be for an amount of up to 20% of the Existing-Use Value of the premises and they will be secured against the premises.
- Loans will be funded from the GP Premises Sustainability Fund.
- Health Boards will have the power to top-up the amount of the loans where they decide that there are exceptional circumstances.
- The loans will be repayable if the premises are sold or are no longer used by the GP contractor for the provision of primary medical services under a contract with a Health Board.
- The loan will have no effect on Notional Rent or borrowing cost payments. There will be no abatements due to a loan.
- A system for prioritising applications will be put in place to ensure that assistance is given first to those who need it most.

Purpose of GP Sustainability Loans

- 10.2. GP Sustainability Loans will increase the stability of general practice and increase the incentive of being a partner in a practice which owns its premises.
- 10.3. The retirement of a partner in a practice which has significant capital invested in its premises can have a destabilising effect on the practice and affect its sustainability. A GP Sustainability Loan would significantly reduce any destabilising effect the retirement of a partner may have. It would also reduce the up-front cost to new partners of joining the practice.

EXAMPLE 1

The partnership has five partners and its premises are valued at £500,000. The partnership has no secured debts and it receives Notional Rent payments. Notional Rent is greater than the premises-related costs but it is expensive for new partners to join. Difficulties recruiting new partners threaten the sustainability of the practice.

An existing partner wishes to retire. The partnership receives an interest-free secured loan of £100,000 from its Health Board and uses it to pay-off the retiring partner.

The net value of the partnership's assets is now £400,000. It is less expensive to recruit new partners as the value of the partnership's assets is less. Notional Rent is still greater than premises-related costs.

	CURRENT POSITION			FUTURE POSITION		
	CONTINUING PARTNERS	RETIRING PARTNERS	TOTAL	CONTINUING PARTNERS	HEALTH BOARD	TOTAL
Example 1 (£000)						
Assets:						
Property	400	100	500	500		500
Debtors			0		100	100
Cash			0		-100	-100
Total Assets	400	100	500	500	0	500
Liabilities:						
Bank Creditor			0			0
Health Board Creditor			0	-100		-100
Total Liabilities	0	0	0	-100	0	-100
Net Assets/(Liabilities)	400	100	500	400	0	400
Partnership Equity	400	100	500	400	0	400

10.4. GP practices with premises which are in negative equity can struggle to both recruit new partners and to repay their loans. A GP Sustainability Loan would reduce the amount of the regular repayments those practices have to make and give them a much better chance to eliminate their negative equity. They will also increase the attractiveness to GPs of becoming partners in the practice as GP Sustainability Loans are only repayable if the premises are sold or are no longer used for providing primary medical services under a contract with the Health Board.

EXAMPLE 2

The partnership has five partners and its premises are valued at £500,000. The partnership has secured debts of £600,000. The net value of the partnership's assets is -£100,000. An incoming partner will not have to contribute capital to buy into the partnership but negative equity puts potential partners off joining the practice. Notional Rent may not be enough to cover the partnership's borrowing costs.

The partnership receives an interest-free secured loan of £100,000 from its Health Board which reduces its existing mortgage to £500,000. The partnership agrees to make capital repayments on its pre-existing debt. The net value of the partnership's assets is still -£100,000. However, it only has to make repayments on £500,000 of its debts. Notional Rent is now more likely to cover the loan repayments.

Potential new partners can be reassured that the £100,000 loan to the Health Board will only have to be repaid if the premises are sold or no longer used by the GP contractor for providing medical services. There is now a much better prospect of the partnership eliminating its negative equity and attracting new partners to carry on the practice.

	CURRENT POSITION			FUTURE POSITION		
	CONTINUING PARTNERS	RETIRING PARTNERS	TOTAL	CONTINUING PARTNERS	HEALTH BOARD	TOTAL
Example 2 (£000)						
Assets:						
Property	500		500	500		500
Debtors			0		100	100
Cash			0		-100	-100
Total Assets	500	0	500	500	0	500
Liabilities:						
Bank Creditor	-600		-600	-500		-500
Health Board Creditor			0	-100		-100
Total Liabilities	-600	0	-600	-600	0	-600
Net Assets/(Liabilities)	-100	0	-100	-100	0	-100
Partnership Equity	-100	0	-100	-100	0	-100

10.5. The up-front cost to new partners of joining GP practices which do not have significant capital tied-up in their premises is low. However, such practices may find that the payments they receive in Notional Rent are not enough to cover their premises-related costs. A GP Sustainability Loan would significantly reduce their borrowing costs and so increase their profitability.

EXAMPLE 3

The partnership has five partners and its premises are valued at £500,000. The partnership has secured debts of £500,000 and receives Notional Rent. The net value of the partnership's assets is £0. There is no up-front cost for new partners to join the practice. Notional Rent may not be enough to cover borrowing costs. The partnership receives a loan of £100,000 from its Health Board. The loan is used to repay £100,000 of the partnership's secured debt. The net value of the partnership's assets is still £0. There is still no up-front cost for a new partner to join the practice. However, the practice only has to make repayments on £400,000 of its debts. Its borrowing costs could reduce by up to 20% while its Notional Rent payments remain the same.

	CURRENT POSITION			FUTURE POSITION		
	CONTINUING PARTNERS	RETIRING PARTNERS	TOTAL	CONTINUING PARTNERS	HEALTH BOARD	TOTAL
Example 3 (£000)						
Assets:						
Property	500		500	500		500
Debtors			0		100	100
Cash			0		-100	-100
Total Assets	500		500	500	0	500
Liabilities:						
Bank Creditor	-500		-500	-400		-400
Health Board Creditor			0	-100		-100
Total Liabilities	-500		-500	-500	0	-500
Net Assets/(Liabilities)	0	0	0	0	0	0
Partnership Equity	0	0	0	0	0	0

- 10.6. GP practices which do not have substantial capital tied-up in their premises and receive Notional Rent payments which exceed their premises costs would also benefit. A GP Sustainability Loan would significantly reduce a practice's borrowing costs and so reduce their overall expenses. This increases the sustainability of the practice by making it more attractive to new partners.

Eligibility

- 10.7. All GP contractors who own their premises will be eligible.

Amount of loan

- 10.8. The GP Sustainability Loan will be of an amount up to maximum of 20% of the Existing Use Value of the premises.
- 10.9. Initially, the Existing Use Value of GP premises will be calculated using 2017 values for Notional Rent to ensure this commitment is affordable. This will be reviewed annually. These values are provided by the District Valuer.
- 10.10. Health Boards will be able to provide loans to GP contractors with money provided by the Scottish Government for that purpose. All loans will be funded from the GP Premises Sustainability Fund. Health Boards may, when they consider the circumstances are exceptional and entirely at their discretion, top-up the amount of the GP Sustainability Loan from their own funds but only if their resources allow it.

Repayment of loans by GP contractors

- 10.11. GP Sustainability Loans will be repayable in the event that the premises are no longer used by the GP contractor for the provision of primary medical services under a contract with a Health Board. The property cannot be sold without repayment being made.
- 10.12. The repayment obligation cannot be assigned by the GP contractor without the Health Board's consent. Changes in the membership of the GP contractor's partnership or reincorporation by the GP as a limited liability partnership will not trigger repayment of the loan.

Conditions which must be satisfied to obtain a GP Sustainability Loan

- 10.13. The GP Contractor must grant a standard security over its premises to secure the loan.
- 10.14. Where the GP contractor's premises are in negative equity, it must have or enter into an agreement with its pre-existing lenders to repay the capital of its pre-existing loans before the GP Sustainability Loan is made. Health Boards are entitled to review all existing loan and security arrangements when deciding an application for a GP Sustainability Loan.
- 10.15. The pre-existing debt owed to a holder of a pre-existing security would be paid off before the Health Board in the event that the GP contractor defaulted on its mortgage. A ranking agreement, on terms acceptable to the Health Board, with any pre-existing secured lenders is required before the Health Board makes an interest-free loan. Confirmation of the amount outstanding under any pre-existing secured loans is also required.

Conditions attached to GP Sustainability Loans

- 10.16. The GP Sustainability Loan will give Health Boards the option to purchase GP premises at an appropriate value, as assessed by the District Valuer as close as practical to the date of purchase. This value will depend on the type of the premises. For some premises, the value will be the Market Value. For others, it may be the Existing Use Value of the premises. The basis of valuation will be agreed in the loan documentation. The option to purchase will not be exercised if the purchase price is not sufficient to clear the GP contractor's other secured debts and an arrangement cannot be reached with the GP contractor's other secured lenders.
- 10.17. The Health Board will have an obligation to lease the premises back to the GP contractor where it exercises its option to purchase.
- 10.18. GP contractors who are not in negative equity must not increase their total secured borrowings to deliberately enter negative equity.

Payment of loans by Health Board


- 10.19. Where a GP contractor has pre-existing secured debts, the Health Board must pay such an amount of the loan directly to the pre-existing lender as is necessary to prevent the GP contractor from entering negative equity.
- 10.20. Where a GP contractor is in negative equity, the entire amount of the GP Sustainability Loan must be paid directly by the Health Board to the pre-existing lender.

Effect of loan on Notional Rent or borrowing cost payments

- 10.21. The provision of a GP Sustainability Loan will have no effect on recurring financial assistance paid to the GP contractor under the Premises Directions (i.e. Notional Rent and borrowing cost payments). These will not be abated due to a loan.

What happens when a GP Sustainability Loan becomes repayable?

- 10.22. A GP Sustainability Loan is repayable in one of two circumstances – where the premises are sold or are no longer used by the GP contractor for the purposes of providing primary medical services under a contract with a Health Board. Changes in the membership of the GP contractor's partnership or reincorporation by the GP as a limited liability partnership will not trigger repayment of the loan.
- 10.23. Where the premises are sold either by the GP contractor or another secured creditor, the GP Sustainability Loan is repayable in full. The Health Board will however write-off part of the GP Sustainability Loan in certain circumstances (see 10.27).

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- 10.24. If the premises are no longer used by the GP contractor for the purposes of providing primary medical services under a contract with the Health Board, the Health Board must agree to defer repayment for up to 12 months to allow the GP contractor to market the property.
- 10.25. If repayment has not taken place within the agreed period the Health Board is entitled to sell the property as a secured lender. Once all secured creditors are paid off, the balance of the sale price will be paid to the GP contractor. For the avoidance of doubt, the Health Board is entitled to refuse to discharge its security on a sale if full repayment is not taking place, unless the write-off provisions below apply.
- 10.26. The Health Board may also decide to exercise its option to purchase the premises. In this case, the value of the loan must be off-set against the purchase price.

In what circumstances will a Health Board write-off a GP Sustainability Loan?

- 10.27. Where the GP contractor sells its premises and the sale price is not enough to pay off the full amount of the GP Sustainability Loan, the part which cannot be paid off will be written-off by the Health Board if:
- 10.27.1. the Health Board is satisfied that the premises were placed on the open market with proper marketing to sell them at the maximum price achievable;
 - 10.27.2. the Health Board is satisfied, having taken professional advice, that an increased offer (i.e. an offer that was better than the one that was in fact accepted for the premises) could not reasonably have been achieved;
 - 10.27.3. the Health Board is satisfied that the premises have not been sold to a person connected to the GP contractor; and
 - 10.27.4. the GP contractor did not deliberately increase its borrowings so as to enter negative equity in the period between the granting of the GP Sustainability Loan and the marketing of the property i.e. the negative equity is due to market conditions, not GP contractor additional borrowing.
- 10.28. The GP contractor's debt will not be written-off if the GP contractor was in negative equity when it drew down its GP Sustainability Loan and it remained in negative equity from that point until the point the premises were sold.

- 10.29. A GP Sustainability Loan will not be written-off where the premises are sold by another secured creditor. The payment by Health Boards of Notional Rent and borrowing costs grants to GP contractors means that practices should never default on the repayments of their secured debts.

Prioritisation

- 10.30. If there are more applications at any one time for GP Sustainability Loans than there is funding available, applications will be prioritised according to need.
- 10.31. The system of prioritisation will be designed to ensure that loans are given first to those who need them most.
- 10.32. It is anticipated that the GP Premises Sustainability Fund will only be open to priority applications for its first six months. Further guidance on the system of prioritisation will be issued in early 2018.

Future purchase of premises by Health Board

- 10.33. In the event that the Health Board decides to purchase the GP premises after the GP contractor has received a GP Sustainability Loan, the value of the loan must be off-set against the purchase price.

Further loan applications

- 10.34. Once a GP contractor has received a GP Sustainability Loan, it will not receive a further loan for a period of at least five years, except in exceptional circumstances. This is to allow all premises owning GP contractors the opportunity to receive assistance by 31 March 2023.
- 10.35. A Health Board will accept its standard security ranking second to a commercial lender's standard security. This is the case even if the GP contractor only applies for a commercial loan after it has drawn-down its GP Sustainability Loan. This will allow GP contractors to continue to access the commercial loan market. The GP contractor must not, however, enter negative equity due to its additional borrowing.

11. THE LEASE OF GP OWNED PREMISES TO HEALTH BOARDS

- 11.1. Health Boards should only agree to lease premises from GPs in exceptional circumstances. There are few, if any, premises issues which will not be substantially addressed with a GP Sustainability Loan.
- 11.2. GP contractors with premises issues should apply for a GP Sustainability Loan before asking their Health Boards to lease their premises.
- 11.3. A GP contractor which wishes its Health Board to lease its premises due to premises issues must explain to the satisfaction of the Health Board what those issues are and how a GP Sustainability Loan or other measures would not address them.

- 11.4. If a GP contractor's request for the Health Board to lease its premises does not relate to premises liabilities, the Health Board and the GP contractor must explore alternative measures to address the issues facing the GP contractor.
- 11.5. Where a Health Board does decide to lease premises from GP contractors or former GP contractors, the Health Board must not agree to pay a rent higher than the market rent (for a lease of that type for a property of that type and condition) as assessed by the District Valuer.
- 11.6. This also applies where the premises are owned by a partner, former partner, shareholder or employee of the GP contractor or a family member or employer of such a person.⁴

Conditions of the GP owned premises before the Board leases it

- 11.7. The premises must be suitable for the provision of primary medical services, be sufficient to meet the reasonable needs of patients and meet the minimum standards in the Premises Directions before the Health Board agrees to lease them.

Terms of the lease

- 11.8. Further details on the terms on which Health Boards should lease premises are set out in Part C of this Code.

12. OUTRIGHT PURCHASE OF GP OWNED PREMISES BY HEALTH BOARDS

- 12.1. Health Boards should only purchase GP premises in response to a request by a GP contractor in exceptional circumstances. There are few, if any, GP premises issues which will not be substantially addressed by a GP Sustainability Loan. The purchase of GP premises is a time-consuming process. The high costs involved could be used instead to fund the construction of new primary care premises to meet population growth pressures or provide better facilities for existing practices.
- 12.2. A GP contractor with premises issues should apply for a GP Sustainability Loan before asking its Health Board to purchase its premises.
- 12.3. A GP contractor which wishes its Health Board to purchase its premises due to premises issues must explain to the satisfaction of the Health Board what those issues are and how a GP Sustainability Loan or other measures would not address them.
- 12.4. If a GP contractor's request for the Health Board to purchase its premises does not relate to premises liabilities, the Health Board and the GP contractor must explore alternative measures to address the issues facing the GP contractor.

⁴ "Family member" is used here with the same meaning as in the Premises Directions.

Condition of the premises

- 12.5. The premises should be suitable for the provision of primary medical services, sufficient to meet the reasonable needs of patients and meet the minimum standards set out in the Premises Directions before the Health Board agrees to purchase them. If the premises do not meet the required standards, the Health Board may choose not to purchase them.

Price

- 12.6. In order to ensure a fair price for both the GP contractor and the Health Board, Health Boards may only purchase GP-owned premises at the property's value as determined by the District Valuer. If the GP contractor is unwilling to sell at this price, the Health Board will not purchase the premises.
- 12.7. This also applies where the premises are owned by a partner, former partner, shareholder or employee of the GP contractor or a family member or employer of such a person.

Other conditions of purchase

- 12.8. All other normal conditions of purchase, such as conditions relating to title, building warrants, planning permission, statutory notices, moveable property, IT and telecom, and discharge of standard securities, must apply.

Terms on which GP contractors continue in Board owned premises

- 12.9. Where the GP contractor continues to occupy the premises it will do so on a lease or licence to occupy. Further details on the terms and conditions on which GP contractors should occupy Health Board provided facilities are set out in Part C.

13. NEW NOTIONAL RENT AND BORROWING COST GRANT APPLICATIONS

- 13.1. The cost of providing modern primary care facilities is significant and it is no longer reasonable to expect GPs to invest their own money in building them. It has been very rare for GPs to do so for some time.
- 13.2. Therefore, Health Boards will, in most circumstances, no longer approve applications by GP contractors for Notional Rent or borrowing cost payments under the Premises Directions for new GP owned premises. This rule only applies to premises which do not already receive Notional Rent or borrowing costs payments under the Premises Directions.
- 13.3. This rule does not affect existing payments under the Premises Directions or any increases to them. It does not prevent GPs who receive assistance with their borrowing costs from switching to Notional Rent payments instead.

- 13.4. The change reflects the reality of investing in new primary care facilities. GPs may continue to invest in existing GP owned premises.

14. RELOCATION OF GP CONTRACTORS

- 14.1. Under the 2004 Premises Directions, Health Boards can provide financial assistance to GP contractors who are relocating to modern leasehold premises. Health Boards will now be able to provide financial assistance to GP contractors who are relocating to any premises provided by the Health Board, other public bodies or community trusts.
- 14.2. The types of financial assistance that a Health Board can provide to a GP contractor who is relocating are: a guarantee of a minimum sale price for the GP contractor's existing premises; a mortgage deficit grant (to clear negative equity); and a mortgage redemption fees grant.
- 14.3. Taken together, these powers to provide financial assistance provide comfort to GPs in relation to their capital investment in their existing premises where they relocate to premises provided by the Health Board, another public body or a community trust.

Guaranteed minimum sale price

- 14.4. Where a GP contractor is relocating to premises provided by the Health Board, another public body or a community trust, the Health Board will be able to exercise its existing power to guarantee a minimum sale price for the GP contractor's existing premises.
- 14.5. The effect of the guarantee is that where the actual sale price is less than the guaranteed minimum sale price, the Health Board will provide financial assistance in the form of a payment equal to the difference between those two prices.

Mortgage deficit grants

- 14.6. Where a GP contractor is relocating to premises provided by the Health Board, another public body or a community trust, the Health Board will be able to exercise its existing power to provide a mortgage deficit grant. This means the Health Board can pay-off the GP contractor's negative equity. It ensures that negative equity is not a barrier to GPs relocating.

Mortgage redemption fees

- 14.7. Health Boards have the power to provide grants to GP contractors who are relocating in order to pay any mortgage redemption fees that the contractor incurs as a result of the sale of their existing premises.

Health Board's powers to relocate GP Contractors

- 14.8. GP Sustainability Loans are a significant intervention by the Scottish Government in the GP owned estate. They would, on their own, act to prevent the shift to a model where GPs do not provide their premises. A GP practice which owes a significant part of the value of its property to the Health Board (which it does not have to repay while the premises are used for primary medical services) and still receives Notional Rent would have a powerful financial incentive to remain in its existing premises and not move to alternative modern premises. Notional Rent payments would be much greater than the premises-related expenses and there would be little capital tied-up in the premises.
- 14.9. The intention behind GP Sustainability Loans is not to prevent the shift to a model where GPs do not provide their own premises – it is to support the GP owned estate and to smooth the transition to the new model.
- 14.10. Therefore, Health Boards will have a new power to withdraw Notional Rent and borrowing cost payments where all of the following conditions are met:
- a) the Health Board has asked the GP contractor to relocate from its current premises to premises provided by the NHS Board, another public body or a community trust;
 - b) the new premises are suitable for the delivery of primary medical services, sufficient to meet the reasonable needs of the contractor's patients, and comply with the minimum standards in the Premises Directions;
 - c) the new premises are within a reasonable distance of the current premises;
 - d) the Health Board guarantees a minimum sale price;
 - e) the Health Board agrees to provide a mortgage deficit grant in the event that the actual sale price is not enough to clear the GP contractor's secured debts;
 - f) the Health Board agrees to provide a mortgage redemption grant if there will be mortgage redemption fees;
 - g) the GP contractor chooses not to relocate; and
 - h) The Health Board has involved its Area Medical Committee (in practice this is expected to be the GP Sub-Committee) in its decision-making process.
- 14.11. A decision to withdraw Notional Rent or borrowing costs payments will be appealable to the Scottish Ministers under the contractual NHS Dispute Resolution Procedure.
- 14.12. This new power will allow Health Boards to provide fit-for-purpose premises to GP contractors within a reasonable distance of their current premises while providing comfort for GP contractors in relation to the value of their investment in their current premises.

PART C – PREMISES LEASED FROM PRIVATE LANDLORDS

15. STRATEGY FOR GP PREMISES LEASED FROM PRIVATE LANDLORDS

Long-term strategy

- 15.1. The Scottish Government's long term strategy is that no GP contractor will need to enter a lease with a private landlord. Health Boards will, over the course of the next fifteen years, take on the responsibility for negotiating and entering into leases with private landlords and the subsequent obligations for maintaining the premises from GP contractors who no longer want to lease privately. Health Boards will ensure that GP contractors are provided with fit-for-purpose accommodation which complies with the standards set by the Premises Directions.
- 15.2. GP contractors who wish to continue to provide their own accommodation are free to do so. They will continue to be eligible to receive rent reimbursements under the Premises Directions. Before a GP contractor agrees to a new lease with a private landlord, it should consult its Health Board on the terms of the proposed lease.

Short to medium term strategy

- 15.3. This Code sets out the actions that GP contractors who no longer wish to lease their premises from private landlords must take to allow Health Boards to take on that responsibility.
- 15.4. There are three ways in which Health Boards can take on the responsibility of providing a GP contractor with premises. Those are:
- negotiating a new lease for the GP contractor's current premises, with the Health Board as the tenant;
 - accepting an assignation of the GP contractor's current lease; and
 - providing alternative accommodation for the GP contractor when its current lease expires.
- 15.5. The difference in approach is set out in more detail in the subsequent sections of this Part.

16. WHERE HEALTH BOARDS LEASE GP PREMISES FROM PRIVATE LANDLORDS

- 16.1. This Code sets out two situations in which a Health Board leases GP premises from private landlords. Firstly, where the Health Board negotiates a new lease for the GP contractor's current premises or for new premises. Secondly, where the Health Board takes on an existing lease replacing a GP contractor as the tenant (assignation).
- 16.2. In both these cases, the lease must allow the Health Board:
- a) To use the premises for the provision of health and social care services (and not simply for the purposes of general practice);
 - b) To sub-let or grant a licence to occupy the premises or part of them for the purpose of providing health and social care services; and
 - c) To sub-let or grant a licence to occupy the premises on different terms from the principal lease.

- 16.3. Often leases only allow tenants to sub-let properties on the same terms and conditions as the principal lease. The Scottish Government wishes to support GP practices to continue as independent contractors. To allow this to happen, the lease to the Health Board (the principal lease) must allow the tenant (the Health Board) to sub-let or grant a licence to occupy the premises to a GP contractor on different terms from the principal lease.
- 16.4. One reason for this is that the Health Board must retain the obligation to maintain the premises, and to ensure the premises comply with relevant legislation or be able to require the landlord to do so. The Health Board will not pass on that responsibility to the GP contractor. The Health Board must make a reasonable charge, based on actual cost, to the GP contractor for maintenance and for any other services provided, such as utilities and cleaning.

17. GENERAL APPROACH

- 17.1. The closer a lease is to expiry, the more pressing the need to take action. The longer a lease has to expiry, the less pressing the need for the HSCP and the Health Board to take action. HSCPs and Health Boards should prioritise those practices whose leases expire first.


Leases - key points

If a lease expires before 1 April 2023, the most likely action is for the Health Board to negotiate a new lease or provide alternative accommodation.

If the lease expires after 1 April 2023, Health Boards will take on the existing lease from GPs where:

- the practice has ensured that its premises are suitable for the delivery of primary medical services and sufficient to meet the reasonable needs of its patients;
- the practice has met its statutory obligations regarding the premises;
- the practice has provided all relevant information to its Health Board;
- the practice has given sufficient notice to its Health Board of its need for assistance;
- the practice has registered the lease with the Health Board;
- the practice has the agreement of the landlord to the assignation of the lease (and the other necessary conditions);
- the practice has complied with its obligations under its existing lease; and
- the rent represents value for money.

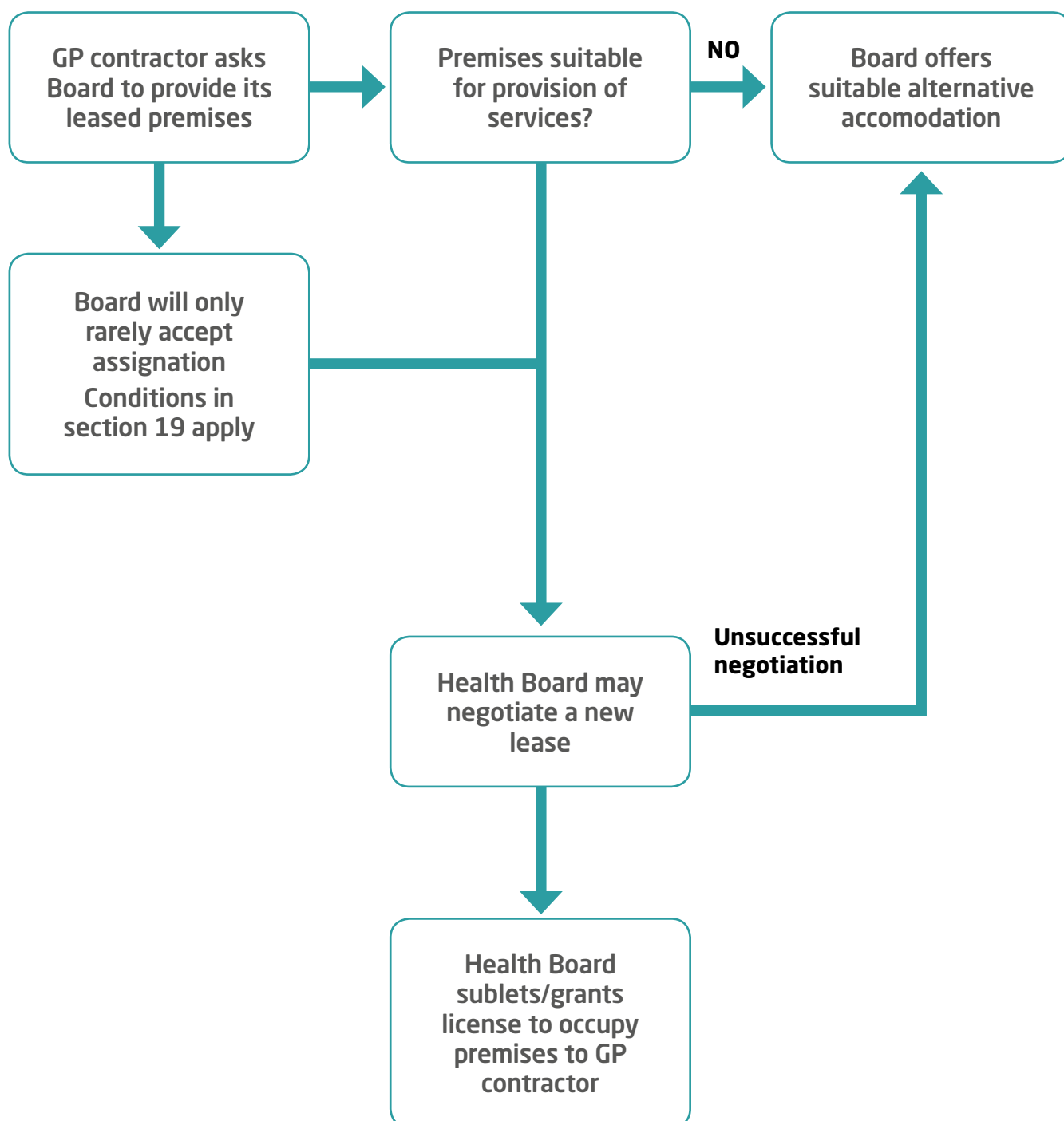
GP contractors who wish to continue to provide their own accommodation are free to do so. They will continue to be eligible to receive rent reimbursements under the Premises Directions.


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- 17.2. GP Contractors should formally advise their HSCP and Health Board as soon as they reach the point where their lease has no more than five years until the expiry date or until a break option can be exercised. This will give the parties time to develop the options for a plan for the GP Contractor to either continue in the existing premises or in alternative premises.
- 17.3. Where a lease is due to expire, if the GP contractor does not want to continue to provide its premises itself, it should not agree a new lease with its landlord. Instead, the Health Board must either negotiate a new lease for the current premises with itself as the tenant, accept an assignment of the lease, or offer alternative accommodation to the GP contractor. This is a decision for the Health Board to make.
- 17.4. If a lease expires within the next five years (before 1 April 2023), the Health Board will only agree to assignment of the existing lease in the rarest of circumstances. The most likely course of action is for the Health Board to negotiate a new lease with the landlord or to offer alternative accommodation to the GP contractor.
- 17.5. If a break option can be exercised within the next five years (before 1 April 2023), the Health Board may decide to negotiate a new lease or provide alternative accommodation to the GP contractor, asking the GP contractor to exercise its right to terminate the lease at its break point. The Health Board may also accept an assignment of the lease if the conditions set out in section 19 are met.
- 17.6. If a GP contractor's lease expires after 1 April 2023, the GP contractor may apply to the Health Board for its lease to be included on a register of the leases that the Health Board is willing to accept the assignment of the tenant's interest. The lease may then be assigned to the Health Board at an agreed future date if the conditions set out in section 19 are met.

18. NEGOTIATION OF NEW LEASES OR PROVISION OF ALTERNATIVE ACCOMMODATION

- 18.1. Where a lease is due to expire and the GP contractor is to remain in its existing premises, the most likely option for the Health Board to take is negotiating a new lease and not assignment of the existing lease.
- 18.2. The Health Board's approach should be informed by the priorities, identified by the HSCP for the Health Board's operational area. Where there is more than one HSCP, the Health Board, together with the HSCPs in its operational area, will have to agree the Health Board's priorities.


Negotiation of a new lease



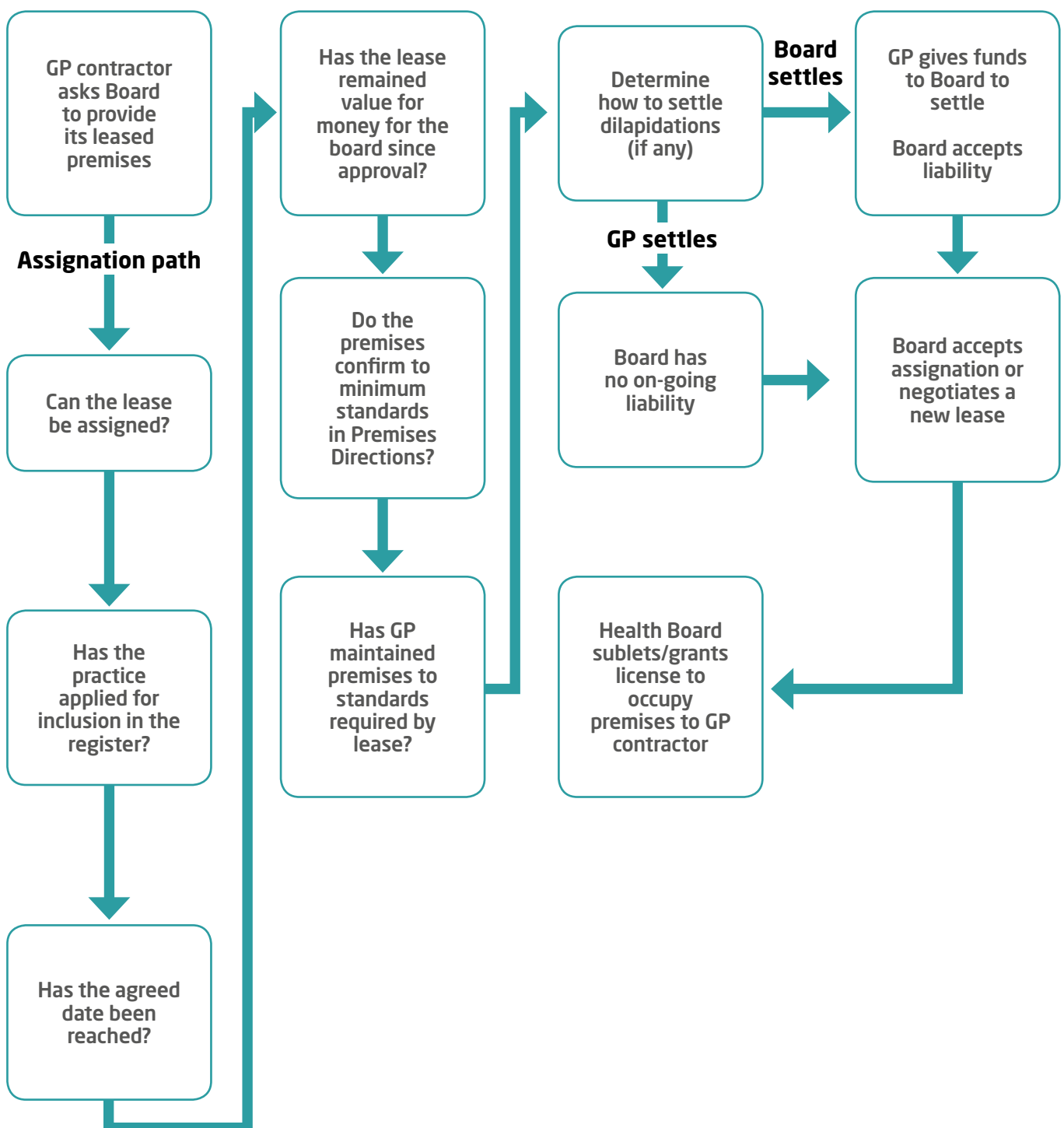
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- 18.3. If the delivery of primary medical services from the existing premises continue to meet the needs of the local community, and if the premises continue to be suitable for the provision of primary medical services, the Health Board may attempt to negotiate a new lease with the landlord.
- 18.4. The GP contractor must meet the cost of the dilapidations claim it agrees with the landlord.
- 18.5. The Health Board should seek in its negotiations on the new lease with the landlord to minimise the level of dilapidations for which the contractor is liable without prejudicing its own position. The Health Board may provide financial assistance to the GP contractor with negotiating any dilapidations claim.
- 18.6. GP contractors who have, in the opinion of their Health Board, taken all reasonable steps to maintain their property to the standards required by their leases and the Premises Directions, may be able to recover part of the cost of any reasonable dilapidations claim from the GP Premises Sustainability Fund. This will be permitted only where budgets allow. The GP contractor must take all reasonable steps to reduce the amount payable to its landlord in respect of dilapidations.
- 18.7. In these circumstances, a GP contractor must allow its Health Board to inspect its premises and provide to its Health Board a copy of its lease (with any accompanying schedule of condition and schedule of dilapidations), copies of its accounts, any invoices for repair and maintenance and details of the steps taken to negotiate the level of the dilapidations claim. This is to allow the Health Board to determine whether the GP contractor has taken all reasonable steps to maintain its property to the standards required by its lease and the Premises Directions and to reduce the amount to be paid in respect of the dilapidations claim.
- 18.8. If the Health Board decides to accept an assignment of the lease rather than negotiating a new lease, the conditions in relation to the assignment of a lease as set out in section 19 will apply.


Alternative accommodation

- 18.9. If the GP contractor is not to continue in its existing premises, the Health Board must offer alternative, fit-for-purpose, accommodation to the GP contractor which complies with the standards set by the Premises Directions.
- 18.10. The GP contractor must meet the cost of the dilapidations claim it agrees with the landlord.
- 18.11. The Health Board may provide financial assistance to the GP contractor with negotiating any dilapidations claim.

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- 18.12. GP contractors who have, in the opinion of their Health Board, taken all reasonable steps to maintain their property to the standards required by their leases and the Premises Directions, may be able to recover part of the cost of any reasonable dilapidations claim from the GP Premises Sustainability Fund. This will be permitted only where budgets allow. The GP contractor must take all reasonable steps to reduce the amount payable to its landlord in respect of dilapidations.
- 18.13. In these circumstances, a GP contractor must allow its Health Board to inspect its premises and provide to its Health Board a copy of its lease (with any accompanying schedule of condition and schedule of dilapidations), copies of its accounts, any invoices for repair and maintenance and details of the steps taken to negotiate the level of the dilapidations claim. This is to allow the Health Board to determine whether the GP contractor has taken all reasonable steps to maintain its property to the standards required by its lease and the Premises Directions and to reduce the amount to be paid in respect of the dilapidations claim.
- 18.14. The Health Board should also consider leasing the existing premises on a short-term basis while it finds more suitable alternative accommodation.

19. ASSIGNATION OF LEASES



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- 19.1. Health Boards should establish a register ('the Register') within the Estates Terrier Section of the Estate and Asset Management System (EAMS) of the leases in which they are willing to accept an assignment of the tenant's interests.
- 19.2. Only those leases which expire after 1 April 2023 are likely to be included in the Register for the reasons given in section 17.
- 19.3. The number of leases that Health Boards accept assignment of each year will have to be managed. Health Boards do not have the capacity to accept assignment of all or even most GP leases within a short period of time.
- 19.4. A GP contractor may apply to the Chief Executive of its Health Board for its lease to be included on the Register. The application must include:
- the date on which it would like the lease to be assigned to the Health Board;
 - the reason(s) why that date has been chosen;
 - an explanation of why a later date is not reasonable or practical;
 - a copy of the lease;
 - confirmation in principle by the landlord that it will consent to the assignment; and
 - confirmation in principle by the landlord that it will consent to the Health Board using the premises for any health or social care purpose (where such consent is necessary).
- 19.5. Once an application has been received, the Health Board will check the application to ensure it is accurate and gather any additional information it considers necessary from the GP contractor to carry out this check. The Health Board and the GP contractor will agree the date on which the lease is to be assigned. Where the Health Board is of the view that it is reasonable and practical for the lease to be assigned to it at a different date to that included in the application, the Health Board and GP contractor may agree to amend that date in the application. The Health Board may choose another date for assignment of a lease on the grounds of capacity. If agreement on a date cannot be reached, the Health Board may refuse the application.
- 19.6. Once the lease is on the Register, the Health Board will accept an assignment of the tenant's interest in the lease on the agreed date provided:
- i. that the lease has not been varied in such a way that it no longer represents value for money since the Health Board approved the payment of financial assistance with the GP contractor's rental costs under the Premises Directions; and
 - ii. the GP contractor can provide the following:
 - a) A variation of the lease to allow assignment (where necessary);
 - b) The landlord's consent to assignment (where necessary);

- c) A variation of the lease to allow the premises to be used for health and social care purposes (where necessary);
- d) A variation of the lease to allow the tenant to sub-let and grant a licence to occupy on different terms from the principal lease (where necessary);
- e) A schedule of dilapidations which has been agreed between the landlord and the GP contractor for the GP contractor to fund and/or carry out prior to the assignation being completed;
- f) Sufficient funds to meet the cost of any dilapidations not undertaken by the time of the assignation;
- g) Confirmation and evidence from the GP contractor to the Health Board's satisfaction that the premises comply with all relevant statutory obligations;
- h) Confirmation and evidence to the Health Board's satisfaction that the premises comply with the minimum standards set out in the Premises Directions;
- i) A signed sub-lease or licence to occupy in the form provided by the Health Board.

Value for money

- 19.7. In most cases, the Health Board will have already satisfied itself that the terms of the lease represent value for money when granting financial assistance with rental costs to the GP contractor under the Premises Directions.
- 19.8. However, it is possible that a lease has been varied by the GP contractor and the landlord since the Health Board decided to grant financial assistance with rental costs. The Health Board will have to be satisfied, where appropriate in consultation with the District Valuer, that the varied lease still represents value for money.
- 19.9. If the lease no longer represents value for money, the Board may refuse to accept assignation.

Variation of lease and landlord's consent (points a to d in paragraph 19.6)

- 19.10. Most leases contain a clause about assignation. Often the lease will say that the tenant can only assign its rights and obligations to another person with the landlord's agreement, usually with the proviso that this consent is not to be unreasonably withheld. Only rarely will a lease say that the tenant cannot assign the lease at all.
- 19.11. If a GP contractor's lease says that it cannot be assigned at all, the GP contractor must obtain a variation to the lease to allow assignation before it can be assigned to the Health Board.
- 19.12. If a GP contractor's lease requires the landlord's consent to the assignation of the lease, the GP contractor must obtain the landlord's consent to the assignation when the contractor assigns the lease to the Health Board.

- 19.13. Where the documents at points a, b, c and d in paragraph 19.6 are required, the assignment to the Health Board cannot proceed until they are obtained by the GP contractor. If the documents are not forthcoming by the date on which the lease is to be assigned, the Health Board may remove the lease from the Register. The Health Board will then be under no further obligation to accept an assignment of the tenant's interest in the lease.
- 19.14. There are three parties that have to reach agreement to allow a Health Board to take on an existing lease from a GP contractor – the Health Board, the GP contractor and the landlord. Both the GP contractor and the Health Board must do what they can to achieve the timescales as agreed between them. This includes, where the GP contractor requires and requests it, the Health Board facilitating and supporting the GP contractor with discussions between it and the landlord.

Dilapidations (points e and f in paragraph 19.6)

- 19.15. The GP contractor should pay the funds for any dilapidations directly to the landlord. The Health Board may provide financial assistance to the GP contractor with negotiating any dilapidations claim. The landlord should then confirm in writing to the Health Board that the dilapidations costs have been paid by the GP contractor, when and how the remedial works will be undertaken and that the Health Board will have no on-going liability for those dilapidations.
- 19.16. Alternatively, the Health Board may agree to the GP contractor paying the agreed cost of the dilapidations directly to the Health Board. This will allow the Health Board to carry out the remedial work itself. The Health Board will have to ensure that the dilapidations claimed by the landlord are fair and reasonable. In this case, the Health Board will accept liability for all dilapidations at the expiry of the lease, including those dilapidations which occurred while the GP contractor leased the premises.
- 19.17. Once the lease is assigned to the Health Board, it will become responsible for maintaining the property according to the terms of the lease. If it fails to do so, the Health Board will be responsible for paying any future dilapidations claim. Therefore, if a GP contractor fails to satisfy points e and f, the Health Board may refuse to accept an assignment of the lease.
- 19.18. GP contractors who have, in the opinion of their Health Board, taken all reasonable steps to maintain their property to the standards required by their leases and the Premises Directions, may be able to recover part of the cost of any reasonable dilapidations claim from the GP Premises Sustainability Fund. This will be permitted only where budgets allow. The GP contractor must take all reasonable steps to reduce the amount payable to its landlord in respect of dilapidations.

19.19. In these circumstances, a GP contractor must allow its Health Board to inspect its premises and provide to its Health Board a copy of its lease (with any accompanying schedule of condition and schedule of dilapidations), copies of its accounts, any invoices for repair and maintenance and details of the steps taken to negotiate the level of the dilapidations claim. This is to allow the Health Board to determine whether the GP contractor has taken all reasonable steps to maintain its property to the standards required by its lease and the Premises Directions and to reduce the amount to be paid in respect of the dilapidations claim.

Compliance with statute and the Premises Directions (points g and h in paragraph 19.6)

19.20. If the GP contractor cannot provide the confirmation and evidence required at points g and h in paragraph 19.6, it must pay the Health Board an amount which the Health Board is satisfied will cover the cost of the Health Board improving the premises so that they do comply with statutory requirements and the minimum standards set by the Premises Directions. If a GP contractor fails to provide the confirmation and evidence at points g and h in paragraph 19.6 and it fails to provide payment to cover the costs of compliance, the Health Board may refuse to accept an assignation of the lease.

Assignation and repairing obligations

19.21. Once the lease is on the Register, the GP contractor will be expected to continue to comply with the tenant's obligations, including any repair, maintenance and statutory obligations, until the date of assignation to the Health Board.

Negotiation of a new leases for premises on the Register

19.22. Instead of accepting assignation of a lease on the Register, the Health Board may negotiate a new lease for the premises with itself as the tenant. If those negotiations are unsuccessful, the Health Board will still accept assignation of the lease if the conditions are met.



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W W W . g o v . s c o t

Premises	Practice	Practice #	Health Board	End Date of Lease	Is the tenant responsible for internal repairs?	Is the tenant responsible for external repairs?	Is the tenant responsible for insuring the building?	Practice requested Board to take over lease
The Health Centre, 12 Carswell Wynd, Auchtermuchty, KY14 7AW	Auchtermuchty Practice	2005-7	NHS Fife	07/07/2023	Yes	Yes	Yes	Yes
3-5 Jutland Street, Rosyth, KY11 2ZL	Primrose Lane Medical Practice	2175-5	NHS Fife	04/06/2025	Yes	Yes	Yes	Yes
19 High Street, Markinch, KY7 6ER	Markinch Medical Practice	2145-4	NHS Fife	05/03/2026	Yes	Yes	Yes	No
65 Bennoch Road, Kirkcaldy, KY2 5RB*	Bennoch Medical Practice	2097-9	NHS Fife	19/01/2028	Yes	Yes	Yes	Yes
54-58 Lochleven Road, Lochore, KY5 8DA	Benarty Medical Pracctice	2142-1	NHS Fife	21/09/2030	Yes	Yes	Yes	Yes
The Surgery, Anderson Drive, Leslie, KY6 3LQ	Leslie Medical Practice	2115-3	NHS Fife	07/06/2032	Yes	Yes	Yes	No
16 Victoria Street, Newport on Tay, DD6 8DJ	Tayview Medical Practice	2160-9	NHS Fife	02/09/2032	Yes	Yes	Yes	No

* Premises owned by Scottish Ministers

Meeting:	Finance, Performance & Resources Committee
Meeting date:	13 July 2021
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Performance
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:

- Joint Fife Remobilisation Plan for 2021/22 (RMP3)

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report informs the Finance, Performance & Resources (FPR) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of April 2021.

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 2020 meeting of the SG Committee was cancelled due to the pandemic, but 'virtual' meetings have taken place bi-monthly since July 2020.

2.3 Assessment

The IPQR has been refreshed in appearance for FY 2021/22. While the content is unchanged in terms of measures covered, the presentation of information has undergone a number of cosmetic changes in order to provide clearer information, particularly in the drill-down section. Some measures have revised targets for FY 2021/22, reflecting performance and challenges in the previous year.

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife is now working according to the Joint Fife Remobilisation Plan for 2021/22 (RMP3), and the IPQR provides a high-level activity summary on Page 4. This will be updated monthly as the year progresses, and forecasts may change in accordance with guidance from 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%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving

Operational Performance – H&SCP

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

CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving

Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	-£13.8m	Not achieving
Capital Expenditure	Monthly	£25.3m	Achieving

2.3.1 Quality/ Patient Care

Not applicable.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members are aware of the approach to the production of the IPQR since April 2020.

Standing Committees and Board Meetings were cancelled in May 2020, but restarted in July 2020, and the June IPQR will be available for discussion at the round of June/July meetings.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and reviewed by EDG members on 24 June. The report was authorised for release to Board Members and Standing Committees at EDG.

2.4 Recommendation

The FPR Committee is requested to:

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

3 List of appendices

None

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Fife Integrated Performance & Quality Report

Produced in June 2021

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. Remobilisation Summary
- e. 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.

Health Boards are planning the recovery of services following the first and second waves of the COVID-19 Pandemic. NHS Fife has agreed its Joint Remobilisation (RMP3) for 2021/22, and this effectively replaces the previous 1-year or 3-year Annual Operational Plans. It includes forecasts for activity across key outpatient and inpatient services, and progress against these forecasts is included in this document by two methods:

- Update of monthly activity (Remobilisation Summary)
- Enhancement of drill-downs to illustrate actual v forecast activity

The RMP provides a detailed, strategic view of how NHS Fife will approach the recovery, while the IPQR drills down to a level where specific Improvement Actions are identified and tracked. In order to provide continuity between the IPQR from version to version (year to year), Improvement Actions carry a '20', '21' or '22' prefix, to identify their year of origin. 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 10 (34%) classified as **GREEN**, 4 (14%) **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:

- Falls With Harm – falls rate below the new (reduced) target for FY 2021/22
- ECB – infection rate continued to be significantly under the FY 2021/22 target following a low number of infections in the 3-month period from February to April
- Cancer 31-day DTT – continued to exceed the 95% Standard, for the 9th month in succession

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 7 (25%) within upper quartile, 15 (50%) in mid-range and 7 (25%) in lower quartile.

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

c. Indicator Summary			Performance								Benchmarking				
			meets / exceeds the required Standard / on schedule to meet its annual Target								<div></div>	Upper Quartile			
			behind (but within 5% of) the Standard / Delivery Trajectory								<div></div>	Mid Range			
			more than 5% behind the Standard / Delivery Trajectory								<div></div>	Lower Quartile			
Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current		Trend	Reporting Period	Fife		Scotland	
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Apr-20	26	Mar-21	32	Apr-21	23	↑	<div></div>	N/A			
	HSMR	N/A	Year Ending	Dec-19	1.02	Sep-20	1.01	Dec-20	1.01	↔	<div></div>	YE Dec-20	1.01	<div></div>	1.00
	Inpatient Falls	7.68	Month	Apr-20	7.50	Mar-21	8.01	Apr-21	7.82	↑	<div></div>	N/A			
	Inpatient Falls with Harm	1.65	Month	Apr-20	1.56	Mar-21	1.68	Apr-21	1.26	↑	<div></div>	N/A			
	Pressure Ulcers	0.42	Month	Apr-20	1.02	Mar-21	1.22	Apr-21	1.30	↓	<div></div>	N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓	<div></div>	QE Dec-19	2.3%	<div></div>	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Apr-20	10.6	Mar-21	16.5	Apr-21	16.8	↓	<div></div>	QE Dec-20	20.6	<div></div>	18.8
	SAB - Community	N/A	Quarter Ending	Apr-20	15.9	Mar-21	13.0	Apr-21	11.0	↑	<div></div>	QE Dec-20	12.8	<div></div>	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Apr-20	9.3	Mar-21	10.2	Apr-21	14.2	↓	<div></div>	QE Dec-20	7.7	<div></div>	16.1
	C Diff - Community	N/A	Quarter Ending	Apr-20	1.1	Mar-21	7.6	Apr-21	6.6	↑	<div></div>	QE Dec-20	2.1	<div></div>	4.3
	ECB - HAI/HCAI	33.0	Quarter Ending	Apr-20	33.0	Mar-21	21.6	Apr-21	16.8	↑	<div></div>	QE Dec-20	50.3	<div></div>	40.9
	ECB - Community	N/A	Quarter Ending	Apr-20	26.1	Mar-21	33.7	Apr-21	25.3	↑	<div></div>	QE Dec-20	27.0	<div></div>	37.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Apr-20	68.8%	Mar-21	87.1%	Apr-21	80.3%	↓	<div></div>	2019/20	71.5%	<div></div>	79.9%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Apr-20	22.9%	Mar-21	25.0%	Apr-21	21.6%	↓	<div></div>	2019/20	35.7%	<div></div>	51.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Apr-20	100.0%	Mar-21	100.0%	Apr-21	100.0%	↔	<div></div>	N/A			
	4-Hour Emergency Access	95%	Month	Apr-20	96.8%	Mar-21	90.8%	Apr-21	91.9%	↑	<div></div>	Apr-21	91.9%	<div></div>	88.7%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Apr-20	57.3%	Mar-21	49.7%	Apr-21	54.1%	↑	<div></div>	Mar-21	51.7%	<div></div>	34.7%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Apr-20	74.8%	Mar-21	53.4%	Apr-21	56.4%	↑	<div></div>	Mar-21	52.6%	<div></div>	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Apr-20	46.3%	Mar-21	80.6%	Apr-21	85.3%	↑	<div></div>	Mar-21	80.7%	<div></div>	61.4%
	18 Weeks RTT	90%	Month	Apr-20	90.1%	Mar-21	72.4%	Apr-21	69.2%	↓	<div></div>	QE Mar-21	73.2%	<div></div>	75.9%
	Cancer 31-Day DTT	95%	Month	Apr-20	94.5%	Mar-21	100.0%	Apr-21	97.8%	↓	<div></div>	QE Dec-20	99.0%	<div></div>	98.6%
	Cancer 62-Day RTT	95%	Month	Apr-20	67.5%	Mar-21	80.3%	Apr-21	78.1%	↓	<div></div>	QE Dec-20	84.5%	<div></div>	86.2%
	Detect Cancer Early	29%	Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓	<div></div>	2018, 2019	26.1%	<div></div>	25.6%
	Freedom of Information Requests	85%	Quarter Ending	Apr-20	81.0%	Mar-21	95.1%	Apr-21	95.4%	↑	<div></div>	N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Apr-20	5.6%	Mar-21	5.9%	Apr-21	8.2%	↓	<div></div>	QE Dec-20	5.5%	<div></div>	4.8%
	Delayed Discharge (# Standard Delays)	N/A	Month	Apr-20	24	Mar-21	48	Apr-21	78	↓	<div></div>	Apr-21	20.88	<div></div>	13.49
	Antenatal Access	80%	Month	Feb-20	84.4%	Jan-21	87.2%	Feb-21	78.8%	↓	<div></div>	FY 2019/20	89.0%	<div></div>	88.3%
	Smoking Cessation	473	YTD	Feb-20	95.4%	Jan-21	52.1%	Feb-21	53.3%	↑	<div></div>	FY 2019/20	92.8%	<div></div>	97.2%
	CAMHS Waiting Times	90%	Month	Apr-20	67.0%	Mar-21	73.0%	Apr-21	68.4%	↓	<div></div>	QE Mar-21	76.0%	<div></div>	65.1%
	Psychological Therapies Waiting Times	90%	Month	Apr-20	74.2%	Mar-21	84.3%	Apr-21	78.2%	↓	<div></div>	QE Mar-21	82.0%	<div></div>	80.4%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑	<div></div>	FY 2019/20	79.2%	<div></div>	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Feb-20	96.2%	Jan-21	92.4%	Feb-21	93.9%	↑	<div></div>	QE Dec-20	94.3%	<div></div>	95.7%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	92.7%	2021/21	98.4%	↑	<div></div>	2018/19	93.7%	<div></div>	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.2%	2020/21	48.9%	↓	<div></div>	2018/19	60.9%	<div></div>	43.4%
Finance	Revenue Expenditure	-£13.8	Month	May-20	N/A	Apr-21	N/A	May-21	-£7.2	N/A	<div></div>	N/A			
	Capital Expenditure	£25.3	Month	May-20	N/A	Apr-21	N/A	May-21	£1.2	N/A	<div></div>	N/A			
Staff Governance	Sickness Absence	3.89%	Month	Apr-20	4.95%	Mar-21	4.43%	Apr-21	5.07%	↓	<div></div>	YE Mar-21	4.77%	<div></div>	4.67%

d. NHS Fife Remobilisation Summary – Position at end of May 2021

Higher than Projected | Lower than Projected

TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected
	Actual
	Variance
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected
	Actual
	Variance
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected
	Actual
	Variance
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected
	Actual
	Variance
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected
	Actual
	Variance
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected
	Actual
	Variance
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected
	Actual
	Variance
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected
	Actual
	Variance
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected
	Actual
	Variance
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected
	Actual
	Variance

Month End			Quarter End	Quarter End	Quarter End	Quarter End
Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
862	950	989	2,801	2,828	3,033	3,355
955	1,081		2,036			
93	131					
4,537	4,946	5,133	14,616	15,804	19,003	20,361
5,944	6,080		12,024			
1,407	1,134					
579	611	611	1,801	1,833	1,833	1,833
436	495		931			
-143	-116					
3,450	3,650	3,750	10,850	11,250	11,250	11,250
4,216	4,303		8,519			
766	653					
5,350	5,780	5,980	17,110	19,110	18,370	18,490
6,209	7,039		13,248			
859	1,259					
2,790	2,650	2,600	8,040	8,320	8,680	8,830
3,229	3,531		6,760			
439	881					
780	820	850	2,450	2,610	2,610	2,610
965	949		1,914			
185	129					
130	140	145	415	435	435	435
93			93			
-37						
91	131	84	306	291	346	298
136	143		279			
45	12					
465	477	427	1,369	1,422	1,905	1,780
578			578			
113						

Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected
	Actual
	Variance

Month End			Month End	Month End	Month End	Month End
Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
43	41	37	37	36	42	43
78	88					
35	47					

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

e. Assessment – Clinical Governance

		Target	Current
HSMR		1.00	1.01
The HSMR for NHS Fife for the year ending December 2020 was unchanged from that for the year ending September 2020 and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.26
<p>As services continue to remobilise, the steering group have updated their annual workplan which includes a focus on care approaches in the context of the current environment to support a reduction in falls with harm. This provides the overarching focus and in addition, local improvement work is underway in focussed in-patient areas where the number of falls has been higher.</p> <p>Work being led by the National Falls Group has representation from NHS Fife and at present this group are updating/redeveloping the National Improvement Driver Diagram. This will be supported by a new measurement plan and audit tool and will closely align with the Excellence in Care programme.</p>			
Pressure Ulcers	<i>50% reduction by December 2020</i>	TBC	1.30
<p>Two clinical areas with Acute have been identified to participate in the next pressure ulcer improvement project. Project teams were given 4-6 weeks to carry out preparatory study before the project period began. Regular meetings are scheduled throughout the project.</p> <p>The pressure ulcer rate in the community inpatient setting was 0.31 in April 2021. This has shown a consecutive reduction in the rate of pressure ulcers – developed on ward, since February 2021. The last recorded grade 3 pressure ulcer – developed on ward, was in February 2021 and no further pressure ulcers – on ward, graded major or extreme.</p>			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.4%

All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the Scottish Government. However, Maternity Services have continued to monitor their Caesarean Section SSI cases and, where necessary (i.e deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.

SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	16.8
Surveillance of SABs has continued throughout the COVID-19 pandemic. For April, NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no further ventilator associated pneumonias, PVC or CVC SABs since March 2021.			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	14.2
NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022 due to a raised incidence of 9 CDI in March. Two CDIs were recurrences and one case was a Fife resident being treated in another Health Board. Reducing the incidence of recurrence of infection continues to be addressed, to assist with reducing the rates further.			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	16.8
ECB surveillance has continued throughout the pandemic. The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For April, NHS Fife is below the trajectory line and in line to achieve this target. Reducing CAUTI ECBs is the focus for quality improvement.			
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	21.6%
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. Complaint numbers continue to rise and there is a noted increase in the complexity of the complaints received. Although starting to reduce, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid vaccination appointments.			

e. Assessment (cont.) – Operational Performance

		Target	Current
Acute Services			
4-Hour Emergency Access	95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer	95%	91.9%
Attendances continue to rise, averaging around 200 per day at the ED, a 35% increase since January, with most attendees being self-presenters. Despite the increased demand, performance against the National Standard improved in April. Several improvements are being tested to improve flow to our onward assessment areas and reduce waits for beds. The Redesign of Urgent Care (RUC) has supported improvements for minor flow and will be scaled up by the addition of a sustainable staffing model. Redirections to MIUs have increased across Fife and referral pathways are being developed with primary care to enable the Flow and Navigation Hub (FNH) and ED to access support for patients.			
Patient TTG (Waiting)	All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	54.1%
Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 and cancelled non-urgent elective surgery. At the end of April, the waiting list was 20% lower than at the end of May 2020 and performance had begun to recover with 54% waiting greater than 12 weeks for treatment compared to 26.8% in May 2020 as theatres were remobilised. Particular attention continues to be focused on clinical priorities whilst routine activity recommenced in March. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.			
New Outpatients	95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	56.4%

Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 which resulted in the suspension of routine activity. At the end of April, the waiting list was 71% higher than at the end of May 2020 and performance had begun to recover, with 56.4 % waiting less than 12 weeks compared to 40.9% waiting less than 12 weeks in May 2020. Particular attention continues to be focused on urgent referrals whilst routine activity recommenced in March. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.

Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	85.3%
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Having recovered performance for diagnostics in Q3 of 2020/21 the onset of the second wave of the COVID-19 pandemic resulted in the suspension of routine activity during January and February and a resultant deterioration in performance. At the end of April performance had begun to recover with 85.3% of patients waiting less than 6 weeks compared to 31% in May 2020. Urgent (including urgent cancer) diagnostic tests continue to be prioritised. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.

Corporate Services

Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	78.1%
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April continued to see performance challenges. An increase in referrals and a consultant vacancy impacted on the Breast service, while there were delays to Oncology appointments in Colorectal due to annual leave and in Urology due to lack of capacity. Full staging requirements contributed to the Cervical breach. Initial referral to another specialty and delay to referral to tertiary Board resulted in the breaches for Lymphoma and Lung respectively. Lack of resources and routine staging and investigations contributed to the remaining breaches. The range of breaches were 4 to 70 days, with an average breach time of 20 days.

FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	95.4%
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Since the implementation of AXLR8 in NHS Fife, 349 requests have been responded to. Of those, 316 (90.5%) have been responded to on time and 33 (9.5%) have been late. 45 requests are currently active, of which 7 (16%) are already late.

FOISA training for NHS and IJB personnel has been completed and the delivery of a new Publication Scheme for NHS Fife is underway, with EDG review and sign off to be completed in July.

Health & Social Care

Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	5%	8.2%
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The number of bed days lost due to patients in delay rose sharply in April and is again above the target 5%. This is in part due to a rise in the number of unplanned attendances at the emergency department, which has resulted in an increase in hospital admissions.

Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	226
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Although the non-pharmacy service was available throughout the pandemic, only a limited number of clients looked for support in the early days of lockdown although we have seen this increase over time. It has been much more difficult to factor in 40% most deprived clients as we do not know who will be contacting us seeking support (therefore supporting all who request help due to limited provision elsewhere). Initially there was client hesitancy to seek support due to limited understanding of the pandemic and the messaging of 'stay at home' (quitting maybe not seen as a priority during lockdown). The last 12 months has highlighted that service visibility and ease of access is key and being sited in GP practices/ Health Centre/community venues and the hospital setting means we can have wider reach and engagement.

		Target	Current
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	68.4%
<p>Fife CAMHS RTT% figure has begun to drop against the national standard as work gets underway to address the longest waits. Whilst the focus of the majority of the workforce remains on those requiring urgent and priority interventions, the recruitment of staff to specifically address the longest waits has resulted in increased overall activity but a drop in RTT%. This pattern will continue as work progresses on the longest waits and new staff are recruited to meet ongoing demands.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	78.2%
<p>The reduced performance on the PT target in April was due to a larger proportion of the activity comprising people who have waited over 18 weeks. This impacted the target % within the psychology service tiers offering highly specialist therapy and within CAMHS. This reduction in performance was anticipated and had already been highlighted in CAMHS and PT recovery papers as an unavoidable consequence of tackling the backlog on waiting lists.</p>			

e. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	-£13.8	-£7.2

Month 2 financial position

The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises; a core overspend of £0.780m; Covid-19 spend of £4.386m; and £2.276m underlying unachieved 'long Covid' savings.

The total capital resource limit for 2021/22 is £25.319m. The capital position for the 2 months to May shows spend of £1.251m.

Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£25.3	£1.2
The overall capital budget including the Elective Orthopaedic Centre for 2021/22 is £25.319m. The capital position for the year to May records spend of £1.251m. Therefore, 4.94% of the anticipated total capital allocation has been spent to M2.			

e. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	5.07%

Sickness absence levels continued to fluctuate during FY 2020/21. It is positive to note that the rates have improved when compared with FY 2019/20, with a reduction of 0.53% from the average rate. This is the best yearly average since FY 2016/17.

The sickness absence rate in April was 5.07%, 0.64% higher than in March, while COVID-19 related absence in the month affected approximately 1.22% of the NHS Fife workforce.

II. Performance Exception Reports

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Finance, Performance & Resources: Finance

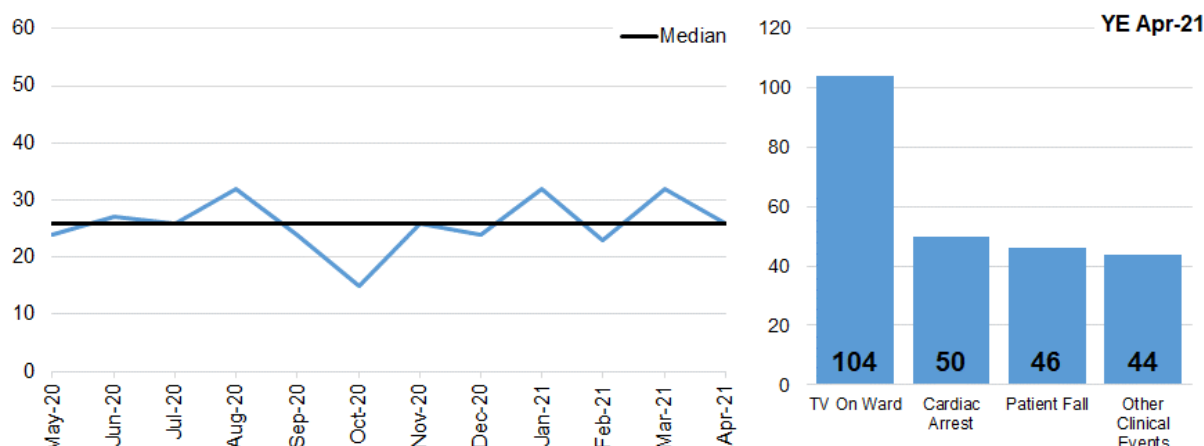
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Staff Governance

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Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21											
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
ALL	NHS Fife	1067	1123	1329	1243	1288	1339	1303	1247	1286	1209	1362	1341
	Acute Services	476	463	561	506	606	557	637	599	571	531	631	587
	HSCP	559	627	730	695	640	748	635	621	694	652	704	716
	Corporate	32	33	38	42	42	34	31	27	21	26	27	38
CLINICAL	NHS Fife	727	740	909	837	925	901	951	926	902	853	951	920
	Acute Services	433	421	515	469	558	508	593	556	532	495	589	540
	HSCP	279	299	373	352	349	377	341	360	359	344	349	362
	Corporate	15	20	21	16	18	16	17	10	11	14	13	18

Commentary

Local and significant adverse event reviews are progressing in accordance with a prioritised schedule.

A SLWG to review the Adverse Event Policy and associated processes has been set up, and its work is outlined below:

- June 2021 - map the current process
- June/July 2021- SLWG to map future state and develop an implementation plan
- Aug 2021- look to pilot any new ways of working
- Sep 2021- update the Adverse Events policy
- Nov 2021- submit new policy through governance structures

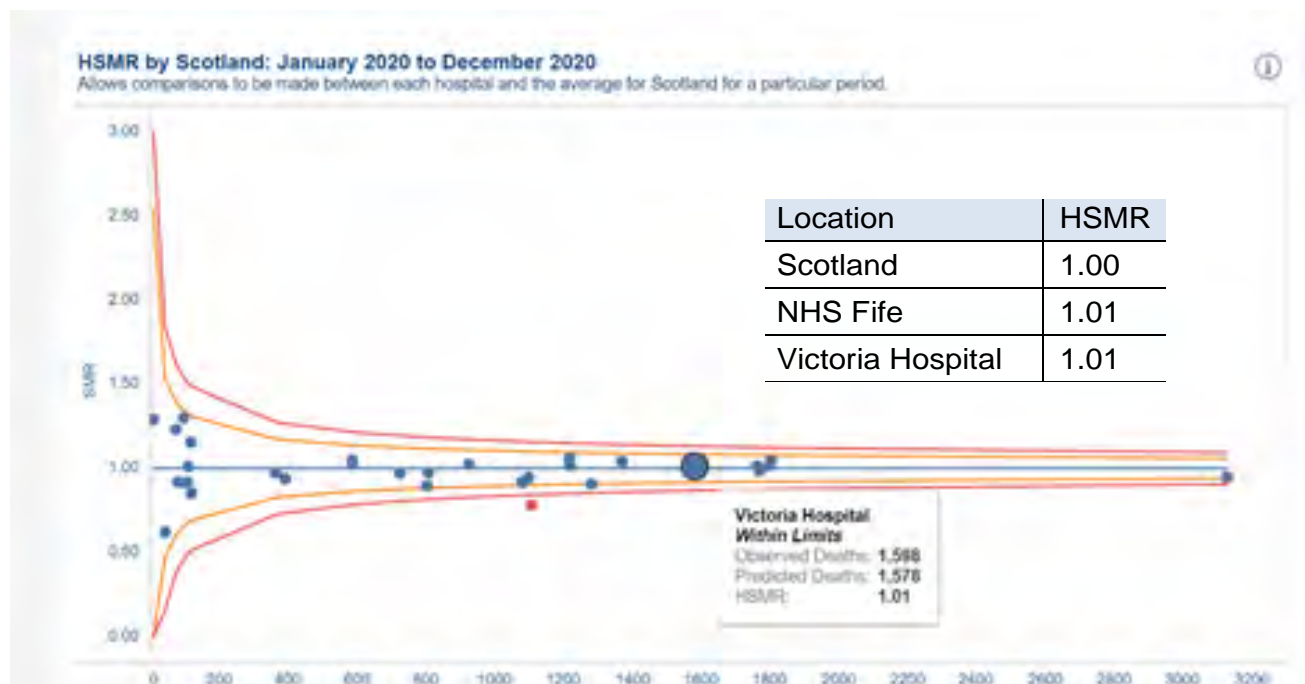
HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

Reporting Period; January 2020 to December 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**

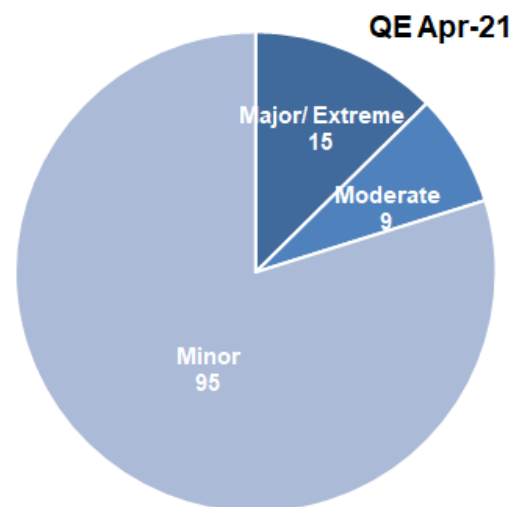
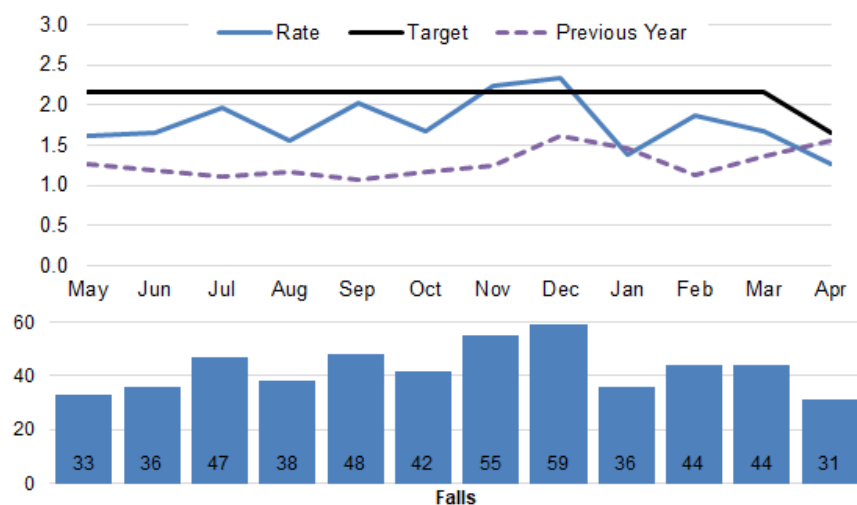
The annual HSMR for NHS Fife remained unchanged from Q3 to Q4 of 2020, with the difference between actual and predicted number of deaths producing a ratio just over 1. This should be seen as normal variation, but we will continue to monitor this closely.

Inpatient Falls with Harm

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

Target Rate (by end March 2022) = 1.65 per 1,000 OBD

Local Performance



Performance by Service Area

		2020/21												2021/22
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
With Harm	NHS Fife	1.62	1.66	1.97	1.56	2.03	1.68	2.24	2.35	1.39	1.87	1.68	1.26	
	Acute Services	1.21	1.18	1.17	1.08	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.86	
	HSCP	1.95	2.08	2.66	1.96	2.62	2.17	2.87	2.96	1.53	2.47	2.29	1.62	

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

IMPROVEMENT ACTIONS

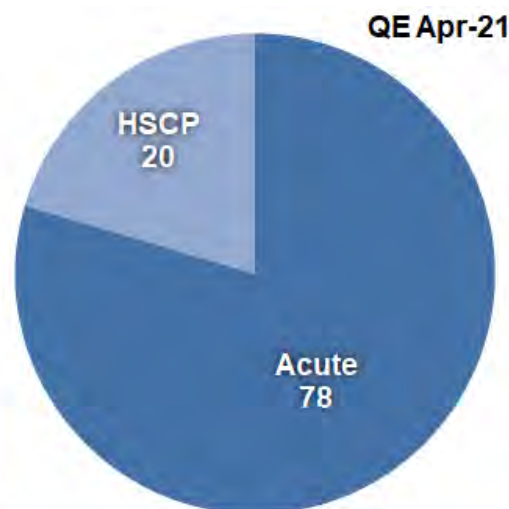
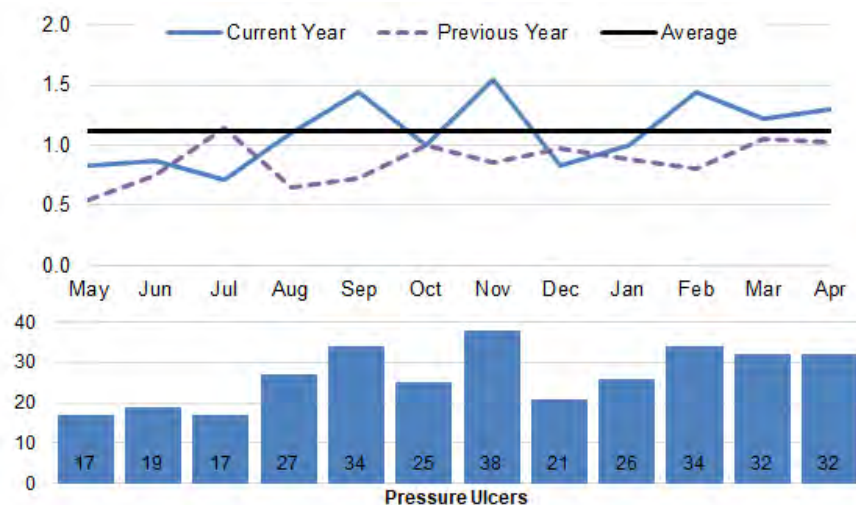
20.3 Falls Audit	By Jul-21
A new national driver diagram and measurement package are about to be finalised and are being tested in four boards across Scotland in May and June. On completion, NHS Fife documentation will be reviewed (July 21) and an audit will then follow (August 21).	
20.5 Improve effectiveness of Falls Champion Network	By Jul-21
This work has been significantly delayed and opportunities to refresh are being explored. Ongoing work to encourage attendance at the falls champion meetings, CNMs will now support. Further meetings still to be scheduled.	
21.2 Falls Reduction Initiative	By Jul-21
A Falls Reduction Initiative has commenced in three Mental Health Inpatient wards with the aim of reducing all falls by 25% by July	
21.3 Integrated Improvement Collaborative	By Jun-21
An Integrated Improvement Collaborative involving three community inpatient wards within the East was introduced last September but was paused as a result of COVID. The work has re-commenced and is due to complete in May, with results assessed in June.	

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2022) = TBD per 1,000 OBD

Local Performance



Performance by Service Area

		2020/21												2021/22
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Grade 2 to 4	NHS Fife	0.83	0.88	0.71	1.11	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.30	
	Acute Services	1.21	1.57	1.17	1.98	2.64	1.20	2.39	1.17	2.06	2.18	2.12	2.42	
	HSCP	0.53	0.26	0.31	0.38	0.40	0.82	0.78	0.53	0.07	0.80	0.43	0.31	

KEY CHALLENGE(S) IN 2021/22

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

IMPROVEMENT ACTIONS

21.2 Integrated Improvement Collaborative

Complete

An integrated improvement collaborative started in September, with three wards in the East Division participating. The collaborative aims to enhance comfort rounding and person-centred approaches in reducing patient falls and pressure ulcers, whilst also increasing knowledge and confidence in applying improvement methodology to measure outcome. ASD continue to progress quality improvement with specific wards for improvement, supported by ongoing QI education. First cohort completed and onto the 2nd cohort.

21.3 Implementation of robust audit programme for audit of documentation

Complete

A rolling programme of documentation audit has been developed. This will be carried out by the Senior Charges Nurses within each ward area, supported by the senior nursing team. This will also incorporate assessment documentation for the prevention and management of pressure ulcers.

The rollout has begun across the HSCP and will be reviewed using PDSA quality improvement cycle.

22.1 Improvement Collaboratives

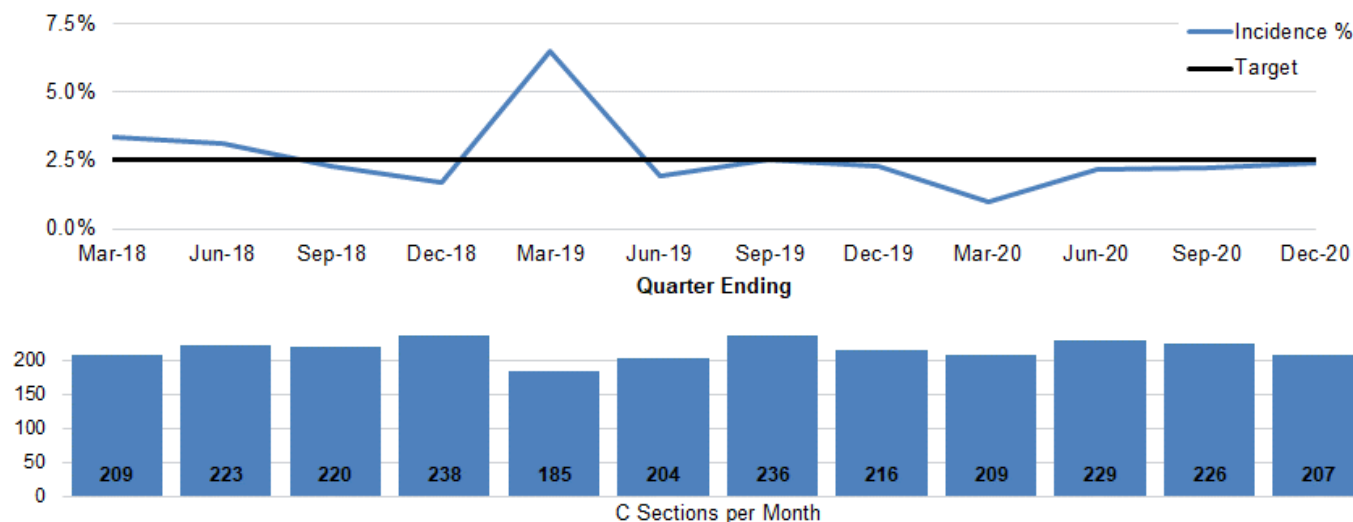
Sep-21

Community inpatients wards within HSCP are undertaking self-assessment against the Prevention & Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement, aligned to the current improvement collaborative work ongoing across a number of wards in East and West Divisions.

Caesarean Section SSI

Sustain C-Section SSI incidence for inpatients and post discharge surveillance (day 10) below 2.5% during FY 2021/22

Local Performance



National Benchmarking

Quarter Ending	2017/18		2018/19				2019/20				2020/21		
	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20
NHS Fife	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	1.0%	2.2%	2.2%	2.4%
Scotland	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%				

KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

IMPROVEMENT ACTIONS

20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan

By Mar-22

The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for reviewing (LAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology (which was established in Q4 2019) to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the methodology remains the most effective means of capturing SSI cases.

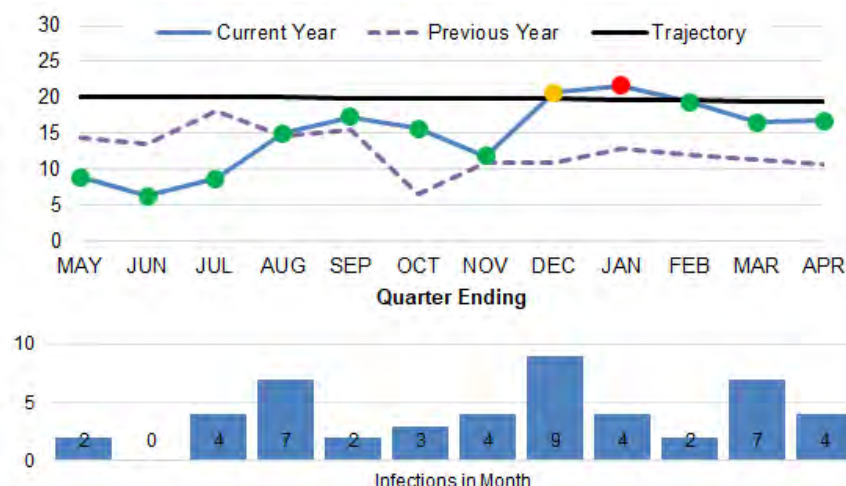
The IPCT will resume staff training on the surveillance methodology and SSI case definitions.

Action paused due to COVID-19

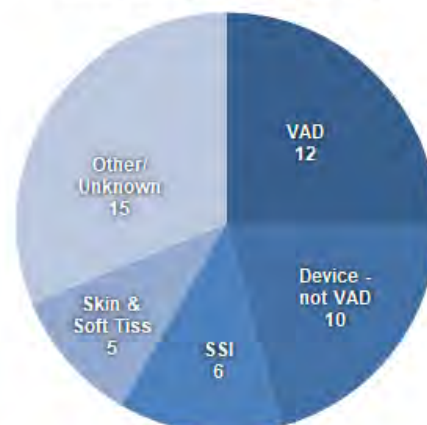
SAB (HAI/HCAI)

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 Apr-21



National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	13.7	15.5	10.9	12.5	6.3	18.7	20.6
Scotland	16.7	17.5	15.2	16.3	20.3	17.3	18.8

KEY CHALLENGE(S) IN 2021/22

Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

IMPROVEMENT ACTIONS

20.1 Reduce the number of SAB in PWIDs

By Mar-22

There has been ongoing improvements in the incidence of SAB in PWIDs, with only 2 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting May.

The Addiction outreach team "We are With You" is available to support PWID.

The rollout of PGDs for non-medical prescribing of antibiotics by ANPs is planned for July, while the IPCT is to provide updated wound care training for ANPs.

20.2 Ongoing surveillance of all VAD-related infections

By Mar-22

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 and areas of concern.

20.3 Ongoing surveillance of all CAUTI

By Mar-22

Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter & urinary care. The group last met May.

This Quality Improvement group is contributed to by the ECB data.

20.4 Optimise comms with all clinical teams in ASD & the HSCP

By Mar-22

Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. The Ward Dashboard is continuously updated, for clinical staff to access and also displayed for public assurance.

22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters

By Mar-22

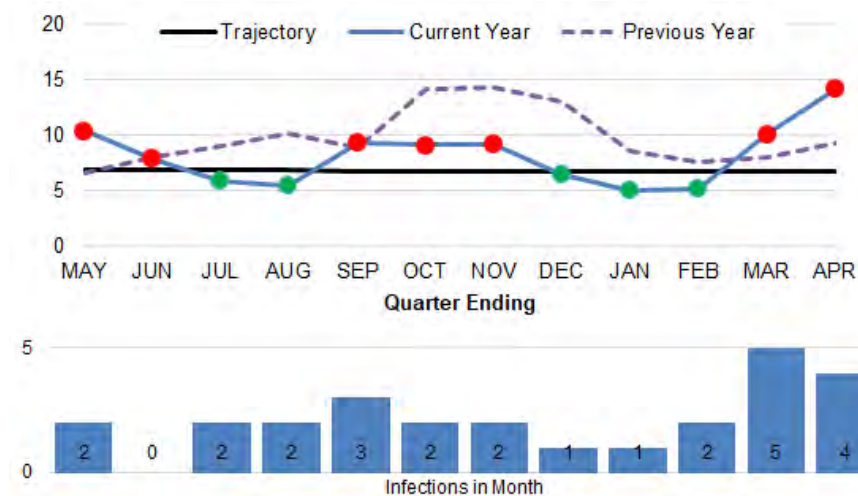
Electronic insertion and maintenance bundles for PVCs available on patienttrack to support best practice. All areas with patienttrack generate an ePVC weekly report, which is highlighted to Senior Charge Nurses and Senior Teams if their ward has failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice.

Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters to promote and support best practice, reduce avoidable harm and improve quality of care. Then aim to develop similar electronic bundles for CVCs.

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



CDI Recurrence: YE Apr-21



National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	8.0	8.9	13.1	8.0	7.9	9.3	7.7
Scotland	12.3	13.7	15.1	13.6	15.4	17.4	16.1

KEY CHALLENGE(S) IN 2021/22

Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

IMPROVEMENT ACTIONS

20.1 Reducing recurrence of CDI

By Mar-22

Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection.

To reduce recurrence of CDI Infection for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter is can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.

20.2 Reduce overall prescribing of antibiotics

By Mar-22

NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.

Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.

20.3 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.

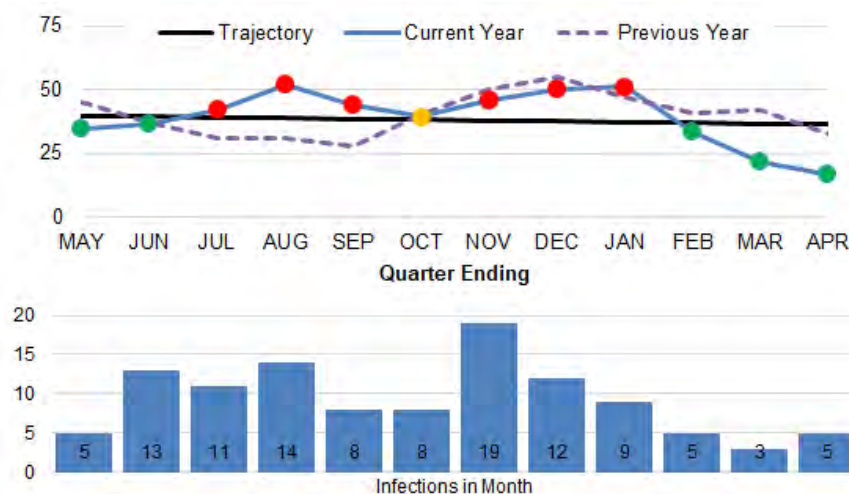
ICN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.

The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also displayed for public assurance.

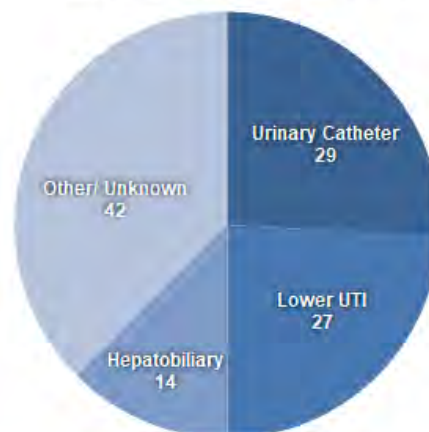
ECB (HAI/HCAI)

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 Apr-21



National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	42.1	31.0	60.0	47.9	36.4	45.3	50.3
Scotland	38.9	40.3	40.8	36.4	39.7	42.0	40.9

KEY CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated infection ECB rate

IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB is investigated in detail to better understand how the infection might have occurred, and any issues are raised with appropriate clinical teams. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding & learning.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

By Mar-22

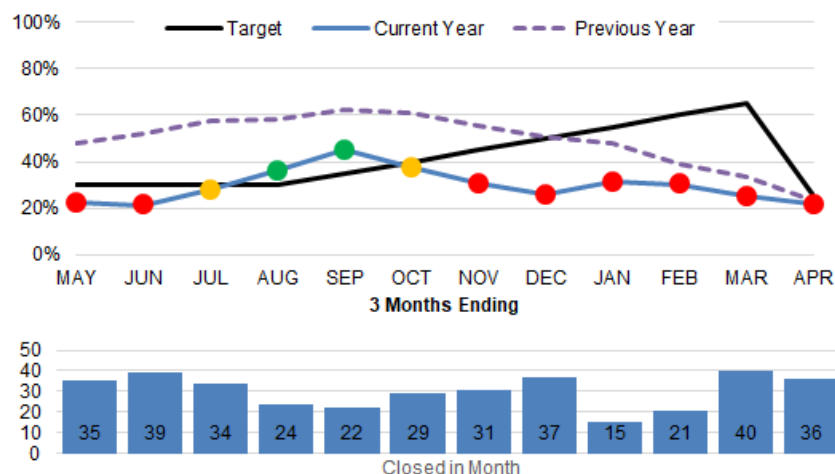
The UCIG meeting last met in May to review the following topics:

- A CAUTI project has commenced in Kelty MP (a Cowdenbeath GP practice QI programme is currently paused)
- E-documentation for urinary catheter insertion and maintenance bundles is in place for district nurses on Morse, with plans for Patienttrack documentation for the acute and community hospitals in development.
- Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration. Continence/hydration folders are in use at all care and residential homes.
- Education 'Top Tips' videos and newsletters published on BLINK
- Catheter passports in use across the whole of Fife for patient education and information and for documentation of care
- Plans for a continence champions competency framework in development
- Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed
- New representation for private and NHS care homes at UCIGs to help promote work within care home settings

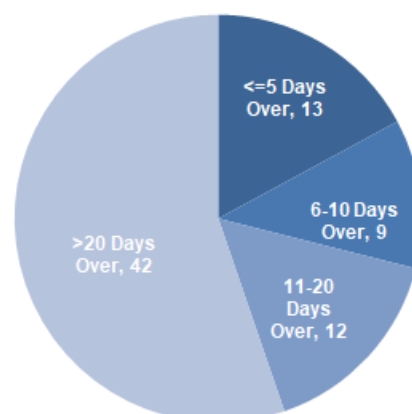
Complaints | Stage 2

At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)

Local Performance



Closure Breaches; QE Apr-21



Performance by Service Area

3-Month Ending	2020/21												2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
NHS Fife	22.2%	21.3%	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%	25.0%	21.6%	
Ack <= 3 Days (Monthly)	97.1%	87.2%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	93.3%	95.2%	95.0%	100.0%	
ASD	22.9%	22.8%	35.9%	44.1%	52.8%	39.6%	34.0%	30.5%	36.5%	34.0%	17.5%	15.7%	
HSCP	20.8%	16.7%	14.3%	20.6%	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	

KEY CHALLENGE(S) IN 2021/22

- Service recovery following Covid-19 pandemic
- Improve the quality of complaint handling
- Complex complaints / Multi-Directorate Complaints

IMPROVEMENT ACTIONS

21.1 Agree process for managing complaint performance and quality of complaint responses

N/A

Complaint wording revised and reflected in new Action 22.1

21.2 Deliver virtual training on complaints handling

N/A

Complaint wording revised and reflected in new Action 22.2

22.1 Review complaint handling process and agree measures to ensure quality

By Dec-21

Patient Relations are completing in-house QA checks on draft final responses. There is a review of the current complaint handling process being undertaken by Clinical Governance and Patient Relations and regular review meetings take place with Clinical Services and Senior Management.

This work is underway with the aim of driving improvement in the quality of complaint handling, identify learning from complaints within the Patient Relations team and wider Clinical Services and ensure a streamline process for all that cuts out waste.

22.2 Improve education of complaint handling

By Dec-21

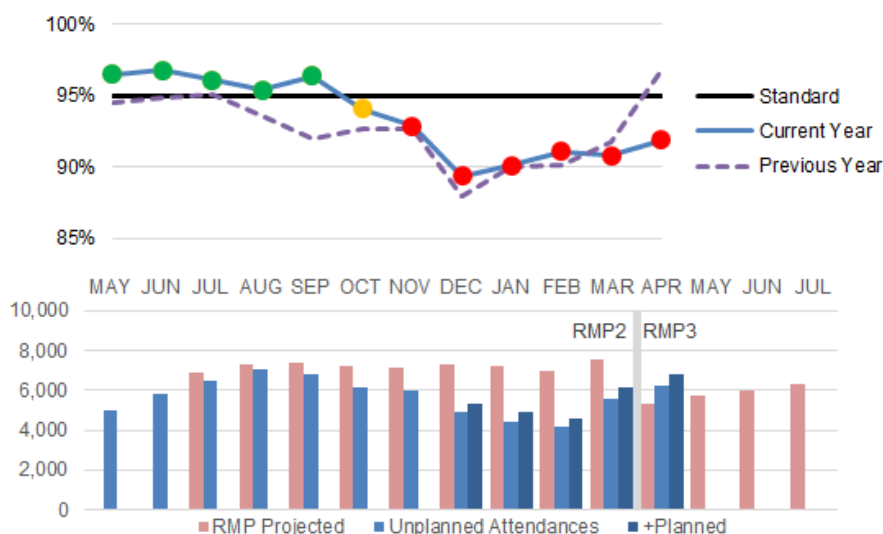
This will be by the delivery of education programmes at induction and bespoke training sessions across the Clinical Services.

This action aims to improve overall quality. While some training sessions have been delivered virtually, this is currently on hold due to the increase in the response to COVID-19. Bespoke training sessions with Fife Wide & Fife East have been scheduled for May and June, and the aim is that this will continue throughout the remainder of 2021.

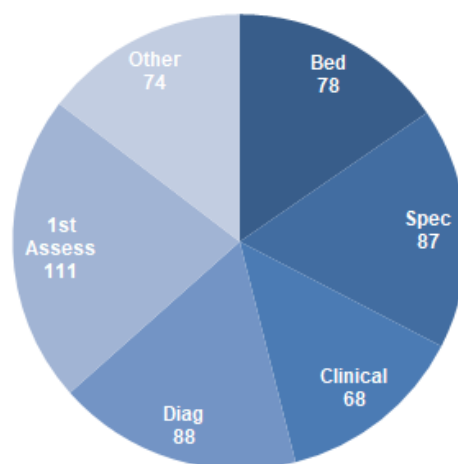
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Local Performance



Breach Reason; Apr-21



National Benchmarking

Month	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%
Scotland	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%

KEY CHALLENGE(S) IN 2021/22

- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub

By Mar-22

Local Boards have been asked to implement a Flow Navigation Centre (Hub) that will directly receive clinical referrals from NHS24 and offer rapid access for patients to urgent care. Lessons from an ED Test of Change is being scaled up which demonstrates an increasing number of patients are being re directed and appointed. Approval being sought for full model roll out to accommodate phase 2 work including GP admissions and primary care pathway developments.

22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways

By Aug-21

Access to ED will be available through a national Single Point of Access though NHS24/111. Through safe space conversations and feedback, NHS 24 and NHS Fife will co-produce criteria for VHK ED and MIUs across Fife.

22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds

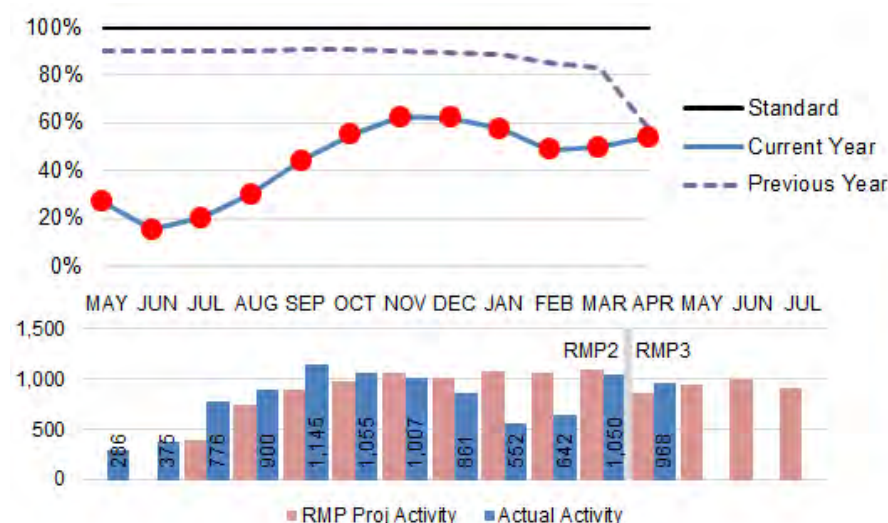
By Aug-21

Improved handover procedures are being tested and duplication in the system reduced. Improvement actions focussing on reductions in LoS in our medical admission unit, implementation of criteria led discharge and a review of speciality pathways will further reduce breach numbers.

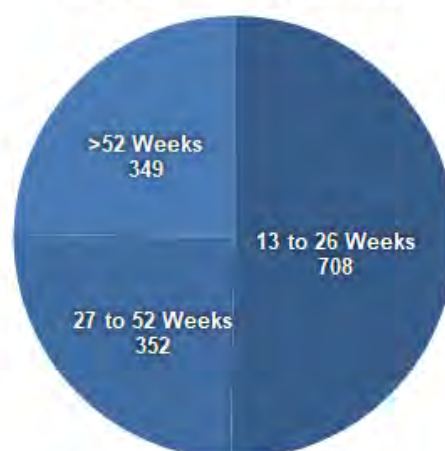
Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Local Performance



Breaches Breakdown Apr-21



National Benchmarking

	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	
Scotland	24.8%	17.3%	20.6%	24.9%	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%		

KEY CHALLENGE(S) IN 2021/22

- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

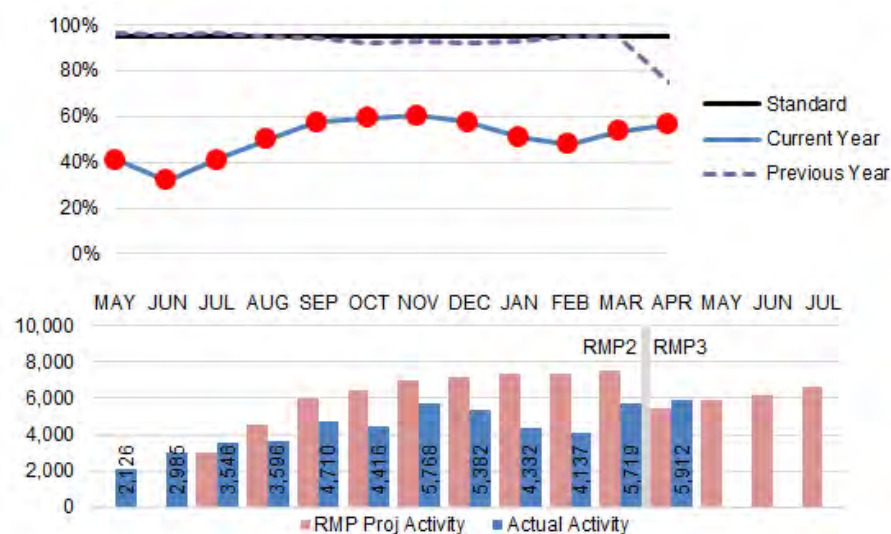
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021	By Sep-21
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Not yet started	
22.3 Undertake waiting list validation against agreed criteria	By Sep-21
Clinical teams review lists and prioritise patients, Clinical Prioritisation Group meet regularly	

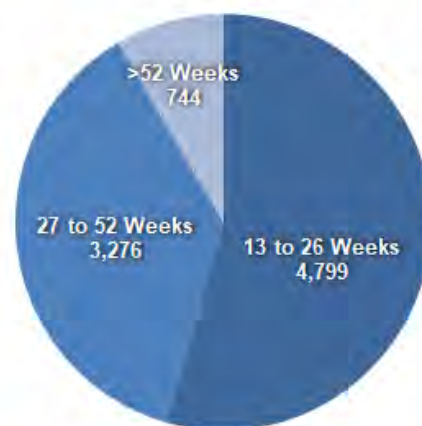
New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance



Breaches Breakdown Apr-21



National Benchmarking

	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	
Scotland	34.9%	28.5%			46.5%			47.8%			48.1%		

KEY CHALLENGE(S) IN 2021/22

- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

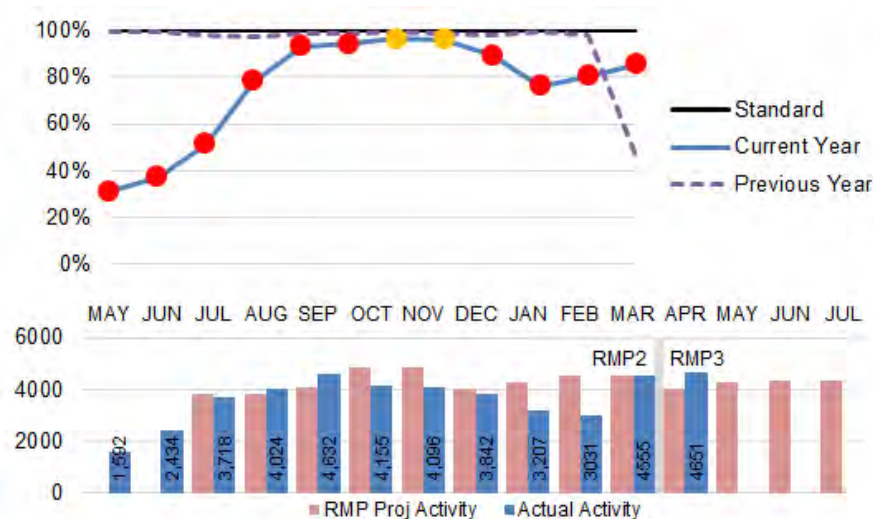
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021	By Sep-21
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
Unscheduled care project underway, ACRT and PIR being progressed in Directorates and waiting list validation continues	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

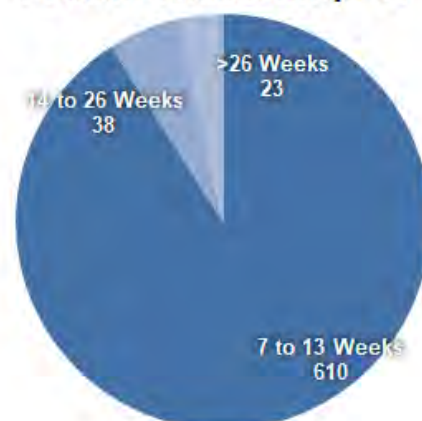
Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Local Performance



Breach Breakdown Apr-21



National Benchmarking

	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%
Scotland	27.9%	35.4%	42.9%	49.3%	53.3%	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%	

KEY CHALLENGE(S) IN 2021/22

- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence and fatigue

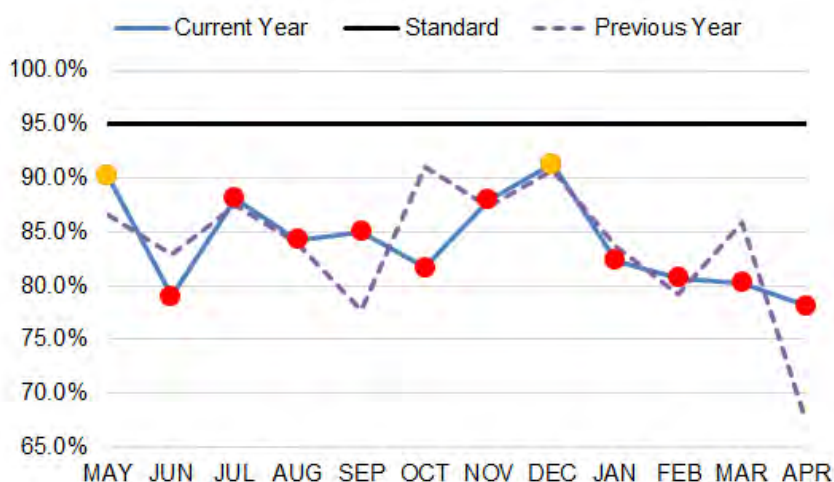
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021	By Sep-21
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
22.2 Explore implementation of point of care testing in endoscopy	By Mar-22
Discussion initiated and options being scoped	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

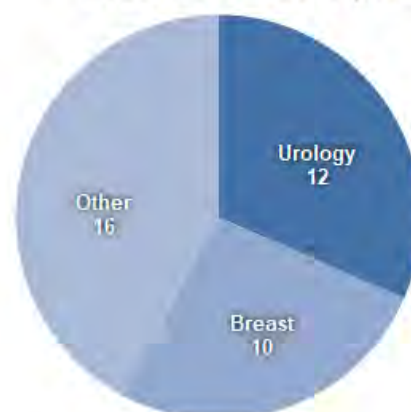
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

Local Performance



Breaches: Feb to Apr 21



National Benchmarking

Month	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%
Scotland	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%

KEY CHALLENGE(S) IN 2021/22

- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Social distancing will (impact on the number of patients that can be seen and treated within hospitals)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

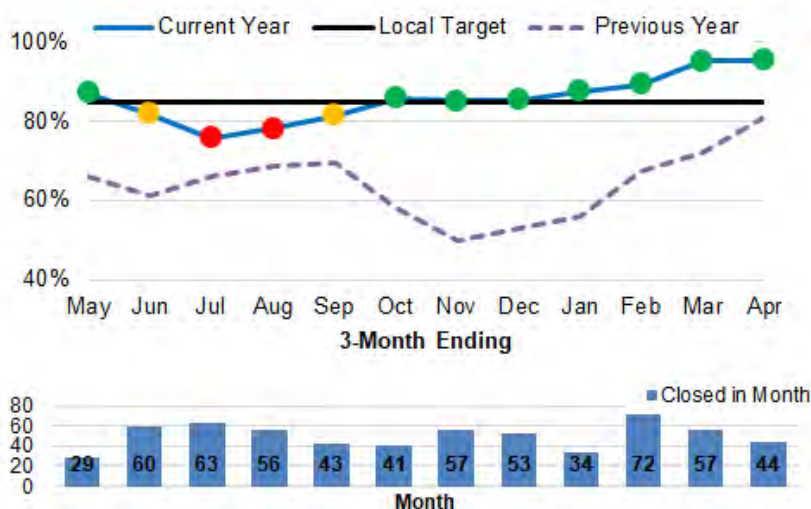
IMPROVEMENT ACTIONS

20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Sep-21
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways.	
20.4 Prostate Improvement Group to continue to review prostate pathway	By Sep-21
This is ongoing work related to Action 20.3, with the specific aim being to improve the delays within the whole pathway. A national review of the prostate pathway will be undertaken as part of the Recovery Plan.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	By Sep-21
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife.	
22.1 Effective Cancer Management Review	By Mar-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process.	

Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Apr-21



Performance by Service Area

Monthly	2020/21											2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Health Board	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%	93.5%	91.0%	100.0%	94.7%
IJB	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%

KEY CHALLENGE(S) IN 2021/22

Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and a replacement is now in place. The route to a permanent post is still going through Human Resources and it is hoped that this will be ready for advertisement soon.

IMPROVEMENT ACTIONS

21.1 Organisation-wide Publication Scheme to be introduced

By Jul-21

The Model Publications Scheme is near completion and work is ongoing with Communications and the FOI Officer. The document will be ready for EDG Review in July. The Information Governance & Security Operational and Steering Groups will provide support for the planning and implementation of the Publication Scheme.

21.2 Improve communications relating to FOISA work

By Dec-21

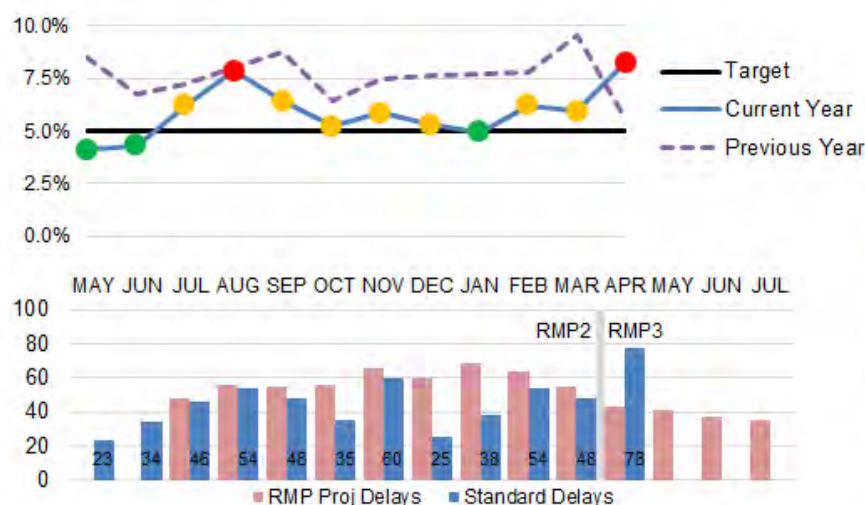
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.

FOI Training in both AXLR8 and legislation was undertaken by the FOI Officer which can be evidenced in the overall compliance within the organisation.

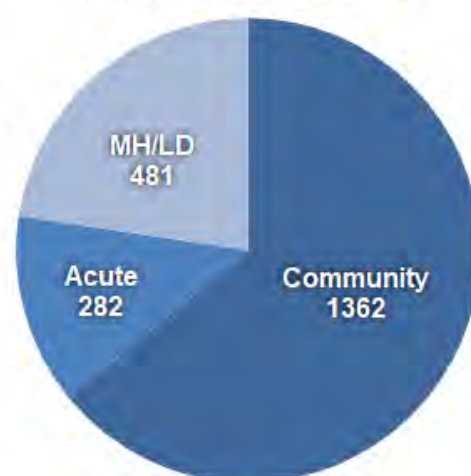
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Apr-21



National Benchmarking

		Quarter Ending	2018/19		2019/20				2020/21		
			Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
% Bed Days Lost		NHS Fife	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.5%
% Bed Days Lost		Scotland	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%

KEY CHALLENGE(S) IN 2021/22

- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

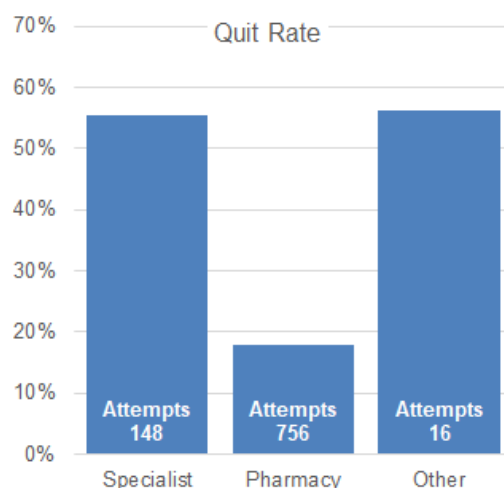
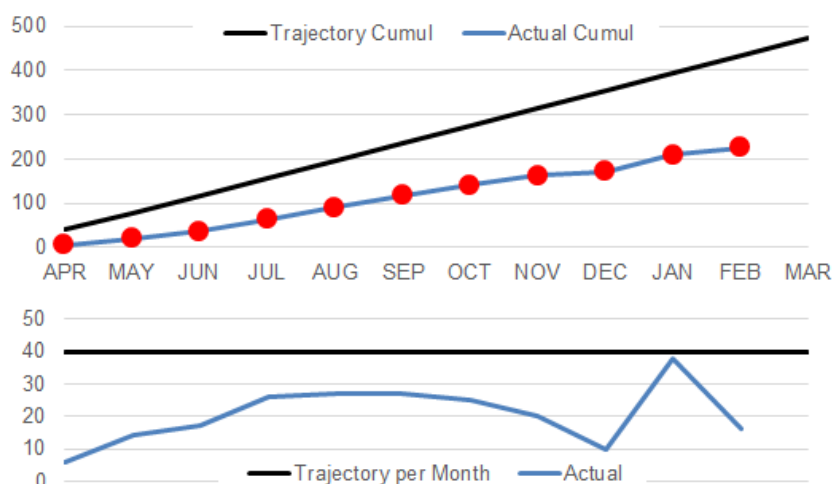
IMPROVEMENT ACTIONS

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	By Jul-21
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Five subgroups will take forward the operational actions to bring together the "Home First" strategy for Fife. A further meeting has been scheduled for 30 June.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	By Jul-21
A test of change is currently underway in VHK Ward 41. The Moving On policy will be circulated to VHK and Community Hospitals, with a 'go live' date of 5 July.	
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Nov-21
An SBAR will be submitted to the Senior leadership Team in July and the TOC will start in August, lasting 3 months.	

Smoking Cessation

In 2020/21, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

		2020/21											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	6	14	17	26	27	27	25	20	10	38	16	
	Actual Cumul	6	20	37	63	90	117	142	162	172	210	226	
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	39.9%	45.7%	49.6%	51.4%	51.4%	48.6%	53.3%	52.1%	
Scotland	Achieved												

KEY CHALLENGE(S) IN 2021/22

- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust in the brand
- Re-establishment of outreach work

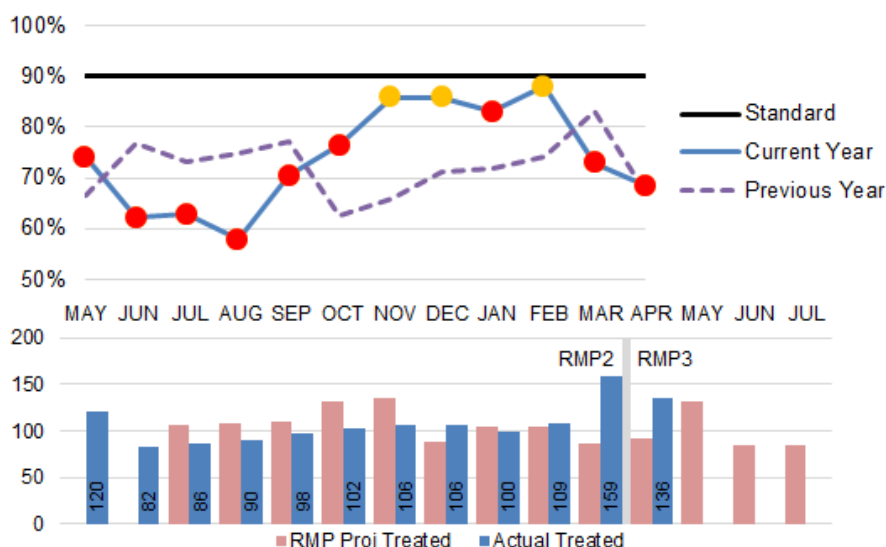
IMPROVEMENT ACTIONS

20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	By TBD
Action paused due to COVID-19	
20.3 'Better Beginnings' class for pregnant women	By TBD
Action paused due to COVID-19	
20.4 Enable staff access to medication whilst at work	By TBD
Action paused due to COVID-19	
21.1 Assess use of Near Me to train staff	By Jul-21
Near Me has been set up and clients are being offered this service, but there has been little uptake to date, possibly due to issues with IT availability and connectivity. Near Me used as part of new staff training.	
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	By Jul-21
Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. It ensures patients are actively managed against the pathway and is known to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. New funding has been made available from April; to date, five prehabilitation patients have engaged with the service.	

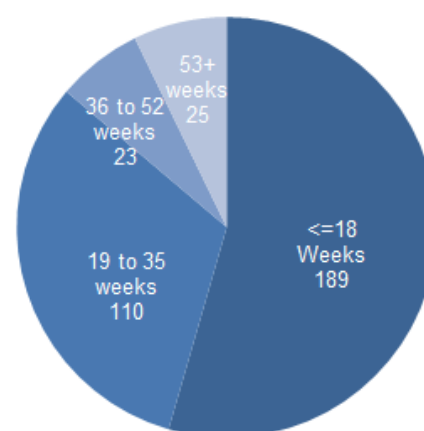
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (347) Apr-21



National Benchmarking

Month	2020/21											2020/21
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%
Scotland	58.2%	50.5%	57.9%	57.2%	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%	

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand
- Development of workforce to meet National CAMHS Service Specification
- Impact of COVID-19 relaxation on referrals
- Change to delivery 'models' to reflect social distancing

IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme

By Jul-21

Alternative delivery models of group therapy have been designed with Decider Skills Training now being delivered by CAMHS Self Harm Service as a pilot in addition to Anxiety Management group and Mindfulness group trials. Successful delivery and assessment of impact will dictate wider roll-out across Fife CAMHS.

21.3 Build CAMHS Urgent Response Team

By Jul-21

The plan to develop a CAMHS URT was postponed due to the absence of key staff. The existing Self Harm Service has been supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self-harming behaviour, through the urgent referral process and within acute hospital settings. Redesign of the service was reviewed again in March, however the ongoing COVID-19 position and the pending increase of the CAMHS staffing compliment has resulted in any change being postponed until normal service delivery is resumed and new staff are in post. Position will be reviewed again in July.

22.1 Recruitment of Additional Workforce

By Sep-21

Investment from Fife HSCP has resulted in resources being made available to recruit an additional 8 permanent and 3 temporary staff to achieve the National Referral to Treatment standard. Additional workspace and re-design of East and West CAMHS geographical boundaries has started, to accommodate staff and balance the population of referrals to best meet the ongoing demand.

22.2 Workforce Development

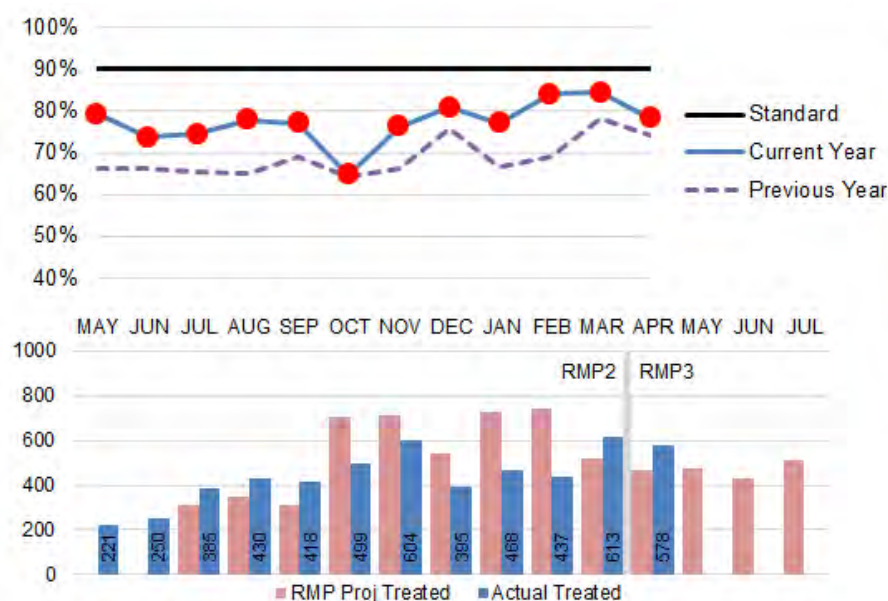
By Dec-21

Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the Scottish Governments CAMHS National Service Specification. Training programme for new and existing staff is under development which combines NES Essential CAMHS Training Programme, NES Funded certified therapy training and Fife CAMHS skills development programme. Training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS and targeted at staff where gaps are identified.

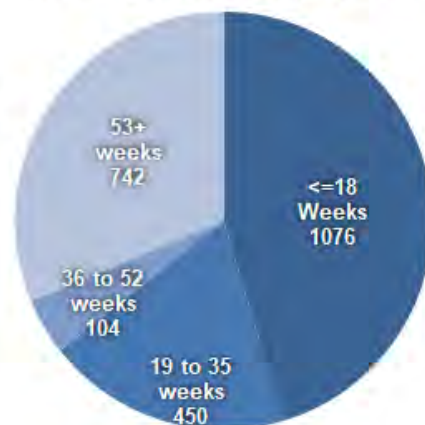
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2372) Apr-21



National Benchmarking

Month	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%
Scotland	76.5%	72.7%	74.1%	75.2%	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%	

KEY CHALLENGE(S) IN 2021/22

- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

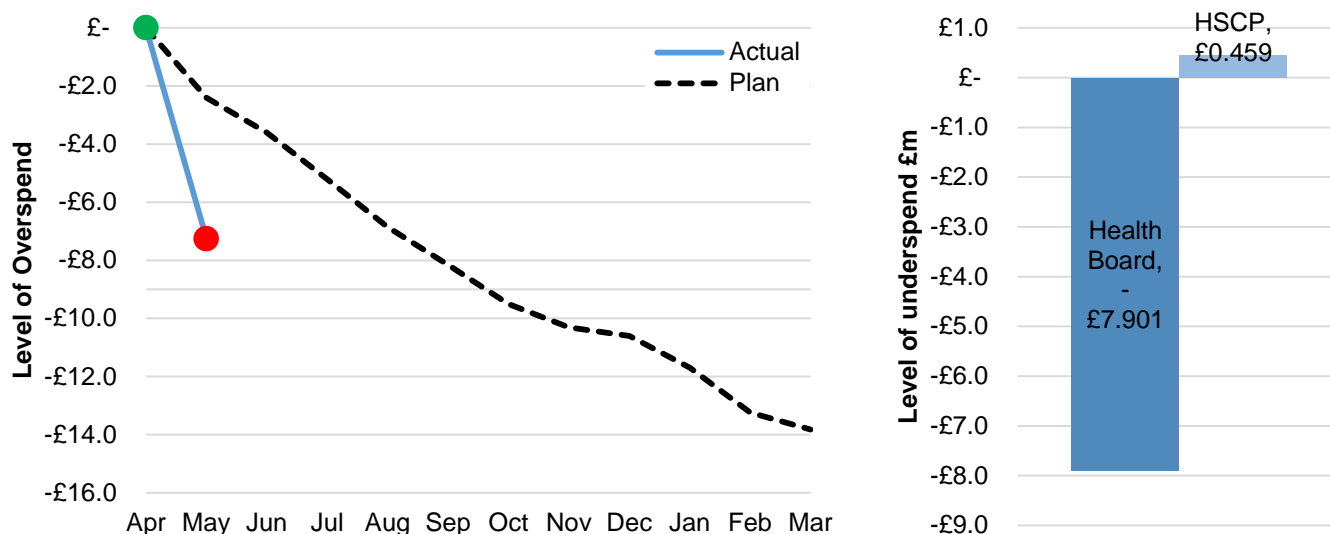
IMPROVEMENT ACTIONS

20.5 Trial of new group-based PT options	By Oct-21
Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete. Analysis of outcome data in progress. Pilot of Compassion Focused therapy group was delayed due to COVID. Due to start in September.	
22.1 Increase access via Guided self-help service	By Jul-21
Roll out of Guided Self-Help tier of PT service across Fife through recruitment of 2.0 wte Band 5 staff (via change in skills mix and new funding)	
22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service	By Nov-21
A change in establishment in the two Clinical Health specialties (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes is being evaluated.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Dec-21
Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion.	

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	434,888	451,635	73,251	81,152	-7,901	-10.79%	-4,848	-3,053
Integration Joint Board (Health)	355,679	354,299	61,001	60,542	459	0.75%	459	0
Risk Share	0	0	0	0	0	0.00%	0	0
Total	790,567	805,934	134,252	141,694	-7,442	-5.54%	-4,389	-3,053

Assessment

Our 2021/22 financial plan shows an unmet savings target of £21.7m and assumes £4m will be met on a recurring basis. There continues to be significant uncertainty about the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans. Progress against the plan will be assessed through the Scottish Government formal Quarter 1 review process.

Key challenges in 2021/22

Availability of Covid-19 funding to match our net additional costs; and our underlying unachieved savings are significant risks to the financial position.

Informing a reliable and robust forecast position to the year-end given the complexities of establishing (i) SG funding; and (ii) the respective: core; Covid-19; recovery, remobilisation, and redesign positions.

NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward. Good progress has been made and plans are in place to propose a final position on this matter to both NHS Fife Board and Fife Council in September 2021.

Recruiting to the Corporate PMO the required capacity and capability to support the development of plans to deliver the pre-Covid efficiency savings on a recurring basis.

Improvement Actions

Progress

22.1 RMP4	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 recovery and 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.
22.2 Savings	The total NHS Fife efficiency requirement for 2021/22 including legacy unmet savings is £21.7m. As part of the RMP financial plan submission, we have requested Scottish Government support for £13.7m underlying unachieved savings.

1. RMP3 Joint Fife Mobilisation Plan

- 1.1 The Remobilisation Plan (RMP) process commenced last financial year. Our third iteration (RMP3) was submitted in February 2021 with formal feedback from Scottish Government received in April 2021. The RMP3 sets out a proposal which requests support from Scottish Government in 2021/22 in respect of the underlying unachieved savings funded as part of Covid-19 in 2020/21, with a commitment to deliver the recurring saving requirement across the medium-term financial planning period. This will be reviewed through the formal Quarter 1 review process. In parallel, Scottish Government aim to return to three-year financial planning over the coming months.

2. Financial Allocations

2.1 Revenue Resource Limit (RRL)

NHS Fife received confirmation of the May core revenue amount on 8 June. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £712.534m; and anticipated allocations total £82.874m. The anticipated allocations include Primary Medical Services and Waiting List funding.

2.2 Non-Core Revenue Resource Limit

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 non-core RRL anticipated funding totals £10.526m.

2.3 Total RRL

The total current year budget at 31 May is therefore £805.934m detailed in Appendix 1a.

2.4 Anticipated Funding from Health Delegated earmarked reserve

The earmarked health delegated reserve created last year and carried forward by the Local Authority Partner on behalf of the Integration Joint Board was clearly itemised and earmarked for specific purposes in this financial year. Whilst discussions continue IJB CFO, the earmarked reserve and agreed anticipated funding is detailed per Appendix 1b.

3. Summary Position

- 3.1 The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises a core overspend of £0.780m (£0.003m run rate overspend, and £0.777m unmet savings); and Covid-19 costs of £6.662m (£4.386m Covid spend, and £2.276m underlying unachieved 'long Covid' savings).
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial positions. An overspend of £7.901m is attributable to Health Board retained budgets; and an underspend of £0.459m is attributable to the health budgets delegated to the IJB.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Table 1: Summary Combined Financial Position for the period ended May 2021

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	434,888	451,635	73,251	81,152	-7,901	-10.79%	-4,848	-3,053
Integration Joint Board (Health)	355,679	354,299	61,001	60,542	459	0.75%	459	0
Risk Share	0	0	0	0	0	0.00%	0	0
Total	790,567	805,934	134,252	141,694	-7,442	-5.54%	-4,389	-3,053

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,612	211,221	35,759	40,352	-4,593	-12.84%	-2,041	-2,552
IJB Non-Delegated	8,829	8,830	1,467	1,441	26	1.77%	32	-6
Estates & Facilities	75,939	75,966	12,407	12,448	-41	-0.33%	108	-149
Board Admin & Other Services	65,914	69,851	12,779	15,582	-2,803	-21.93%	-2,707	-96
Non-Fife & Other Healthcare Providers	90,837	90,709	15,107	15,788	-681	-4.51%	-431	-250
Financial Flexibility & Allocations	13,653	21,850	195	0	195	100.00%	195	0
Health Board	460,784	478,427	77,714	85,611	-7,897	-10.16%	-4,844	-3,053
Integration Joint Board - Core	377,533	408,994	68,766	68,307	459	0.67%	459	0
HSCP offsets	0	115	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	16,863	4,291	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	394,396	413,400	68,766	68,307	459	0.67%	459	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	394,396	413,400	68,766	68,307	459	0.67%	459	0
Total Expenditure	855,180	891,827	146,480	153,918	-7,438	-5.08%	-4,385	-3,053
IJB - Health	-38,717	-59,101	-7,765	-7,765	0	0.00%	0	0
Health Board	-25,896	-26,792	-4,463	-4,459	-4	0.09%	-4	0
Miscellaneous Income	-64,613	-85,893	-12,228	-12,224	-4	0.03%	-4	0
Net Position Including Income	790,567	805,934	134,252	141,694	-7,442	-5.54%	-4,389	-3,053

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

Table 2: Summary Core Financial Position for the period ended May 2021

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	205,612	211,221	35,759	37,170	-1,411	-3.94%	-986	-425
IJB Non-Delegated	8,829	8,830	1,467	1,435	32	2.18%	32	0
Estates & Facilities	75,939	75,966	12,407	12,190	217	1.75%	280	-63
Board Admin & Other Services	65,914	69,194	12,122	11,931	191	1.58%	230	-39
Non-Fife & Other Healthcare Providers	90,837	90,709	15,107	15,788	-681	-4.51%	-431	-250
Financial Flexibility & Allocations	13,653	21,850	195	0	195	100.00%	195	0
Health Board	460,784	477,770	77,057	78,514	-1,457	-1.89%	-680	-777
Integration Joint Board - Core	377,533	408,994	68,766	68,085	681	0.99%	681	0
Integration Fund & Other Allocations	16,863	4,291	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	394,396	413,285	68,766	68,085	681	0.99%	681	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	394,396	413,285	68,766	68,085	681	0.99%	681	0
Total Expenditure	855,180	891,055	145,823	146,599	-776	-0.53%	1	-777
IJB - Health	-38,717	-59,101	-7,765	-7,765	0	0.00%	0	0
Health Board	-25,896	-26,792	-4,463	-4,459	-4	0.09%	-4	0
Miscellaneous Income	-64,613	-85,893	-12,228	-12,224	-4	0.03%	-4	0
Net Position Including Income	790,567	805,162	133,595	134,375	-780	-0.58%	-3	-777

Table 3: Summary Covid-19 Financial Position for the period ended May 2021

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	0	0	3,182	-3,182		-1,055	-2,127
IJB Non-Delegated	0	0	0	6	-6		0	-6
Estates & Facilities	0	0	0	258	-258		-172	-86
Board Admin & Other Services	0	657	657	3,651	-2,994		-2,937	-57
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	0	657	657	7,097	-6,440		-4,164	-2,276
Integration Joint Board - Core	0	0	0	222	-222		-222	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	0	0	222	-222		-222	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	0	0	222	-222		-222	0
IJB - Health	0	0	0	0	0		0	0
Health Board	0	0	0	0	0		0	0
Miscellaneous Income	0	0	0	0	0		0	0
Total Expenditure	0	657	657	7,319	-6,662		-4,386	-2,276

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

4.1 Acute Services

The Acute Services Division reports a **net overspend of £1.411m for the year**. This reflects an overspend in core run rate performance of £0.986m, and unachieved savings of £0.425m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £0.465m, Junior Medical and Dental £0.310m and Senior Medical £0.060m. Nursing overspend is prominent across Care of the Elderly, Obs and Gynae and Colorectal due to unfunded cost pressures and safer staffing. Junior medical and dental continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Elderly medicine consultant costs are partially offset by Acute vacancies in Emergency Care, and WCCS have cost pressures against Paediatric consultants. Non pay cost pressures total £0.146m, with medicines overspend of £0.640m, partially offset by underspend on surgical sundries £0.221m, and diagnostic supplies £0.135m in Planned Care.

Table 4: Acute Division Financial Position for the year ended May 2021

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	71,546	74,211	12,381	12,295	86	0.69%	35	51
Emergency Care & Medicine	75,905	77,967	13,648	14,826	-1,178	-8.63%	-1,029	-149
Women, Children & Clinical Services	55,591	56,469	9,374	9,788	-414	-4.42%	-87	-327
Acute Nursing	866	866	142	126	16	11.27%	16	0
Other	1,704	1,708	214	135	79	37.12%	79	0
Total	205,612	211,221	35,759	37,170	-1,411	-3.94%	-986	-425

4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.032m**. Daleview Regional Unit are reporting an underspend of £0.018m against nursing vacancies and AHP's, which partially offset overspend in medical and other therapeutic staffing. Acute Outpatients report an underspend of £0.015m comprising of non-pay expenditure £0.007m against drugs and £0.008m on medical supplies.

4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.217m**. This is predominantly attributable to pay underspend of £0.145m across several services including catering, laundry, transport and domestics, with non-pay underspend of £0.084m on PPP and £0.064m on rates. This position is offset by £0.063m of year to date unachieved savings.

4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.191m**. Further analysis of the Corporate Directorates core position is detailed per Appendix 2. The main driver for this underspend is the level of vacancies across Finance (£0.061m), Workforce (£0.036m) and Nursing (£0.102m) directorates. Areas of overspend include interpreting services and E- job plan. As highlighted through the SPRA process, and in turn our financial planning process, investment has been made in additional governance posts and Project Management Office (PMO) capability. The development of the PMO capacity and capability will further support and drive service transformation.

Digital and Information are overspent by £0.076m attributable to unmet core savings and an overspend in pay budgets. Further analytical work will be carried out in this area.

The Pharmacy professional service has transferred to Health Board retained from Health Delegated wef 1 April 2021. Pharmacy Services have incurred a small underspend of £0.014m to month 2.

4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £0.681** per Appendix 3. The main driver of this position is savings yet to be delivered of £0.250m. The figures include the assumption NHS Fife will commence financial contributions in respect of the Royal Hospital for Sick Children in Edinburgh (annual cost £1.4m) this year. There are increased costs in cancer drugs (annual cost £0.250m) and cystic fibrosis (annual cost £0.700m) and an increase in Tayside unplanned activity (UNPACS) in respect of a particular patient (annual cost £0.350m in paediatrics).

4.6 Financial Plan Reserves & Allocations

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 released on a monthly basis. The **financial flexibility of £0.195m** has been released at month 2, full detail is shown in Appendix 4.

4.7 Integration Services

A restructure within the Health & Social Care Partnership (HSCP) has been implemented with effect from 7 June 2021. Its purpose is to realign the healthcare service portfolios to ensure a streamlined approach to healthcare delivery, which is more aligned to patient pathways.

The directorates previously known as East, West, Fife-Wide and Prescribing will no longer exist. The services within these directorates have been redistributed to one of four new Directorates: Primary and Preventative Care Services; Complex and Critical Services; Community Care Services; and Professional and Business Enabling.

The health budgets delegated to the Integration Joint Board shows an **underspend of £0.681m**. The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, child health, community nursing, learning disabilities, psychology, community, and general dental services. In Community, underspends are, nursing vacancies across various Teams and the changes within Randolph Wemyss. The impact of lockdown on areas such as the childhood vaccination programme are still being worked through. Within the Primary Care there are increasing pressures relating to 2c Practices (these are Practices no longer managed by the GPs) and potential issues around back scanning of documents to free up physical space within Practices.

4.8 Income

A small over recovery in income of £0.004m is shown for the year to date.

5 Pan Fife Analysis

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

Table 5: Subjective Analysis for the year ended May 2021

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	401,980	68,202	71,131	-2,929
GP Prescribing	74,688	12,573	12,575	-2
Drugs	31,359	5,648	6,151	-503
Other Non Pay	375,978	62,914	64,061	-1,146
Efficiency Savings	-18,318	-3,053	0	-3,053
Commitments	26,141	195	0	195
Income	-85,893	-12,228	-12,224	-4
Net overspend	805,934	134,252	141,693	-7,442

5.2 Pay

The overall pay budget reflects an overspend of £2.929m. The main areas of overspend are within nursing covid expenditure £1.565m, junior medical and dental £0.397m, domestics covid expenditure £0.218m and senior medical staff across both Complex and Critical Care £0.379m and WCCS £0.137m.

Against a total funded establishment of 8,153 wte across all staff groups, there was an average 8,508 wte staff in post in May (based on permanent staff plus additional hours worked and bank staff).

5.3 Drugs & Prescribing

Across the system there is a net overspend of £0.498m on medicines. Prescribing data and ISD phasing recommendations for 21/22 are not yet available. Based on e-prescribing data and previous reporting trends the GP prescribing position to May 21 is predicted to be breakeven. It is anticipated that influencing factors reported last year will be ongoing but contained with financial planning resources. Significantly higher drug prices will be experienced ongoing, likely exacerbated by the impact of Covid-19 on supply and demand, raw material availability, transportation and production. Opportunity to release planned saving schemes will remain diminished as workforce focus on Covid-19 services and patient care. Implementation of Freestyle Libre continues to exceed original forecast and funding provided. Over the year the ongoing impact and appropriate recharges of Covid-19 costs will be monitored based on national guidance and local analysis. Previous year recharges were implemented based on price impact, drug switch requirements (primarily to minimise healthcare contacts) and increased usage.

Acute medicines reflect an overspend of £0.640m. The main overspend is in Haematology which is over budget by £0.391m partly due to changes to chemotherapy during Covid-19 based on national guidance, and partly due to unconfirmed spend on drugs requiring funding from the new medicines reserve. Neurology is overspent at £0.109m, where a high-cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. As a continuation from 20/21, Dermatology, GI, Neurology and Respiratory all present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare. The Ophthalmology overspend of £0.120m reflects a return to normal activity, as this service had an overspend pre-covid.

There is a separate New Medicines Fund/Horizon Scanning fund of £5m which has been in place for a number of years. This budget has been protected at £5m for the 2021/22 financial year and is expected to be committed in full on qualifying drug spend. Scottish Government has indicated that funding for New Medicines will be reduced by £2.0m this financial year. This has been factored into the financial planning for this year.

5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £1.146m. A significant element of overspend was on equipment for covid expenditure £0.444m and complex and critical services £0.104m. Overspend of £0.375m was reported against out of area UNPACS, with the remaining balance due to professional fees £0.272m.

5.5 Efficiency Savings

The unmet efficiency savings of £3.053m comprise unmet core savings of £0.777m and unachieved legacy savings for which we seek funding support of £2.276m.

6 Other Funding Allocations

6.1 Covid-19 funding allocation

Whilst, as part of our financial planning process, we have signalled our potential requirement for Covid-19 support (based on broad Scottish Government informed assumptions), funding will be informed following the Scottish Government formal quarter one review process. As part of our financial monitoring process it is reasonable to assume the spend to month 2 of £4.386m will be funded. The long Covid unmet savings to month 2 of £2.276m remains as a gap until the formal quarter one process is concluded. Separately Test and Protect costs incurred by HB retained of £0.657m to M2 will be match funded following receipt of a firm funding letter.

Covid offset budget continues to be identified where services are not fully operational at pre-covid levels. Remobilisation continues to be monitored to identify services which may have an opportunity to contribute further budget towards covid expenditure.

6.2 Waiting List Funding

We anticipate waiting list funding based on our RMP3 submission however further clarification will follow over the coming weeks and months.

6.3 Redesign of Urgent Care Funding

A funding letter has been received from SG which we are treating as an interim letter pending further clarity. Work continues on the Redesign of Urgent Care agenda.

7 Financial Sustainability

7.1 The overall financial planning process and corporate position was approved by the NHS Fife Board at its meeting on 31 March 2021. The Financial Plan highlighted the requirement for £21.837m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8.181m of the target (£4.015m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.656m for which we have requested funding support.

7.2 As part of the financial planning process, agreement was reached to reduce budgets to allocate shares of the vacancy factor of £3.1m to devolved budgets. As such budget holders need to operate within this reduced pay budget.

7.3 Table 6 summaries the position for the 2021/22 financial year.

Table 6: Savings 21/22

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 May £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	3,519	0	3,519	4,662
					0		0
Total Savings	21,837	8,181	13,656	3,519	0	3,519	4,662

8 Recommendation

8.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:

- **Note** the reported core overspend of £0.780m for the 2 months to date
- **Note** the Covid-19 additional spend of £4.386m; and the £2.276m underlying unachieved 'long Covid' savings, to month 2
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £7.442m

Appendix 1 a: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total
		£'000	£'000	£'000	£'000
May-21	Initial Baseline Allocation	712,534			712,534
					0
	Total Core RRL Allocations	712,534	0	0	712,534
Anticipated	Primary Medical Services		56,994		56,994
Anticipated	Outcomes Framework		4,166		4,166
Anticipated	Mental Health Bundle		1,363		1,363
Anticipated	Salaried Dental		2,091		2,091
Anticipated	Distinction Awards		193		193
Anticipated	Research & development		822		822
Anticipated	Community Pharmacy Champions		20		20
Anticipated	NSS Discovery		-39		-39
Anticipated	Pharmacy Global Sum Calculation		-204		-204
Anticipated	NDC Contribution		-842		-842
Anticipated	Community Pharmacy Pre-Reg Training		-159		-159
Anticipated	Patient Advice & Support Service		-39		-39
Anticipated	FNP		1,276		1,276
Anticipated	New Medicine Fund		3,415		3,415
Anticipated	Golden Jubilee SLA		-24		-24
Anticipated	PCIF		5,440		5,440
Anticipated	Action 15 Mental Health strategy		884		884
Anticipated	ADP:seek & treat		1,159		1,159
Anticipated	Veterans First Point Transisition Funding		116		116
Anticipated	£20m 18-19 tariff reduction to global sum		-4,245		-4,245
Anticipated	District Nurses		152		152
Anticipated	Waiting List		6,700	7,100	13,800
Anticipated	Infant Mental Health		785		785
Anticipated	Public Health		755		755
Anticipated	NSD Adjustments		-5,005		-5,005
		0	75,774	7,100	82,874
Anticipated	IFRS			9,352	9,352
Anticipated	Donated Asset Depreciation			174	174
Anticipated	Impairment			500	500
Anticipated	AME Provisions			500	500
	Total Anticipated Non-Core RRL Allocations	0	0	10,526	10,526
	Grand Total	712,534	75,774	17,626	805,934

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Total	To M2	Anticipated	Balance
	£000's	£000's	£000's	£000's
Vaccine	740		740	0
Care homes	526			526
Urgent Care Redesign	935			935
Flu	203			203
Primary Care Improvement Fund	2,524	1,011	1,513	0
Action 15	1,315			1,315
RT Funding	1,500			1,500
FSL	500		500	0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767			1,767
Core (covid offsets)	1,250			1,250
Total	11,308	1,011	2,753	7,544

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	10,794	2,057	2,133	-76
Nhs Fife Chief Executive	215	36	34	2
Nhs Fife Finance Director	6,287	1,052	991	61
Nhs Fife Medical Director	6,176	1,141	1,170	-29
Nhs Fife Nurse Director	4,072	704	602	102
Legal Liabilities	4,137	699	631	68
Early Retirements & Injury Benefits	822	137	112	25
Regional Funding	179	37	37	0
Depreciation	19,283	3,170	3,170	0
Nhs Fife Public Health	2,202	478	488	-10
Nhs Fife Workforce Directorate	3,156	709	673	36
Pharmacy Services	11,871	1,904	1,890	14
Total	69,194	12,122	11,931	191

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	17	16	1
Borders	45	8	9	-1
Dumfries & Galloway	25	4	9	-5
Forth Valley	3,227	538	628	-90
Grampian	365	61	46	15
Greater Glasgow & Clyde	1,680	280	274	6
Highland	137	23	16	7
Lanarkshire	117	19	42	-23
Lothian	31,991	5,332	5,215	117
Scottish Ambulance Service	103	17	16	1
Tayside	41,584	6,930	6,927	3
Savings	-1,500	-250		-250
	77,873	12,979	13,198	-219
UNPACS				
Health Boards	10,801	1,800	2,212	-412
Private Sector	1,249	208	261	-53
	12,050	2,008	2,473	-465
OATS	721	120	118	2
Grants	65			0
Total	90,709	15,107	15,788	-681

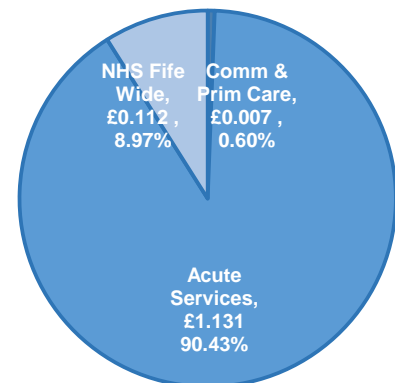
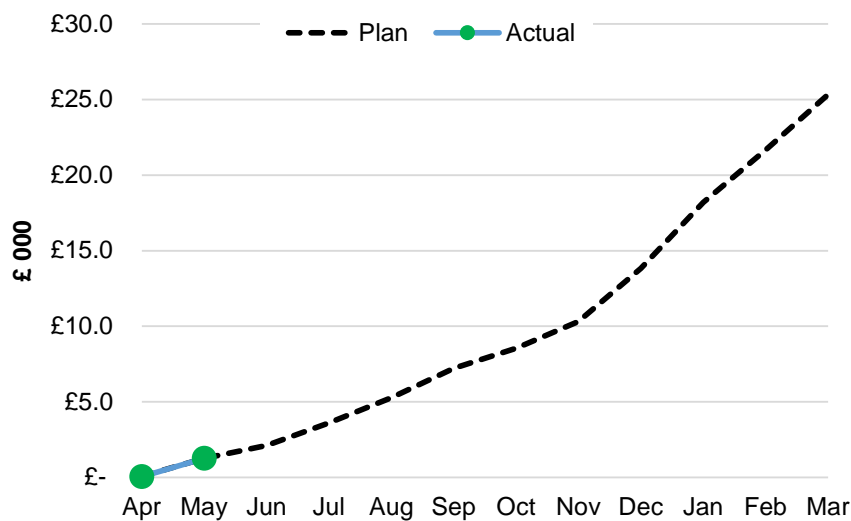
Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to May-21 £'000
Financial Plan		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	42	0
Discretionary Points	162	0
Consultant Increments	368	0
Cost Pressures	4,317	195
Developments	2,198	0
Sub Total Financial Plan	11,281	195
Allocations		
Waiting List	9,414	0
AME: Impairment	500	0
AME: Provisions	540	0
Insulin Pumps	96	0
Community Pharmacy Champion	19	0
Sub Total Allocations	10,569	0
Total	21,850	195

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



1. Annual Operational Plan

The capital plan for 2021/22 is pending approval by the FP&R Committee in July and the NHS Fife Board thereafter. NHS Fife has assumed a programme of £25.319m being the normal routine capital allocation less £0.200m payback and the Elective Orthopaedic funding of £18.125m. NHS Fife is also anticipating allocations of HEPMA £1.1m, Mental Health Review £0.076m, Lochgelly Health Centre £0.517m and Kincardine Health Centre £0.323m.

2. Capital Receipts

2.1 Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – offer has been accepted subject to conditions.

3. Expenditure / Major Scheme Progress

3.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £1.251m this equates to 4.94% of the total capital allocation, as illustrated in the spend profile graph above.

3.2 The main areas of spend to date include:

Statutory Compliance	£0.223m
Equipment	£0.169m
E-health	£0.102m
Elective Orthopaedic Centre	£0.758m

4. Recommendation

4.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 31 May 2021 of £1.251m and the year end spend of the total anticipated capital resource allocation of £25.319m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	0	0	0
Statutory Compliance	310	0	310
Capital Equipment	72	7	72
Condemned Equipment	0	0	0
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
Total Community & Primary Care	382	7	382
ACUTE SERVICES DIVISION			
Elective Orthopaedic Centre	18,125	758	18,125
Statutory Compliance	2,925	212	2,925
Capital Equipment	1,252	162	1,252
Clinical Prioritisation	0	0	0
Condemned Equipment	9	0	9
Total Acute Services Division	22,311	1,131	22,311
NHS FIFE WIDE SCHEMES			
Equipment Balance	481	0	481
Information Technology	1,000	102	1,000
Clinical Prioritisation	500	0	500
Statutory Compliance	95	0	95
General Reserve - Equipment	94	0	94
Pharmacy Equipment	205	0	205
Condemned Equipment	81	0	81
Fire Safety	60	11	60
Vehicles	60	0	60
Wash Hand Basin Replacement	50	0	50
Total NHS Fife Wide Schemes	2,626	112	2,626
TOTAL ANTICIPATED CAPITAL RESOURCE FOR 2021/22	25,319	1,251	25,319
ANTICIPATED ALLOCATIONS 2021/22			
HEPMA	1,100	0	1,100
Mental Health Review	76	0	76
Lochgelly Health Centre	517	0	517
Kincardine Health Centre	323	0	323
Anticipated Allocations for 2021/22	2,016	0	2,016
Total Anticipated Allocation for 2021/22	27,335	1,251	27,335

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to April	May Adjustment	Total May
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	0	72	72
Condemned Equipment	0	0	0	0
Minor Capital	0	0	0	0
Covid Equipment	0	0	0	0
Statutory Compliance	0	0	310	310
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
Total Community & Primary Care	0	0	382	382
Acute Services Division				
Capital Equipment	0	36	1,216	1,252
Condemned Equipment	0	0	9	9
Cancer Waiting Times Equipment	0	0	0	0
Minor Capital	0	0	0	0
Statutory Compliance	0	0	2,925	2,925
Elective Orthopaedic Centre	18,125	0	0	18,125
	18,125	36	4,150	22,311
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,500	0	-3,405	95
Fife Wide Equipment	1,805	-37	-1,288	480
Information Technology	1,000	0	0	1,000
Clinical Prioritisation	500	0	0	500
Condemned Equipment	90	0	-9	81
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	0	60	60
General Reserve Equipment	94	0	0	94
Pharmacy Equipment	205	0	0	205
Fife Wide Vehicles	0	0	60	60
Wash Hand Basin Replacement	0	0	50	50
Total Fife Wide	7,194	-37	-4,532	2,625
Total Anticipated Capital Resource 2021/22	25,319	0	0	25,319

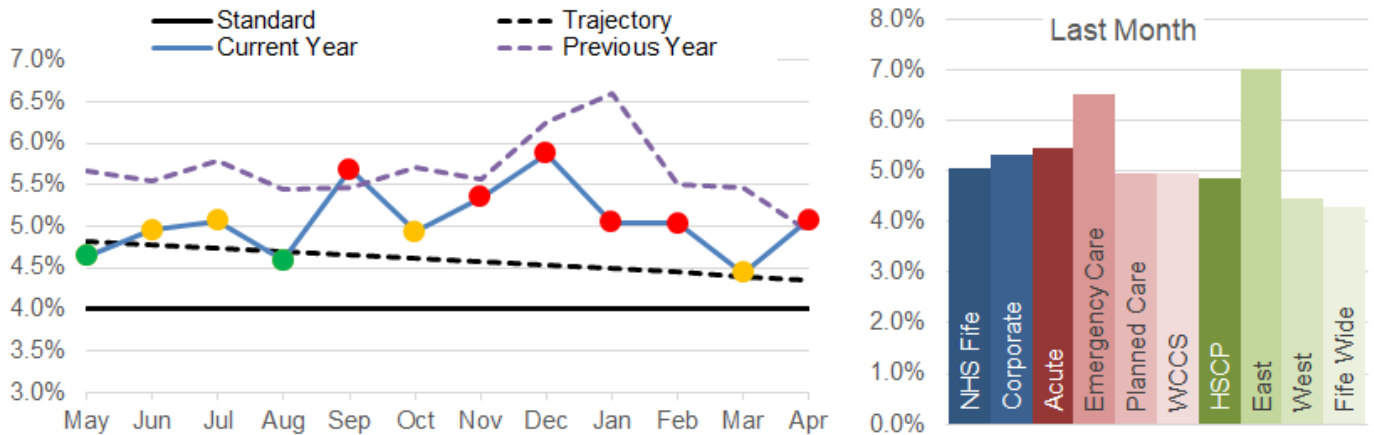
ANTICIPATED ALLOCATIONS 2021/22				
HEPMA	1,100	0	0	1,100
Mental Health Review	76	0	0	76
Lochgelly Health Centre	517	0	0	517
Kincardine Health Centre	323	0	0	323
Anticipated Allocations for 2021/22	2,016	0	0	2,016

Total Planned Expenditure for 2021/22	27,335	0	0	27,335
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Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2021/22 = **3.89%**

Local Performance



National Benchmarking

Month	2020/21											2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%
Scotland	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	0.00%

KEY CHALLENGE(S) IN 2021/22

To secure an ongoing reduction in the current levels of sickness absence performance, as services remobilise, working towards the third-year trajectory for the Board of 3.89% in with NHS Circular PCS (AfC) 2019/2

IMPROVEMENT ACTIONS

22.1 Work towards an improvement in long term sickness absence relating to mental health, using our Occupational Health service and other support services and interventions	By Mar-22
There is ongoing case work with Occupational Health, local managers and HR Officers and Advisors in support of this action, with input from specialist Occupational Health Mental Health Nurse.	
22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence. The means of achieving this include continuation of Promoting Attendance Review and Improvement Panels, Promoting Attendance Groups, training for managers and continued application of the Once for Scotland Attendance Management Policy and scrutiny of "hot spots" / priority areas through analysis of management information and effective reporting systems.	By Mar-22

All actions above are progressing, with Promoting Attendance Review and Improvement Panels meeting regularly to review cases and actions, on-going monthly and bespoke training sessions, alongside use of Tableau and Attendance Management system to identify and analyse "hot spots" / priority areas and trajectory setting / reporting.

MARGO MCGURK

Director of Finance and Performance

22nd June 2021

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

FTF Internal Audit Service

Financial Process Compliance Report No. B26/21

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

K Booth, Head of Financial Services & Procurement
H Denholm, Head of Payroll Services
I Hyndman, Ledger Control Manager (Financial Services)

Gillian MacIntosh, Head of Corporate Governance/Board Secretary

Follow-Up Co-ordinator

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

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Section 2	Issues and Actions	5
Section 3	Definitions of Assurance & Recommendation Priorities	6

Draft Report Issued	23 April 2021
Management Responses Received	30 April 2021
Target Audit & Risk Committee Date	13 May 2021
Final Report Issued	18 May 2021

CONTEXT AND SCOPE

1. The External Auditors expect reasonable coverage of systems by Internal Audit, who tailor their own testing accordingly (the Managed Audit). In 2020/21, the Internal Audit Annual Plan has days set aside for testing of systems, the results of which may be relied on by the External Auditors when forming their annual opinion on the accounts. The results of our work will also directly inform the Chief Internal Auditor's statement on financial controls within the Annual Report.
2. We reviewed key controls in each area and detailed testing identified. The areas selected for review are chosen on a cyclical basis with Accounts Payable and Banking Arrangements reported within B27/20 and Central Payroll and Accounts Receivable reported within B28/19. We have selected the following areas for 2020/21:
 - Accounts Receivable
 - Travel Expenses
3. The review aims to provide assurance that for the noted key financial systems, processes and procedures are established and meet the requirements of the Financial Operating Procedures (FOPs) and the relevant parts of the Standing Financial Instructions. This exercise has tested outputs from and certain procedures within those financial systems.
4. Public-sector staff are working under extreme pressure as a consequence of the scale and pace of change created by the pandemic and the need to respond rapidly to unfolding events. This review considered the impact of Covid-19 on working arrangements within Accounts Receivable and Travel Expenses.

AUDIT OPINION

5. Due to the limited nature of the review undertaken, we have not provided a full audit opinion on each system. However, based on the testing carried out, we can find no evidence to suggest that either system is failing to meet business objectives.

Accounts Receivable

6. From our high level review and sample testing of the Accounts Receivable system we concluded that:
 - Debtors invoices were raised timeously and accurately;
 - Cheque and BACS payments to NHS Fife were accurately recorded and posted within appropriate timescales;
 - Credit notes and cancellations examined were appropriately authorised;
 - Monthly reconciliation of outstanding debtors to the ledger is undertaken by ledger staff and checked by management;
 - The register of accounts to be written off is prepared annually and authorised by the Head of Financial Services. Aged debtors are reviewed on a monthly basis and reminder letters sent in accordance with the FOPs to recover debt.

Travel Expenses

7. From our high level review and sample testing of the Travel Expenses system we concluded that:
 - Appropriate guidance is available for all expense payment authorisers and compilers;

- A system is in place to only appoint authorisers who are appropriate to the staff they are responsible for. For example, that they are able to confirm that staff have undertaken mileage journeys or confirm the journey is consistent with the employee's role. A timetable for processing payments is in place;
 - Authorisation of eExpenses claims were made by an appropriate officer;
 - Journeys on eExpenses claims were correctly recorded and appeared reasonable.
8. The expenses team carry out a random sample of checks on the expense system, to ensure that expense claimants' information has been checked by their Manager for appropriate insurance cover, a valid driving licence and MOT. The capacity of the Payroll Team was impacted by Covid-19 and therefore this check has been delayed. A random month check is planned as part of the 2020/21 year end processes.

Questionnaire and discussion with Lead Officers – Potential Impact on Financial Processes

9. The *Audit Scotland Covid-19 Guide for Audit and Risk Committees* was used as a basis to design a questionnaire for this review. Through discussion with lead officers and the completion of the questionnaire, we noted that careful consideration was given to ensure the control environment was not impacted by the move to home working with the Director of Finance confirming that there was no requirement to revise internal controls within the financial processes as a result of Covid-19. It was also noted that there has been continuous review of capacity across the finance team and throughout the organisation. Early in the pandemic the Finance function decided to support the procurement function by transferring staff in the short term to support the procurement function, specifically the management of supply and demand for PPE. By June 2020 all teams were back in their substantive activity areas and this had been maintained throughout. However, the Director of Finance advised that there were some recruitment/capacity issues, specifically in relation to financial management and payroll. These issues have now been resolved.
10. As a consequence to the Covid-19 pandemic, significant areas of expenditure were identified and in response, the Executive Directors Group, the Finance Performance and Resources Committee and the NHS Fife Board agreed Guiding Principles in May 2020 to ensure the correct recording of Covid-19 costs and to manage the impact on core expenditure.
11. We used the *Audit Scotland Covid-19 Guide for Audit and Risk Committees Exhibit 1 Internal controls and Assurance*, to produce a questionnaire and the response from the Director of Finance provides the following assurances:
- Access controls to systems and working practices were maintained;
 - No new controls were required in relation to the transition of remote working on financial processes. Where physical checks on documents were required staff made appropriate arrangements to attend the office;
 - The timetable for the annual reporting process was considered at the March Audit and Risk Committee and agreed with Audit Scotland for 2020/21;
 - Good examples of learning and opportunities have been identified, and the wellbeing of staff has been considered with activities being supported and shared;

- During the Covid-19 response in year, the Payroll Team managed their capacity to meet the significant additional work in relation to recruitment and no new risks were identified in relation to financial processing systems.


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:	
Our review of the Financial Operating Procedure for Accounts Receivable found that there is no record of the process to be undertaken to issue a cancellation or credit note.	
Audit Recommendation:	
We recommend upon the next reiteration of the Financial Operating Procedure that a section is included of the process for the authorisation of a cancellation or a credit note.	
Assessment of Risk:	
Merits attention	 There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.
Management Response/Action:	
Agreed, this will be included within the next reiteration of the FOP.	
Action by:	Date of expected completion:
Head of Financial Services	31 October 2021




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.	One



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE THURSDAY 8 APRIL 2021 AT 10.00 AM VIA MICROSOFT TEAMS

- Present:** David Graham [Chair]
David Alexander
Margaret Wells, NHS Board Member
Martin Black, NHS Board Member
Rosemary Liewald
- Attending:** Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Euan Reid, Lead Pharmacist Medicines Management
Jim Crichton, Interim Divisional General Manager
Fiona McKay, Interim Divisional General Manager
Norma Aitken, Head of Corporate Service, Fife H&SCP
In attendance:
Tim Bridle, Audit Scotland
Carol Notman, Personal Assistant (Minutes)
- Apologies for Absence:** Helen Hellewell, Associate Medical Director
Lynne Garvey, Divisional General Manager (West)
Scott Garden, Director of Pharmacy & Medicines

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	David Graham welcomed everyone to the meeting and apologies were noted as above. David advised that although there was one vacancy with Les Bissett standing down the meeting was still quorate.	
2	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3	MINUTE OF PREVIOUS MEETING – 5 MARCH 2021 & 18 MARCH 2021	
	Minutes of the meetings held on 5 March and 18 March 2021 were approved.	
4	MATTERS ARISING / ACTION LOG – 12 FEBRUARY 2021	
	Noted	

NO	HEADING	ACTION
	<p>Fiona McKay noted that the Carer's Strategy was part of the discussion for Young Carers which will recommence when services reopen.</p> <p>Adult Packages is the transition from Children's Services to Adult Services and is looking to bring a paper back to the next F&P Committee.</p>	FM
5	FINANCE PAPER	
	<p>The Finance Paper outlined at 28 February 2021 reported a projected outturn underspend of £4.851m</p> <p>There are four key areas of underspend:</p> <ul style="list-style-type: none"> - Community Services - Older People Residential & Daycare - Adult Supported Living - Nursing and Residential <p>The Reserves Policy which was approved in 2017 will be implemented for the first time.</p> <p>Margaret Wells asked what the implications of using reserves was. It is planned to use the reserves with 'Invest to Save' projects so that it continues to generate savings.</p> <p>Martin Black asked about the Risk Share agreement between the partners. Nicky Connor confirmed that there would be no formula used and that the reserves would be considered in the context of the Fife £ and utilized to the best effect for the people of Fife and the transformation journey that is underway.</p> <p>The Committee noted the paper.</p>	
6	OLDER PEOPLE TREND ANALYSIS PRESENTATION	
	<p>Audrey gave a presentation on the analysis of the trends associated with Older People Care Packages from the commencement of the Health and Social Care Partnership.</p> <p>David Graham queried whether the savings associated with the Direct Payments was linked to the changes implemented to the High Reserves. Audrey confirmed that she did not think this was the case although the service was taking back the unused reserves. Fiona McKay confirmed that the number of people who required SDS is high within the Adult Services, and their package would be dependant on their needs to remain living at home.</p> <p>Martin Black queried the slide Older People Care Packages (pg 35), how there can be a saving of £1,534 in 2020/21 compared to 2019/20. Fiona McKay advised that although there may be more packages, on average what is required may be smaller packages, which has resulted in savings for the Service.</p> <p>Margaret Wells advised that she was pleased to see that the number of direct payments have risen but noted trying to get full picture of what was happening was challenging. Audrey Valente confirmed that some services may require to grow to accommodate the requirements and in doing this reduces the burden on</p>	

NO	HEADING	ACTION
	<p>other services with a resultant realignment of the budget .This needs to be worked through with the Senior Leadership Team and brought back to this Committee for discussion at a later date.</p> <p>Margaret Wells asked if there was a price guide/ceiling for the packages provided or is the service able to spend what is required for each individual case? Audrey Valente advised that there is a national rate but agreed that a bench marking exercise would be beneficial. The bench marking exercise has commenced which will allow a more in-depth review to be undertaken and, on its completion, will be reported back to this committee.</p> <p>Rosemary Liewald asked a question about the use of new technology and how this affected costs of individual packages. Fiona McKay confirmed that ‘Just Checking’ is a good example of where best use of technology has been implemented.</p> <p>David Alexander noted that there had not been much change in the numbers associated with Nursing and Residential care which he had anticipated would have reduced? Fiona McKay advised that there are currently 75 Care Homes in Fife with additional interest to build more but recent changes introduced to planning regulation now allows the Partnership to provide comment on any new build requests.</p> <p>Nicky Connor noted going forward post covid the Partnership will be looking at the data with the transformation programme associated to Bed Based Model. Audrey Valente confirmed that the bench marking project looking at other Partnerships will help to inform planning going forward.</p> <p>Martin Black asked if there is a cut off point for the number of packages? Audrey Valente noted that the increase was in line with the yearly 3% price increase.</p> <p>The Committee noted the paper and agreed that this report would come to the Committee Annually.</p>	CN
7	PERFORMANCE REPORT	
	<p>Fiona McKay highlighted that the Service is seeing an increase in the number of Delays Discharges and advised that a programme to reduce the delays has been put in place.</p> <p>The Local Performance Information Scorecard Table (pg 48) highlights the delays associated with STAR Beds. It is anticipated that the numbers will drop now that the care homes have reopened.</p> <p>Fiona noted that the information regarding absence figures for Fife Council is not yet available due to technical issues.</p> <p>Margaret Wells noted that the Fife Council absence rate of 8.7% is very high. Fiona McKay noted that some of this will be related to covid absences and the Council was regularly monitoring all staff absences relating to the pandemic whether staff are shielding or requiring to self-isolate.</p> <p>Margaret Wells noted the opportunity to review the CAMHS Urgent Response Team redesign and inquired where the service was with this. Fiona McKay</p>	

NO	HEADING	ACTION
	<p>advised that this had been delayed due to absence information not being available within ORACLE and that it would hopefully be ready by the next report. David Graham confirmed that it was imperative that accurate staffing information is provided.</p> <p>Jim Crichton noted that the CAMHS Transition is being discussed at the Development Session on 9 April 2021. Jim Crichton confirmed that the CAMHS Team were looking to recruit an additional 8 temporary staff members which will resolve many issues.</p> <p>Nicky Connor noted the issue with Oracle, and wished to assure the Committee that absence information was being closely monitored by the Local Partnership Forum which meet on a monthly basis.</p> <p>Martin Black noted that the waiting time for the Psychological Therapies Services was incredibly long with c.1,000 people having to wait over a year and suggested that reserves are reallocated to reduce the waiting time. Jim Crichton advised that this was an ongoing problem, but the service had made some progress this year to address the issue and are on trajectory to reduce the waiting time.</p> <p>Nicky Connor invited Jim Crichton and the Mental Health Team to give a presentation to the Committee at a future meeting to provide the additional assurance that work is progressing.</p> <p>Margaret Wells noted the long length of time from referral to treatment by the Psychological Therapies Team. Jim advised that staff members who are making the referrals are very good at triaging patients.</p> <p>The service is anticipating a surge in capacity following the pandemic and are looking to recruit 6 Advanced Nurse Practitioners to support the medical team.</p> <p>Rosemary Liewald queried who would be receiving the £500 bonus payment from the Scottish Government, as she had received questions from external sources. Fiona McKay advised that Fife Council Staff will receive the money in their April Salary and information was sent out to all providers asking them to complete and return to Fife Council for progressing. It is noted that not all providers have responded which needs to be addressed to ensure that all staff who are entitled to the bonus receive it. Fiona noted managing the process for those who receive SDS Package and have a PA is providing challenging for the Fife Council Finance Team. Martin Black asked if the bonus was taxable which Fiona confirmed that it was and the offer to receive it over 3 months was available to staff if it impacted on any benefits received.</p> <p>The Committee noted the Performance Report.</p>	
8	IJB DIRECTIONS POLICY	
	<p>Nicky Connor delighted to present the policy to the Committee today.</p> <p>Norma Aitken advised that the Policy had been tabled at the Audit and Risk Committee on 5 March 2021 where it have been well received and hoped that</p>	

NO	HEADING	ACTION
	<p>this committee would equally support the Policy when it was tabled at the Integration Joint Board on 23 April 2021.</p> <p>The Committee noted the Directions Policy and agreed to recommend Approval to the IJB.</p>	
9	FLASH GLUCOSE MONITORING SYSTEM (FREESTYLE LIBRE, REVIEW)	
	<p>Euan Reid advised that the uptake for Freestyle Libre has significantly exceeded estimates, however a greater than anticipated reduction in blood glucose testing strips has resulted in an expected 2.5% saving above budget in 2020/21.</p> <p>Euan advised following changes to DVLA guidance in February 2019, capillary blood glucose testing prior to driving was no longer required for Group 1 drivers although this is still required for those driving HGV/Buses (Group 2).</p> <p>Euan advised that the COVID pandemic has drastically reduced patient facing activity and it is anticipated that the current rate of uptake will increase when patient facing activity returns to pre-COVID levels. In addition, there has recently been an advert campaign for this product therefore it is anticipated that there will be increased interest from people with diabetes looking for this technology.</p> <p>For those on Freestyle Libre, individuals receive 26 sensors annually and the Pharmacy Teams have sent regular reminders to patients, practices and community pharmacies.</p> <p>The Committee thanked Euan for his presentation.</p>	
9	AOCB	
	No other business was raised at the meeting.	
10	DATE OF NEXT MEETING	
	Friday 11 th June 2021 at 10.00am via Microsoft Teams	

**MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON
TUESDAY, 1 JUNE 2021 HELD BY TEAMS CALL**

PRESENT:

Mrs J Kelly (JK) (Chairperson)
Ms M McGurk (MM)
Dr S Mitchell (SM)

Dr F Henderson (FH)
Dr C McKenna (CM)

CO-OPTED MEMBER

Dr H Hellewell (HH)

IN ATTENDANCE:

Miss J Parkinson (JP)
Miss D Watson

Mrs J Watson (JW)

NO	HEADING	ACTION
01/21	CHAIRPERSON'S WELCOME AND OPENING REMARKS The Chair welcomed the Committee and asked that members introduce themselves to MM.	
02/21	DECLARATION OF MEMBERS' INTERESTS There were no declarations of interest.	
03/21	APOLOGIES FOR ABSENCE Apologies were received from Dr P Duthie.	
04/21	MINUTES OF PREVIOUS MEETING The minute of the meeting held on 1 December 2020 was acknowledged and agreed as a true record of proceedings.	
05/21	MATTERS ARISING – ACTION POINTS <ul style="list-style-type: none">a) <u>Flu payments</u> PD has advised JW of flu payment decision and these payments have now been made.b) <u>No interim flu payment and COVID fund position</u> JW has advised all practices of the above.c) <u>Risk Register</u> JK confirmed the risk dates have been updated.d) <u>Pittenweem Surgery</u> JP confirmed the practice had been advised their IGS application to convert an office to a treatment room, had been approved. The project was now complete.	

e) Practice Accommodation requirements

JP advised she had met with Jim Rotheram and that another meeting would be taking place this week.

f) Tayview Medical Practice

JK advised that the practices branch surgery was now open and operational.

06/21 PMS EXPENDITURE BUDGET

JW reported the PMS budget was overspent by £488k, 0.8% of the budget. She informed the Committee that this was the first time she had ever had to report an overspend.

JW advised the Committee she has discussed the overspend with MM and that they would meet to go over the details of this. **JW/MM**

Enhanced Services were topped up based on the previous year's income to ensure practice's stability.

JW confirmed that main overspends were on the Direct Patient Service (£115k) due to locum costs. These costs should be significantly reduced as Oakley Medical Practice had now taken over the running of this service.

JW advised the 2c practices had an overspend of £263k due to staffing and locum costs. The biggest spend was for Lochgelly Medical Practice which became an independent practice in April.

Maternity/sickness/supplies also had overspends.

JW informed the Committee that confirmation of DDRB uplifts and the subsequent PMS allocations had still to be received and would probably be known in October.

The first report on spending in 2021/22 would be available later this month.

07/21 RISK REGISTER

The Committee agreed the Practice Premises should be removed as GP Premises Workstream Group was the route for handling this issue. **JK**

It was noted that the GP Resilience Group mentioned for risks 2 and 4 should be changed to the Operational GP Sustainability Group. **JK**

The Committee agreed that the owners of the remaining risks should be changed to HH.

An up to date risk register template would be sourced and updated for the next meeting of the Committee. **JK**

08/21 IMPROVEMENT GRANTS

Summary of Improvement Grants for 2020/21

Memorandum number PCD/PMSC/01/21 was enclosed for consideration

JP confirmed £130k had been spent in 2020/21. There has not been many applications in this financial year to date. JP was awaiting

confirmation of this year's GP Premises Funding budget from the Scottish Government.

A return has been sent to the Scottish Government regarding both GP Premises and Back Scanning funding.

09/21 MATERNITY LOCUM PAYMENTS

The Committee considered an email regarding maternity locum payments from Path House Medical Practice, Kirkcaldy for a GP who had been advised to work from home during her pregnancy.

The Committee were of the opinion that this situation was not any different to a GP shielding during the COVID pandemic as she would be able to provide telephone consultations.

It was therefore agreed that the practice would not receive any additional payments until the GP officially goes on maternity leave. **JP**

10/21 SUSPENSION OF ENHANCED SERVICES

HH asked that the Committee considered paying practice an average rate for the delivery of Enhanced Services for the next six months to help with practice's cash flow.

Enhanced services in Fife are to be revised but this would not happen until the ongoing Scottish Government review of these services was complete.

JW confirmed the payments were balanced against claims received and topped up to the guaranteed income. Audrey Valente was supportive of this approach.

SM happy that this payment was cost neutral for practices.

It was noted that many Enhanced Services could not currently be carried out but that practices were starting to deliver the Services when they could.

11/21 ROUTINE REPORTING

Memorandum number PCD/PMSC/02/21 was enclosed for consideration.

The entry for Dr H Murray is to be changed from High Valleyfield to Newburgh. **JP**

The Committee noted the content of the report.

13/20 AOCB

There was no AOCB.

14/20 DATE OF NEXT MEETING

The next meeting will be held on Tuesday, 7 September 2021.

The remaining date for the 2021 is 7 December.