

NHS FIFE FINANCE, PERFORMANCE & RESOURCES COMMITTEE

Tue 09 November 2021, 09:00 - 12:30

MS Teams

Agenda


09:00 - 09:00 1. Apologies for Absence
0 min

09:00 - 09:00 2. Declaration of Members' Interests
0 min

09:00 - 09:00 3. Minutes of Previous Meeting held on Tuesday 7 September 2021
0 min

 Item 3 - FPR Minutes September 2021 - unconfirmed.pdf (9 pages)




09:00 - 09:00 4. Matters Arising / Action List
0 min

 Item 4 Action List - FPR.pdf (2 pages)

09:00 - 09:00 5. GOVERNANCE / ASSURANCE
0 min



5.1. Board Assurance Framework – Financial Sustainability

Margo McGurk

-  Item 5.1 - BAF Financial Sustainability - SBAR 20210802.pdf (4 pages)
-  Item 5.1 NHS Fife Board Assurance Framework (BAF) V31.0 220921 - Financial sustainability.pdf (1 pages)
-  Item 5.1 1. BAF Risks - Financial Sustainability - Linked operational risks as at 220921.pdf (1 pages)




5.2. Board Assurance Framework – Strategic Planning

Margo McGurk

-  Item 5.2 - SBAR FPR BAF Strategic Planning 300921.pdf (3 pages)
-  Item 5.2 - NHS Fife Board Assurance Framework (BAF) v32.0 230921 - Strategic Planning.pdf (1 pages)




5.3. Board Assurance Framework – Environmental Sustainability

Neil McCormick

-  Item 5.3 SBAR (BAF) Environmental Sustainability (FP&R).pdf (3 pages)
-  Item 5.3 2. NHS Fife Board Assurance Framework (BAF) v30.0 220921 - Environmental Sustainability.pdf (2 pages)
-  Item 5.3 - 2. BAF Risks - Environmental Sustainability - Linked operational risks as at 220921.pdf (1 pages)



5.4. Review of General Policies & Procedures

Gillian MacIntosh

-  Item 5.4 SBAR - General Policies and Procedures Update.pdf (4 pages)
-  Item 5.4 - Appendix A - List of Policies and Progress Updates.pdf (4 pages)
-  Item 5.4 - Appendix B - List of Procedures and Progress Updates.pdf (4 pages)



5.5. Annual Internal Audit Report 2020/21

Margo McGurk

-  Item 5.5 FPR - SBAR Annual Internal Audit Report.pdf (3 pages)
-  Item 5.5 B06-22 Annual Internal Audit Report.pdf (34 pages)

5.6. Use of Directions from the IJB

Nicky Connor

-  Item 5.6 SBAR FPR 9 November 2021nc (003).pdf (4 pages)
-  Item 5.6 Appendix 1 Fife HSCP Directions Policy - Approved 23 April 2021.pdf (7 pages)

5.6.1. Direction from the IJB re Fife Immunisation Strategic Framework 2021-24

Nicky Connor/Carol Potter




-  Item 5.6.1 Carol Potter - Immunisation Framework Direction 261021 (003).pdf (1 pages)
-  Item 5.6.1 2021-001 Immunisation Strategic Framework Direction.pdf (2 pages)

09:00 - 09:00
0 min

6. STRATEGY / PLANNING

6.1. SPRA Process 2022/23

Margo McGurk

-  Item 6.1 SBAR - SPRA FPR 2022_23 v0.2.pdf (4 pages)
-  Item 6.1 Appendix1 SPRA Letter v2.0.pdf (4 pages)
-  Item 6.1 Appendix 2 SPRA 22_23 to 26_27 v0.1.pdf (7 pages)




6.2. Fife Capital Investment Group Report 2021/22

Neil McCormick/Margo McGurk




-  Item 6.2 FPR SBAR Cap Prog Risks.pdf (3 pages)

6.3. Orthopaedic Elective Project

Janette Owens

-  Item 6.3 20211027 FEOC FP&R SBAR.pdf (6 pages)
-  Item 6.3 Cost Report Nr 17 - Summary Extract.pdf (6 pages)
-  Item 6.3 FEOC - Design and Construction Risk Register - 19.10.2021 Rev 17.pdf (2 pages)



6.4. Property and Asset Management Strategy (PAMS)

-  Item 6.4 PAMS SBAR 2021 FP&R.pdf (3 pages)
-  Item 6.4 2021 PAMS Submission (pdf format).pdf (145 pages)
-  Item 6.4 2021 PAMS Submission Appendices (pdf format).pdf (40 pages)

09:00 - 09:00
0 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance and Quality Report

-  Item 7.1 SBAR FPR Committee.pdf (4 pages)
-  Item 7.1 07 Oct 2021 IPQR.pdf (46 pages)

09:00 - 09:00
0 min

8. LINKED COMMITTEE MINUTES


8.1. Minute of IJB Finance & Performance Committee, dated 13 August 2021 and 3 September 2021

 Item 8.1 Confirmed Notes 13.8.21 v.0.1.pdf (6 pages)

 Item 8.1 Confirmed F&P Notes 3.9.21.pdf (5 pages)

8.2. Minute of Primary Medical Services Committee, dated 1 June 2021 and 7 September 2021.


 Item 8.2 MINS010621 for PMSSC.pdf (3 pages)

 Item 8.2 MINS070921 for PMSSC.pdf (3 pages)

09:00 - 09:00
0 min

9. ITEMS FOR NOTING

9.1. FP&R Committee Workplan 2021/22

 Item 9.1 Confirmed FPR Revised Annual Workplan 2021 - FPR.pdf (4 pages)

09:00 - 09:00
0 min

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

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

09:00 - 09:00
0 min

11. ANY OTHER BUSINESS

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 7 SEPTEMBER 2021 AT 09:30AM VIA MS TEAMS**

RONA LAING
Chair

Present:

R Laing, Non-Executive Director (Chair)	M McGurk, Director of Finance & Strategy
A Lawrie, Non-Executive Director	J Owens, Director of Nursing
A Morris, Non-Executive Director	Dr J Tomlinson, Director of Public Health
W Brown, Employee Director	

In Attendance:

C Dobson, Director of Acute Services
N Connor, Director of Health & Social Care
S Garden, Director of Pharmacy & Medicines
N McCormick, Director of Property & Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
H Thomson, Board Committee Support Officer (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to meeting.

The Chair praised our workforce in these challenging times for their incredible ongoing commitment and continuing efforts in their response to the pandemic.

Apologies for the meeting had been received from members Dr C McKenna (Medical Director) and C Potter (Chief Executive).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 13 July 2021

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

4. Action List / Matters Arising

The Committee **noted** the updates provided and the closed items on the Action List.

5. GOVERNANCE

5.1 Board Assurance Framework – Financial Sustainability

The Director of Finance & Strategy provided an update on the Board Assurance Framework (BAF) for Financial Sustainability and advised that the content of the BAF is linked to the Quarter 1 review of the financial position, as noted in the Integrated Performance Quality Report (IPQR).

It was reported that the financial sustainability risk levels remain high, and this is mainly due to the unachieved efficiency savings of £13.6m. A meeting took place with the Scottish Government Finance Directorate on 6 September 2021, and recognition was provided on the challenges of meeting this target under current circumstances, with further discussion to take place on their ability to support the position - a further update is provided under agenda item 6.2.

The Committee **noted** the paper and **approved** the updated financial sustainability element of the Board Assurance Framework.

5.2 Board Assurance Framework – Strategic Planning

The Director of Finance & Strategy gave background on the Board Assurance Framework (BAF) for Strategic Planning and provided an update.

Corporate objectives have been identified for 2021/22 and were derived from the new Strategic Planning and Resource Allocation process (SPRA). A significant amount of work is underway to progress the development of the Population Health & Wellbeing Strategy. Due to this being in the early stages of the process, the level of risk remains high; however, the overall score has reduced slightly, and likely to reduce steadily over the coming year as the strategy develops.

The Committee **noted** the current position in relation to the Strategic Planning risk.

5.3 Board Assurance Framework – Environmental Sustainability

The Director of Property & Asset Management provided an update on the Board Assurance Framework (BAF) on Environmental Sustainability and reported there is little change in terms of the risk profile.

It was reported the provision of the new elective orthopaedic centre has made positive progress, with the build phase now underway. Mitigations on fire risks have been scrutinised, including training for staff, and a fire group are looking at this on a regular basis.

The Committee **noted** the position set out in the paper and **approved** the updated environmental sustainability element of the Board Assurance Framework.

6. STRATEGY / PLANNING

6.1 Joint Remobilisation Plan 2021/22 (RMP3/RMP4 Guidance) / Annual Operational Plan

The Director of Finance & Strategy provided an update on the ongoing process of developing the Joint Remobilisation Plan 2021/22.

The Scottish Government (SG) have approved the previous iteration of the RMP3 and have acknowledged that planning is an ongoing activity. A delivery planning template has been issued from the SG for completion by the end of September 2021 and this will be completed as part of the RMP4. The RMP4 will include key deliverables agreed within the RMP3, and any additional actions or material changes envisaged in terms of those being delivered towards the latter part of 2021.

SG have not requested a separate winter plan, and thus this will form part of the RMP4 submission. Discussions are underway to form the winter plan element, and this will be developed in the context of the current level of challenges within the services, particularly workforce capacity.

An action tracker is being developed with key actions and progress on deliverables, and updates will be provided to the Executive Teams, Committees and to the Board (the latter by exception only).

In terms of progress, it was reported that the diagnostic pathway for children and young people in primary care has been reinstated, and activity in adult mental health hospitals has also resumed. All other actions within the RMP3 are progressing.

The Committee **noted** the Joint Remobilisation Plan 2021/22 RMP3 and the process in place for production of the RMP4.

6.2 Quarter 1 Financial Review 2021/22 – Capital and Revenue

The Director of Finance & Strategy introduced the update on the Quarter 1 (Q1) Financial Review 2021/22 for Capital and Revenue, noting the Q1 position is challenging.

The in-year position for Q1 was provided, and it was noted the overspend position of £6.109m is largely in relation to unmet core savings of £3.414m.

The forecast outturn for Q1 assessment highlights the unachieved savings of £13.656m which is driving the high-risk factor within the Financial Sustainability BAF. It was also advised that the pressures in respect of the Service Level Agreement with Lothian Health Board will be closely monitored.

The paper highlights all the assumptions and risks driving the forecast outturn potential overspend of £19.656m. The components of the overspend projection were provided.

It was advised that a meeting was held with Scottish Government (SG) colleagues on 6 September 2021 to discuss the Quarter 1 review, as outlined in the paper. It was advised that the SG are not currently in a position to confirm funding support for the stated unachieved savings. The SG offered support on taking forward the Project Management Office (PMO). The SG issued a template requesting more information on what was included on the Q1 return, as they had carried out benchmarking with other NHS Health Boards. It was noted the SG are content with the broad direction of strategic planning for NHS Fife Health Board.

The Director of Finance & Strategy reported that the SG had been advised that a significant proportion of the legacy saving is a direct consequence of our distance from parity. Following earlier benchmarking with other NHS Health Boards, it was noted NHS Fife is not a major outlier in terms of acute services unit cost levels.

It was advised cost offsetting was possible in 2020/21 due to the pausing of services however it is unlikely that there will be a similar level available this financial.

The Director of Finance & Strategy stressed the importance of recording all Covid costs to ensure full funding and explained that the reference to 'long Covid' in the report is the term used by SG to describe the longer-term impact of Covid on the financial position.

Committee members recognised that further delivery of savings in-year, when the workforce is under so much pressure, would be very challenging to achieve. It was reported, however, that over the next three years, to the Board must deliver recurring financial balance. There are a number of medium-term cash reduction plans in the pipeline, which are being progressed with the services. It was noted that delivery of transformational change is crucial, and work is required to support capacity gains to get elective activity closer to normal levels over time.

The Finance team were praised for their hard work in providing a very comprehensive review.

The Committee **noted** the position reported in the paper.

6.3 Fife Capital Investment Group Report 2021/22

The Director of Finance & Strategy introduced the new Fife Capital Investment Group (FCIG) Report for 2021/22 and advised that the group provides oversight of the capital programme spend to the Executive Directors Group and the Committee.

There a number of challenges facing our building projects in terms of both availability of certain materials and price increases in the supply chain which is causing delays to aspects of the capital programme. The most significant is the orthopaedic centre, the Elective Orthopaedic Board recently approved purchases in advance for as many materials as possible to mitigate the supply issue. The potential impact of Brexit and Covid will continue to be recorded and monitored as a risk.

Long lead times in terms of digital and information equipment was raised as an issue, as this will impact the ongoing transformation work in the clinical areas. It was advised this will also be closely monitored.

The Committee welcomed reporting by exception and noted the report provides assurance on the mitigation measures in place to address key risks.

The Committee **noted** the contents of the report.

6.4 NHS Fife Population Health and Wellbeing Strategy Development Progress

The Director of Finance & Strategy gave an update on the progress of the NHS Fife Population Health and Wellbeing Strategy development, the briefing paper on which has been provided to the Committee for assurance.

It was noted that a range of activities and timelines have commenced, as detailed in the assessment section. The Executive Directors Group propose to take forward a portfolio approach to developing and delivering the strategy. It will initially focus on the development of a new 5 – 10 year strategy and will inform our deliverable plans and projects, which will be monitored through a newly established Portfolio Delivery Programme Board (PDPB). It is anticipated that the PDPB will report directly into the new Public Health & Wellbeing Governance Committee.

The portfolio will be aligned directly to the four national care programmes, and it was noted this will be helpful in finalising the Terms of Reference for the New Public Health & Wellbeing Governance Committee.

It was advised that the first stage of the EQIA stage assessment has concluded and is now moving to stage two. The in-house Equality and Human Rights Lead Officer will be key in terms of delivery.

The design of the strategy is being progressed through communications and engagement with wider stakeholders and members of the public, and the Comms team are developing branding to support the various aspects of the emerging new strategy. A survey or poll will be carried out, which offers questions to the public and will be collated for feedback. It was advised that a group had been involved in exploring the best approach to engagement with the public and an update will be shared with the Chair once feedback has been received.

Action: Director of Finance & Strategy

The NHS Fife Population Health and Wellbeing Strategy will be developed for submission to the Board March 2022.

The Committee **noted** the proposed establishment of the Population Health and Wellbeing Portfolio Board and progress of the development of the strategy.

6.5 Review of Health & Social Care Integration Scheme

The Director of Health & Social Care gave an update on the Review of Health & Social Care Integration Scheme and advised there is a requirement to update the Integration Scheme every five years. The review requires to be approved by the NHS Board and Fife Council before it is submitted to Ministers for formal review and comments, and subsequently becomes a legally binding Integration Scheme.

The key changes to the scheme were highlighted:

- There were no changes to the delegation of services
- Clarification has been provided regarding the Chief Officer role in respect of operational direction and accountability to Integrated Joint Board (IJB) and the oversight function
- Enhanced clarity in terms of responsibilities and accountabilities by both NHS Fife and Fife Council in terms of clinical and care governance, and the

professional roles held by the Executive Nurse Director, Medical Director and Chief Social Work Officer

- Clarification regarding IJB statutory responsibilities and how they will be discharged
- Reference to specific Committees of the IJB have been removed, to allow for greater flexibility
- No change to membership
- Change agreed between Directors of Finance in both NHS Fife and NHS Council in relation to the financial section.

It was agreed a further discussion on the Health & Social Care Integration guidance on the use of Directions be brought back to a future meeting, for members' information.

Action: Director of Health & Social Care

The Chair thanked everyone involved in the review of the Health & Social Care Integration Scheme.

The Committee recommended **approval** to the Board of the revisions to the Integration Scheme, to enable NHS Fife Board to formally approve this prior to it being submitted to Scottish Government for Ministerial approval.

6.6 Primary Care Premises Review

The Director of Property & Asset Management gave an update on the Primary Care Premises Review for Committee assurance.

It was advised that the review is timely, given the publication of the General Medical Services Memorandum of Agreement.

The strategy will be delivered by the Director of Health & Social Care and the Head of Primary and Preventative Care Services, and a small working group will meet in the coming weeks to drive production of the strategy forward.

It was advised that small changes to issues with low associated costs will be identified to alleviate pressing issues within General Medical Services premises. For medium/long term issues, consideration will be given on what is required for localities and appropriate engagement will be required. Investment in properties, or disinvestment, will be identified and advised as early as possible to ensure capital is available to NHS Fife over the next 10 years. It was noted this also links into the national infrastructure plans.

The review links into the development of the Population Health & Wellbeing Strategy and it was advised that it is critical the Primary Care Premises Review and Population Health & Wellbeing Strategy are aligned to support requirements for clinical services.

It was advised that a Fife Council Local Development Planning Board will be taking forward a local development plan over the next four years, and various resources may be available in terms of infrastructure.

Staff side representatives will be engaged with during the process, through a number of groups and forums.

The Committee **noted** the paper and supported the formulation of a plan to develop a primary care premises review

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Finance & Strategy introduced the Integrated Performance & Quality Report (IPQR).

The Director of Health & Social Care provided an update on the Health & Social Care element of the IPQR report:

- Smoking cessation services are being delivered remotely and staffing levels are now starting to improve, with six new members of staff
 - The remobilisation of face-to-face provision is being evaluated; however, in terms of premises and the national guidance, this has proven to be a challenge
 - A shortage of Champix is continually to be monitored
- Child and Adolescent Mental Health Service (CAMHS) have been prioritising and targeting urgent interventions.
 - Referral-to-treatment (RTT) has remained in the high 70s.
 - There have been challenges in the recruitment of staff and we are continuing to focus in this area
- Psychological therapies demand continues to rise, and a lot of positive work is ongoing
- Enhanced recruitment continues
- Therapeutic group work, and physical distancing required, has been challenging

The Chair requested a paper on the remits and responsibilities of the new senior management team roles within the Health & Social Care Partnership, for information.

Action: Director of Health & Social Care

The Director of Finance & Strategy provided an update on the Capital and Revenue position.

The Q1 position had an overspend of £6.1m, £3.4m of which relates to legacy savings.

It was reported that there is an overspend in Acute Services in relation to staff pay areas and concern around medicines costs, this is despite significant investment made in Acute Services as part of the financial plans.

It was highlighted that the Redesign of Urgent Care will be funded through a combination of government funding of £0.681m and earmarked IJB reserves of £0.935m carried forward from 2020/21, which should deliver phase one of the Redesign of Urgent Care. It was noted the reserves of £0.935m is non-recurring this year.

The increase in the Service Level Agreement (SLA) for NHS Lothian, and this was only signalled through NHS Lothian's preparation for their financial return has only very recently been advised and is currently under detailed review. It was questioned if NHS

Lothian can increase the SLA in this manner. In response, it was advised NHS Lothian, can request changes to the cost modelling, though this is usually through negotiation.

In terms of capital spend, programmes are progressing as expected, with the exception of the orthopaedic centre material supplies previously highlighted.

The Director of Finance & Strategy agreed to report back to the Chair outwith the meeting on the point raised in relation to the health delegated budget of £0.332m.

Action: Director of Finance & Strategy

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

7.2 Delayed Discharge, Capacity and Flow

The Director of Health & Social Care provided an update on the Delayed Discharge, Capacity and Flow paper.

Regular reports on delayed discharge, capacity and flow have been provided to the Executive Directors Group, and daily contact within teams is also taking place.

A declining position was reported on delayed discharge, which is having a significant impact on Acute Services and Community Hospitals in relation to capacity and flow. It was advised actions are in place, and these include areas that were already operational, such as Hospital at Home. Increased pressures were also reported, including pausing of some services and Covid related pressures.

Delayed discharges are having the largest impact on the system. Issues with packages of care, nursing home placement and welfare guardianship are being mirrored across Scotland. Engagement with the Care Inspectorate is ongoing regarding what can be done within the legal and regulatory frameworks. It was reported issues with delays in welfare guardianship are being escalated through numerous external routes, including the Scottish Government, to raise awareness of the issue.

A pilot with Kingdom Housing and Social Work is being carried out and they are having discussions with individuals, advising care homes are a temporary alternative place to wait on their package of care being available.

The challenges in terms of nursing home placements are around people's choice of placement and potential lack of flexibility on this. Around 15% of care homes closed recently, and work is being undertaken to look at solutions. Packages of care are also an issue.

Across the whole system, it was reported there are around 270 – 300 people in the community waiting to access Social Care and Care at Home. Around 80% are using other services through voluntary sectors to ensure a level of support. Waiting time standards are in discussion, with involvement from NHS Fife, Fife Council and the Integrated Joint Board, and further updates will be brought back to a future meeting.

The impact on NHS services was highlighted across hospitals and community hospitals and actions are being taken forward and embedded in the RMP4. The Committee were assured that supporting sustainability across the workforce is a priority.

The Committee **noted** the actions underway and considered the implications of delayed discharge on whole system care, quality, and workforce.

8. ITEMS FOR NOTING

8.1 Minute of Integration Joint Board Finance and Performance Committee

The Committee **noted** the Minute of the Integration Joint Board Finance and Performance Committee, dated 13 July 2021.

8.2 Corporate Calendar – Committee Dates for 2022/23

The Committee **approved** the proposed Finance, Performance & Resources Committee dates for 2022/23.

9. ITEMS TO BE ESCALATED TO THE BOARD

The Chair and Director of Finance & Strategy agreed to discuss items to be escalated to the Board outwith this meeting.

Action: Chair / Director of Finance & Strategy

10. Any Other Business

There was no other business.

Date of Next Meeting: Tuesday 9 November 2021 at 9.30am via MS Teams.

KEY:	Deadline passed / urgent
	In progress / on hold
	Closed

FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST
Meeting Date: Tuesday 7 September 2021



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	10/09/19	Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements	Include in the Outline Business Cases information on how technology and digitisation would be utilised.	JT	TBC – see comments	The OBC will incorporate information on IT and digital elements of the project. The project team are progressing discussions with IT and are seeking clarification on funding streams as well as preparing a full technical brief for the project. The digital initiatives under consideration at this stage are listed below: <ul style="list-style-type: none"> •A patient appointment system •A consultant room with near me facilities •A GP text messaging system • A self check-in facility •Subject to security considerations, public access to IT equipment to combat digital poverty 	In progress
2.	07/09/21	Integrated Performance & Quality Report	A paper on the remits and responsibilities of the new senior management team roles within the Health & Social Care Partnership, for information to be provided to the Chair.	NC	September 2021		
3.	07/09/21		The Director of Finance & Strategy agreed to report back to the Chair out with the meeting on the point raised in relation to the health delegated budget of £0.332m.	MM	September 2021		

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
4.	08/09/20	Mental Health Strategy	Present a paper to the Committee at appropriate time around the implementation of the Mental Health Strategy.	NC	November 2021	In view of the significant national focus and investment in mental health including learning throughout the covid pandemic and increase demand on services, the mental health strategy will be reviewed and refreshed to ensure it is in line with current and future requirements. Oct - Agreed to move to PH&W Committee	Deadline not reached
5.	10/11/20	CAMHS	Provide an update to the Committee on which recommendations made by the Scottish Government can be actioned, once agreed by HSCP Senior Leadership.	NC	November 2021	Margo has agreed with Nicky that this update on CAMHS will be presented to the November F&P committee. Oct - Agreed to move to PH&W Committee	Deadline not reached
6.	07/09/21	NHS Fife Population Health and Wellbeing Strategy Development Progress	A group had been involved in exploring the best approach to engagement with the public and an update will be shared with the Chair once feedback has been received.	MM	Once feedback has been received		
7.	07/09/21	Review of Health & Social Care Integration Scheme	It was agreed a further discussion on the Health & Social Care Integration guidance on the use of Directions be brought back to a future meeting, for members' information	NC	A future meeting – still to be agreed		
8.	07/09/21	Items to be Escalated to NHS Board	The Chair and Director of Finance & Strategy agreed to discuss items to be escalated to the Board out with this meeting.	MM / Chair	September 2021	20/09/21 – Closed. Items agreed.	Closed

Meeting:	Finance, Performance & Resources Committee
Meeting date:	9 November 2021
Title:	BAF – Financial Sustainability
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This is presented to the Committee for:

- Assurance

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 August 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 August 2021. Since the last update (at 31 July 2021) the BAF current score has been reviewed and remains at 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 date we still await the outcome of the Quarter 1

reviews. To that end, Scottish Government support for our financial gap continues to be uncertain and our BAF risk remains at 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 is presented to Committee in advance of discussion at other groups.

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	16/09/2021	31 October 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. There is a risk that the organisation may not fully identify the level of savings required to achieve recurring financial balance. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	4 – Likely – Strong possibility this could occur	4 – 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	<i>Ongoing actions designed to mitigate the risk including:</i> We await the outcome of our formal Q1 review meeting held with SG colleagues on 6 September 2021. 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. The financial gap for 21/22 is £21.7m. 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. 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 £0.340m subject to external audit review; funding for 2021/22 will be determined post formal quarter 1 review of Boards' financial performance.	3 – Possible – May occur occasionally – reasonable chance	4 – 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
522	Prescribing and Medicines Management - Prescribing Budget	Active Risk	High Risk	15	McKenna, Christopher

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
1363	Health and Social Care Integration	Active Risk	Moderate	9	McGurk, Margo
1364	Efficiency Savings	Closed Risk	High Risk	16	McGurk, Margo
1784	Finance (Short Term/Immediate)	Closed Risk	Moderate	8	Connor, Nicky
1846	Test and Protect/Covid Vaccination	Active Risk	Moderate	9	Connor, Nicky

522	1513	ID
CORPORATE RISK REGISTER, NHSFBD - Prescribing & Medicines Management Risk Register, NHSFBD - Finance Directorate Risk Register	NHSFBD - Brexit Risk Register	Position of Risk (Risk Register)
30/03/2006	04/10/2018	Opened
Prescribing and Medicines Management - Prescribing Budget	Financial and Economic impact of Brexit	Title
Prescribing and Medicines Management - Prescribing Budget: There is a risk that NHS Fife will be unable to control the prescribing budget.	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.	Description
3 - Possible - May occur occasionally - reasonable chance	5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
3 - Moderate	5 - Extreme	Consequence (initial)
Moderate Risk	High Risk	Risk level (initial)
9	25	Rating (initial)
<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>	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.	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
3 - Moderate	4 - Major	Consequence (current)
High Risk	High Risk	Risk level (current)
15	20	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	1 - Remote - Can't believe this event would happen	Likelihood (Target)
3 - Moderate	1 - Negligible	Consequence (Target)
Moderate Risk	Very Low Risk	Risk level (Target)
9	1	Rating (Target)
McKenna, Christopher Reid, Euan	McGurk, Margo Stewart, Laura	Risk Owner Handler
29/07/2021	27/04/2021	Previous Review Date
13/10/2021	05/08/2021	Next Review

Meeting:	Finance Performance and Resources Committee
Meeting date:	9 November 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:

- Awareness

This report relates to a:

This aligns to the following NHS Scotland 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 the 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, the Committee will seek further information from risk owners.

This report provides the Committee with the next version of the NHS Fife BAF 5 on 23.09.21.

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.

Following discussion at previous committees, previous risks have remained on the BAF until the new Strategy is produced. The BAF and risk also describes how

- the Strategic Priorities form part of the strategic planning direction going forward for NHS Fife.
- Work is progressing in the development of the Population Health and Wellbeing Strategy. The public and staff survey will be the start of the development phase.
- The process for SPRA for 2022/23 is about to commence with a view to reporting in Quarter 4 of 2022/22.

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.

2.4 Recommendation

The Committee is invited to:

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

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email: susan.fraser3@nhs.scot

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	23/09/2021	30 November 2021	<p>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>	<p>4 – Likely – Strong possibility this could occur</p> <p>4 – Major</p> <p>16</p> <p>High Risk</p> <p>4 – Likely – Strong possibility this could occur</p> <p>4 – Major</p> <p>16</p> <p>High Risk</p>	<p>Following period of COVID-19, portfolio management is being put in place.</p> <p>Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.</p>	<p>Ongoing actions designed to mitigate the risk including:</p> <p>1. Progress has been made setting up the PHW Portfolio Board</p> <p>2. Public and Staff Survey being developed for PHW Strategy and will be released in November 21 assuming sign off.</p> <p>3. SPRA for 22/23 is planned for distribution in October 2021</p>	<p>EDG Strategy meetings will provide the required leadership and executive support to enable strategy development.</p>	<p>23/9/21 PHW Portfolio Board is being established and will meet monthly. TOR ready for sign off. Governance route will be Public Health and Wellbeing Committee</p> <p>27/5/21 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 planned with NHS Fife and Fife Council Executive Teams for 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>	<p>Governance of new arrangements will be agreed to deliver the required assurance.</p>	<p>Corporate Objectives agreed for 21/22.</p> <p>SPRA process 22/23 will commence in October 21 and will inform the strategy and corporate objective for 22/23.</p> <p>RMP4 due to be submitted on 30 September 21.</p>	<p>3 – Possible – May occur occasionally – reasonable chance</p> <p>4 – Major</p> <p>12</p> <p>Moderate Risk</p>	<p>Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.</p>
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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 & Resources Committee
Meeting Date:	9 November 2021
Title:	Board Assurance Framework – Environmental Sustainability
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	

1 Purpose

This is presented to FP&R for:

- Awareness
- Discussion

This report relates to:

- Board Governance & Strategic Objectives

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

- Safe
- Effective

2 Report Summary

2.1 Situation

The Board Assurance Framework (BAF) is intended to provide assurances to this Committee and to the Board that the organisation is delivering on its strategic objectives as they relate to environmental sustainability.

This report provides the Committee with an update 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 high risk statutory compliance or backlog maintenance issues. Prioritisation of this limited resource is carried out using a risk assessment methodology.

2.3 Assessment

Property & Asset Management continue to mitigate the identified risks.

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.

The Fire Evacuation Phase 2 linked risk has been reduced from a score of 20 to 15 following a review of the extensive mitigations undertaken.

The Theatre Phase 2 Remedial Works have been carried out as far as possible. This risk and the Fire Evacuation Phase 2 linked risk will remain as a residual risk until the commissioning of the new Fife Orthopaedic Elective Centre towards the end of 2022

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Not Applicable.

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

Not Applicable.

2.3.6 Other impact

Not Applicable.

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 undernoted 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, 7 October 2021

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	15/09/2021	12 November 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.	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	4 – Likely – Strong possibility this could occur	5 - 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.	1 – Remote – Can't believe this event would happen	5 - 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.

Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1207	Water system Contamination STACH	Active Risk	Moderate Risk	10	McCormick, Neil
1275	South Labs Plant Room	Active Risk	Moderate Risk	8	Lowe, David
1306	Risk of pigeon guano on VHK Ph2 Tower Windows	Active Risk	Moderate Risk	12	Lowe, David
1316	Inadequate Compartmentalisation VHK Phase 1, Phase 2 floors B-1st	Active Risk	Moderate Risk	8	McCormick, Neil
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
735	Medical Equipment Register	Closed Risk	Moderate Risk	10	Lowe, David
749	836 - VHK Ph.2 Main Foul Drainage Tower Block	Closed Risk	High Risk	15	Lowe, David
1083	VHK CLO2 Generator (Legionella Control)	Closed Risk	High Risk	15	GRB
1312	Vertical Evacuation - VHK Phase 2 Tower Block	Closed Risk	Moderate Risk	10	Fairgrieve, Andrew
1314	Inadequate Compartmentalisation of Escape Stairs and Lift Enclosures	Closed Risk	Low Risk	6	Fairgrieve, Andrew
1315	Vertical Evacuation - VHK Phases 1 and 2 (excluding Tower Block)	Closed Risk	Moderate Risk	8	BAN
1335	FCON Fire alarm potential failure	Closed Risk	High Risk	15	GRB

1352	Pinpoint malfunction	Closed Risk	High Risk	16	Pirie, Margaret
1384	Microbiologist Vacancy	Closed Risk	High Risk	20	JGARDN
1473	Stratheden Hospital Fire Alarm System	Closed Risk	High Risk	20	Keatings, Gordon

ID	1007		1252		1296	
Position of Risk (Risk Register)	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register		Corporate Directorate - Estates Risk Register		CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	
Opened	11/02/2015		02/06/2016		22/08/2016	
Title	Theatre Phase 2 Remedial work		Flexible PEX hoses in PHASE 3 VHK		Emergency Evacuation, VHK Phase 2 Tower Block	
Description	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.	
Likelihood (initial)	3 - Possible - May occur occasionally - reasonable chance		3 - Possible - May occur occasionally - reasonable chance		4 - Likely - Strong possibility this could occur	
Consequence (initial)	5 - Extreme		5 - Extreme		5 - Extreme	
Risk level (initial)	High Risk		High Risk		High Risk	
Rating (initial)	15		15		20	
Current Management Actions	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.	
Likelihood (current)	3 - Possible - May occur occasionally - reasonable chance		3 - Possible - May occur occasionally - reasonable chance		3 - Possible - May occur occasionally - reasonable chance	
Consequence (current)	5 - Extreme		5 - Extreme		5 - Extreme	
Risk level (current)	High Risk		High Risk		High Risk	
Rating (current)	15		15		15	
Likelihood (Target)	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	
Consequence (Target)	5 - Extreme		5 - Extreme		5 - Extreme	
Risk level (Target)	Low Risk		Moderate Risk		Low Risk	
Rating (Target)	5		10		5	
Risk Owner	Cross, Murray		McCormick, Neil		McCormick, Neil	
Handler	Lowe, David		Bishop, Paul		Ramsay, Jimmy	
Previous Review Date	09/04/2021		03/06/2021		15/09/2021	
Next Review	10/01/2022		29/10/2021		29/01/2021	

Meeting:	Finance, Performance & Resources Committee
Meeting date:	9 November 2021
Title:	General Policies & Procedures Update
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Hazel Thomson, Board Committee Support Officer

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Local policy

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

- Safe
- Effective

2 Report summary

2.1 Situation

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

2.2 Background

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

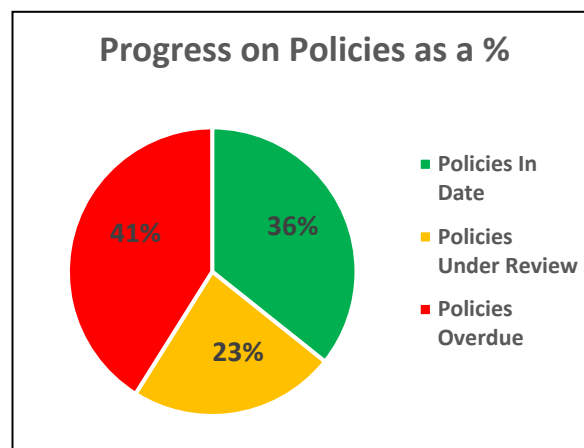
- General Policies – Finance, Performance & Resources Committee
- Clinical Policies – Clinical Governance Committee
- Human Resources – Staff Governance Committee

2.3 Assessment

An update on General Policies was last provided to the Committee in November 2020, where it was noted that the impact of the ongoing Covid-19 pandemic had seriously slowed progress in reviewing out-of-date policies and in getting revised versions approved. Since June 2021, with the Board Committee Support Officer coming into post, the situation is fast improving, due to the extra resource being put behind what is conventionally a bureaucratic and admin-heavy process.

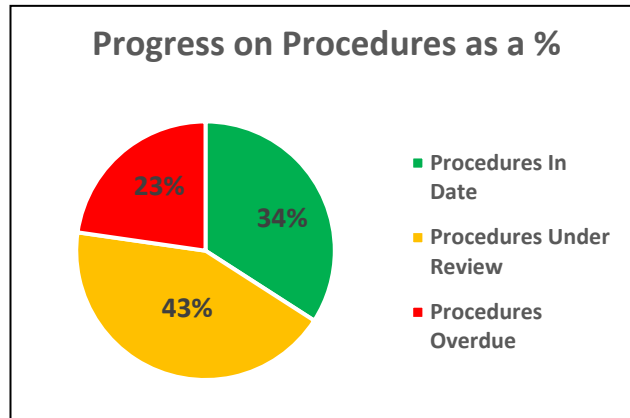
General Policies

At the beginning of October 2021, of the 56 General Policies, 23 (41%) remain beyond their due date, and are being followed up. Work is underway for 13 (23%) of General Policies, which are either being reviewed by the relevant authors or are presently out for consultation to the General Policies Group. 20 (36%) of General Policies are up to date. This has remained a relatively static position since last reported to the Committee.



General Procedures

At the beginning of October 2021, of the 44 General Procedures available on Stafflink, 10 (23%) remain beyond their due date, and are being followed up. Work is underway for 19 (43%) of General Procedures, which are either out for review by the relevant authors or out for consultation to the General Policies Group. 15 (34%) of General Procedures are up to date. Further work is required to be carried out to identify General Procedures which are not currently available on Stafflink, to ensure these are uploaded and fully accessible to staff.



Further detail on the review progress of the General Policies and Procedures can be found at Appendix A (General Policies) and Appendix B (General Procedures).

The Board Committee Support Officer, who commenced in post on 31 May 2021, now manages the administrative processes for NHS Fife General Policies & Procedures. Since being in post, a refresh of the administrative system for managing the process has been carried out. Work is ongoing for General Policies & Procedures that are overdue, and the Board Committee Support Officer is in close contact with respective colleagues to get these documents reviewed and taken through the approval process. A General Policies and Procedures Guidelines Pack is also in the process of being developed, providing advice, templates and details on submission routes to the General Policies Group, which will support colleagues during the review period.

Following discussion at previous Committee meetings on the benefits of introducing an electronic solution for policy management, colleagues from the Clinical Governance team continue to review potential options that can be applied to meet a number of organisation-wide needs. The proposed introduction of the revised cloud-based software for Datix risk management continues to be developed and the timescale for completion is not yet available. A timescale will be shared when available.

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

As previously reported, the estimated financial costs of introducing potential policy management software have proved to be significant and likely beyond the budget of an individual service to meet. An organisational solution is therefore required.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been reviewed at EDG on 21 October 2021.

2.4 Recommendation

This paper is provided for:

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

3 List of appendices

The following appendices are included with this report:

- Appendix A, General Policies, October 2021
- Appendix B, General Procedures, October 2021

Report Contact

Gillian MacIntosh

Board Secretary & Head of Corporate Governance

gillian.macintosh@nhs.scot

Department	Policy No.	Policy Title	Review Date	Progress Notes
Nurse Director	GP/A2	Use of Independent Advocacy	22 December 2021	
e-Health	GP/V2	IT Virus Protection Policy	01 January 2022	
Health & Safety	GP/M1	Manual Handling	01 February 2022	
Estates & Facilities	GP/C1	Confined Spaces	18 May 2022	
Estates & Facilities	GP/S3	Safe And Effective Use Of Unwrapped Instrument And Utensil Sterilisers	04 June 2022	
Corporate Services	GP/E5	Processing External Hazard and Safety Notices and Alerts	30 June 2022	
e-Health	GP/A4	Acceptable Use Policy	01 July 2022	
Health & Safety	GP/P4	Personal Protective Equipment (PPE)	01 October 2022	
Research & Development	GP/I1	Management of Intelliectual Property	13 October 2022	
e-Health	GP/B2	e-Health Remote Access Policy	19 November 2022	
Estates & Facilities	GP/C8	Car Parking Policy	01 January 2023	
e-Health	GP/R8	Health Records Retention and Destruction	01 June 2023	
e-Health	GP/R9	Health Records	01 September 2023	
Estates & Facilities	GP/E3	Electrical Safety	21 September 2023	
Estates & Facilities	GP/C4	Control of Contractors	26 October 2023	
Health & Safety	GP/V4	Reduction of Violence and Aggression at Work	01 December 2023	
Nurse Director	GP/V3	Volunteering Policy	30 April 2024	

Department	Policy No.	Policy Title	Review Date	Progress Notes
Health & Safety	GP/H5	Health Assessment and Surveillance	01 August 2024	
Corporate Services	GP/R4	Management, Retention, Storage and Destruction of all Business and Administrative Information and Records	29 July 2024	
Estates & Facilities	GP/D1	Fife Wide Decommissioning of Premises Policy	01 September 2024	
Medical Director	GP/S2	Smoking	01 March 2016	Policy currently under review through a Short Life Working Group.
e-Health	GP/I5	Information Security Policy	01 May 2019	Policy currently under review. To be followed up for progress update.
e-Health	GP/M5	Mobile Device Management Policy	01 May 2019	Policy currently under review. To be followed up for progress update.
e-Health	GP/P2	Password Policy	01 May 2019	Policy currently under review. To be followed up for progress update.
Nurse Director	GP/I8	Infection Control	01 January 2019	Policy currently under review. To be followed up for progress update.
Estates & Facilities	GP/L1	Water Systems Management	26 March 2020	Policy currently under review. To be followed up for progress update.
e-Health	GP/P8	Patient Access Policy	29 September 2020	Policy has been submitted to the GPG.
Health & Safety	GP/H1	Health & Safety Policy	01 November 2020	Policy currently under review. To be followed up for progress update.
Estates & Facilities	GP/A1	Asbestos Policy	01 November 2020	Policy currently under review. To be followed up for progress update.
Medical Director	GP/I9	Adverse Events	22 March 2021	Policy currently under review. A full review of the adverse events process and policy is underway, and expected to conclude end of Oct '21.
Estates & Facilities	GP/F2	Fire Safety Policy	01 May 2021	Policy currently under review. To be followed up for progress update.
Estates & Facilities	GP/M2	Control of Mercury	09 July 2021	Policy currently under review. To be followed up for progress update.
Estates & Facilities	GP/W4	Window Management	09 July 2021	Policy currently under review. To be followed up for progress update.
Estates & Facilities	GP/M3	Management of Medical Gases	01 November 2015	To be followed up.

Department	Policy No.	Policy Title	Review Date	Progress Notes
Corporate Services	GP/02	Online Communications	15 May 2017	To be followed up.
Nurse Director	GP/R7	Risk Register and Risk Assessment	01 December 2018	To be followed up. A review of the Risk Management Framework was to be undertaken first.
Estates & Facilities	GP/H4	Hospitality Policy	01 April 2019	To be followed up.
e-Health	GP/D6	Data Encryption Policy	01 May 2019	To be followed up. A meeting was being arranged to discuss policies going forward.
e-Health	GP/C10	Clear Desk Screen Policy	01 May 2019	To be followed up. A meeting was being arranged to discuss policies going forward.
e-Health	GP/E7	Non NHS Equipment Policy	01 May 2019	To be followed up. A meeting was being arranged to discuss policies going forward.
e-Health	GP/H6	e-Health Equipment Home Working Policy	01 May 2019	To be followed up. A meeting was being arranged to discuss policies going forward.
e-Health	GP/I3	Internet Policy	01 May 2019	To be followed up. A meeting was being arranged to discuss policies going forward.
e-Health	GP/I4	eHealth Procurement Policy	01 May 2019	To be followed up. A meeting was being arranged to discuss policies going forward.
e-Health	GP/M4	Media Handling Policy	01 June 2019	To be followed up. A meeting was being arranged to discuss policies going forward.
Medical Director	GP/P3	Picture Archiving and Communication System	01 March 2020	To be followed up. A meeting was being arranged to discuss policies going forward.
Estates & Facilities	GP/P7	Care of Patients Personal Laundry	01 September 2020	To be followed up.
e-Health	GP/E6	Email Policy	01 October 2020	To be followed up. A meeting was being arranged to discuss policies going forward.
Estates & Facilities	GP/E4	Medical Equipment Management	01 November 2020	To be followed up.
e-Health	GP/S8	EHealth Incident Management Policy	01 November 2020	To be followed up. A meeting was being arranged to discuss policies going forward.
Medical Director	GP/S6	Screening of NHS Fife staff during the outbreak of an infectious disease	01 December 2020	To be followed up. A meeting was being arranged to discuss policies going forward.
Estates & Facilities	GP/W1	Waste Management	22 March 2021	To be followed up.
e-Health	GP/D3	Data Protection and Confidentiality Policy	01 June 2021	To be followed up. A meeting was being arranged to discuss policies going forward.

Department	Policy No.	Policy Title	Review Date	Progress Notes
e-Health	GP/I6	IT Change Management Policy	01 June 2021	To be followed up. A meeting was being arranged to discuss policies going forward.
Medical Director	GP/R3	Research Fraud & Misconduct	12 September 2021	To be followed up. A meeting was being arranged to discuss policies going forward.
Estates & Facilities	GP/P9	Pressure Systems - NHS Fife	24 July 2021	To be followed up.
Estates & Facilities	GP/V1	Ventilation Systems	08 August 2021	To be followed up.

Department	Procedure No.	Procedure Title	Review Date	Progress Notes
Health & Safety	GP/L6	Lone Working	01 November 2021	
Health & Safety	GP/M1	The Safer Handling of the Heavier/Plus size Patient	01 February 2022	
Research & Development	GP/I1-1	Procedure for the management of intellectual property	13 October 2022	
Health & Safety	GP/N1	Noise at Work	01 November 2022	
Estates & Facilities	GP/M3-1	Medical Glass Cylinders	01 November 2022	
Estates & Facilities	GP/M3-2	Medical Gas Pipeline Systems	01 November 2022	
Estates & Facilities	GP/M3-3	Procedure for the Safe Storage, Use and Transport of Liquid Nitrogen	01 November 2022	
Health & Safety	GP/N1	Noise At Work Procedure	01 November 2022	
Health & Safety	GP/G1 - 1	Glove Selection Procedure	01 December 2022	
Health & Safety	GP/W2	Work at Height	01 January 2023	
Health & Safety	GP/V1	Control of Vibration at Work Procedure	01 January 2023	
Health & Safety	GP/D1-1	Display Screen Equipment	01 June 2023	
Health & Safety	GP/E8.8	Dangerous Substances and Explosive Atmosphere	01 June 2023	
Health & Safety	GP/C3	Control of Substances Hazardous to Health	01 October 2023	
Health & Safety	GP/V1	Control of Vibration at Work	01 October 2023	
Estates & Facilities	GP/S1	Reallocation of Space	New Procedure	Procedure has been through GPG, and updates are being progressed

Department	Procedure No.	Procedure Title	Review Date	Progress Notes
Corporate Services	GP/O2-3	All Staff Email	15 May 2014	Procedure under review
e-Health	GP/D3-1	Data Protection - Annexe 1 - Compliance Aims	01 December 2015	Procedure under review
e-Health	GP/D3-10	Lost & Stolen Health Records Procedure (Operational Division)	01 December 2015	Procedure under review
e-Health	GP/D3-3	'Safe Haven' Procedure on Holding & Transmission of Personal, Confidential & Patient Identifiable Information	01 December 2015	Procedure under review
e-Health	GP/D3-4	'Safe Haven' Procedure for Fax Machines - Position and Access Controls	01 December 2015	Procedure under review
e-Health	GP/D3-5	'Safe Haven' Procedure for Operating Fax Machines	01 December 2015	Procedure under review
e-Health	GP/D3-6	'Safe Haven' Procedure - Actions to be taken in event of fax sent or received in error	01 December 2015	Procedure under review
e-Health	GP/D3-7	Good Practice Guide - Using Office Equipment & Machinery	01 December 2015	Procedure under review
e-Health	GP/D3-8	Lost & Stolen Health Records Procedure	01 December 2015	Procedure under review
e-Health	GP/D3-9	Lost & Stolen Health Records Procedure (Community Health Partnership Division)	01 December 2015	Procedure under review
Estates & Facilities	GP/E8-7	Room Bookings	01 May 2016	Procedure has been through GPG, and updates are being progressed

Department	Procedure No.	Procedure Title	Review Date	Progress Notes
e-Health	GP/D3-14	Guidance for staff on information sharing with police	01 August 2016	Procedure under review
e-Health	GP/D3-12	Subject Access to Health Records	01 December 2016	Procedure under review
Health & Safety	GP/E8.9	Work Environment	01 January 2017	Recommended to be deleted. To be progressed.
e-Health	GP/D3-2	Access Controls for Information Systems	01 September 2019	Procedure under review
e-Health	GP/D3-11	Supplier Relationships Procedure	01 September 2020	Procedure under review
Estates & Facilities	GP/E8-10	Drivers Operating Procedures	01 March 2021	Procedure has been through GPG, and updates are being progressed
Estates & Facilities	GP/E8-6	Grounds and Gardens	01 October 2021	Procedure under review
Estates & Facilities	GP/E8-2	Catering Services - Contingency Plan Kitchen Failure	22 April 2015	To be followed up
Estates & Facilities	GP/E8-1	Food Safety	22 February 2016	To be followed up
Estates & Facilities	GP/E8-3	Emergency / Restoration Cleaning	22 March 2016	To be followed up
Estates & Facilities	GP/E8-4	Catering: Hazard Analysis & Critical Control Point (HACCP)	23 April 2016	To be followed up
Estates & Facilities	GP/E8-5	Safe Handling of Laundry	23 April 2016	To be followed up
Health & Safety	GP/E8-9	Work Environment Procedure	10 January 2017	To be followed up
Estates & Facilities	GP/ E4 - 01	Medical Physics Operational Procedure	01 July 2019	To be followed up

Department	Procedure No.	Procedure Title	Review Date	Progress Notes
Health & Safety	GP/E8-8	Dangerous Substance and Explosive Atmosphere (DSEAR)	01 May 2020	To be followed up
Estates & Facilities	GP/L2	Dealing with Lead at Work	01 February 2021	To be followed up
Estates & Facilities	GP/F2-1	Fire Safety Procedure Guidance	01 May 2021	To be followed up

Meeting:	Finance, Performance & Resources Committee
Meeting date:	9 November 2021
Title:	Internal Audit Annual Report
Responsible Executive/Non-Executive:	M McGurk, Director of Finance
Report Author:	T Gaskin, Chief Internal Auditor

1 Purpose

This is presented to the Finance, Performance & Resources Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The final 2020/21 Annual Internal Audit Report has been considered through the NHS Fife Audit and Risk Committee and was considered as part of the wider portfolio of year end governance assurances.

2.2 Background

The Audit and Risk Committee agreed the internal audit annual report 2020/21 be distributed to Standing Committees for consideration at their next meetings.

This annual report provides details on the outcomes of the 2020/21 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2020/21.

2.3 Assessment

Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2020/21 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, we have not advised management of any concerns around the following:

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

Therefore, **it is my opinion** that:

- The Board has adequate and effective internal controls in place
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

We noted the following key themes:

- As noted in the ICE, during the first part of the year the Board maintained and improved its governance arrangements and has performed well in exceptionally difficult circumstances, facing the unprecedented challenges created by Covid19. We welcome the progress with the Strategic Allocation and Resource Process which has informed the annual plan (RMP3).
- The development of the Health and Wellbeing Strategy, which will supersede the current Clinical Strategy, is due to be presented to the Board for approval in March 2022.
- Strong communication within the Board, in challenging times, with Staff Link providing a constant feed of news and a Weekly News Roundup via email, which provides Operational, Clinical, Workforce, Staff Health & Wellbeing and Research & Development updates, as well as a useful links and updates from the Health & Social Care Partnership (HSCP) Director.
- This report highlights changes to the risk environment in which the Board operates. There are opportunities now to enhance governance further through the application of assurance mapping principles and our report contains comments aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance. We note the progress with the update of the Digital and Information, Strategic Planning and Financial Sustainability BAFs. The Quality and Safety BAF is planned for review as part of ongoing with the Assurance Mapping work and we this report highlights a key clinical risk which should be considered for inclusion.
- There have been positive improvements in a number of areas but we would highlight, in particular, Information Security and Information Governance, where the Board's own systems have identified issues in addition to those highlighted by Internal Audit and made the improvements necessary to achieve the required standards.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment/Management

The internal audit planning process which produces the Annual Internal Audit Plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

The audit highlights a number of areas for consideration in assessing risks and controls.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and the Deputy Director of Finance.

2.4 Recommendation

The Finance, Performance & Resources Committee is asked to:

- **Note** the Annual Internal Audit Report

3 List of attachments

The following attachment is included:

- Annual Internal Audit Report 2020/21

FTF Internal Audit Service

Annual Internal Audit Report 2020/21

Report No. B06/22

Issued To: Carol Potter, Chief Executive
Margo McGurk, Director of Finance and Strategy
NHS Fife Executive Directors Group

Gillian MacIntosh, Head of Corporate Governance and Board
Secretary

Audit & Risk Committee
External Audit

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Draft Report Issued	30 August 2021
Management Responses Received	08 September 2021
Target Audit & Risk Committee Date	16 September 2021
Final Report Issued	09 September 2021

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit and Risk Committee provides details on the outcomes of the 2020/21 internal audit and my opinion on the Board's internal control framework for the financial year 2020/21.

2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place.
- The 2020/21 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, we have not advised management of any concerns around the following:

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

ACTION

4. The Audit and Risk Committee is asked to **note** this report in evaluating the internal control environment and **report** accordingly to the Board.

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2020/21 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment.
6. The authority, role and objectives for Internal Audit are set out in Appendix 3 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.
7. Internal Audit is also required to provide the Audit and Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

The Audit & Risk Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.

INTERNAL CONTROL

8. The Internal Control Evaluation (ICE), issued January 2021, was informed by detailed review of formal evidence sources including Board, Standing Committees, Executive Directors Group (EDG), and other papers. The ICE noted actions to enhance risk reporting and clinical governance arrangements, with progress in improvements in Information Governance arrangements. Internal Audit concluded that NHS Fife's assurance structures were adequate and effective and made 6 recommendations for improvement by year end. The status of previous recommendations is summarised in table 1 below.
9. During the year we worked with management to review and update outstanding internal audit recommendations to take account of Covid19, including those arising from the previous ICE report.
10. Throughout the year, our audits have provided assurance and made recommendations for improvements. Of these, the ICE was the most significant. We have undertaken detailed follow up of the agreed actions arising from that report as well as testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. We have reflected on the impact of Covid19 and the governance arrangements in place during the year, taking into account developments since year-end where relevant. Some areas for further development were identified and will be followed up in the 2021/22 ICE and, where applicable, our detailed findings have been included in the NHS Fife 2020/21 Governance Statement.
11. Our assessment of the progress taken to address ICE recommendations is detailed in table 1 on page 11. NHS Fife has demonstrated good progress with only minor slippage on some actions, despite the continuing difficulties caused by Covid. Several of the more strategic actions are not yet due for completion but are progressing well. We will comment on the effectiveness of the action taken in the 2021/22 ICE.
12. For 2020/21, the Governance Statement format and guidance were included within the NHSScotland Annual Accounts Manual. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make it clear that the Governance Statement applies to the consolidated financial statements as whole, which would therefore include activities under the direction of IJBs.
13. The Board has produced a Governance Statement which states that:

‘During the 2020/21 financial year, no other significant control weaknesses or issues have arisen, in the expected standards for good governance, risk management and control’.
14. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this, combined with a sound corporate governance framework in place within the Board throughout 2020/21, provides assurance for the Chief Executive as Accountable Officer.
15. Therefore, **it is my opinion** that:
 - The Board has adequate and effective internal controls in place.
 - The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

16. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been enhanced with guidance on content provided by the Director of Finance and Strategy. These assurances have been reviewed and no control issues, breaches of Standing Orders / Standing Financial Instructions were identified.
17. The Governance Statement reflects the necessary changes to Board governance and operating arrangements due to Covid19 and the work to remobilise. The Governance Statement includes details of the Board performance and risk profile and future changes to Strategy Development and Strategic Planning and Resource Allocation. The risk management section of the Governance Statement is particularly helpful in describing the enhancements required to the risk arrangements and profile of the organisation. All elements of the Governance Statement have been considered by Internal Audit.

Key Themes

18. As noted in the ICE, during the first part of the year the Board maintained and improved its governance arrangements and has performed well in exceptionally difficult circumstances, facing the unprecedented challenges created by Covid19. We welcome the progress with the Strategic Allocation and Resource Process which has informed the annual plan (RMP3).
19. We are pleased to note that new Health and Wellbeing Strategy, which will supersede the current Clinical Strategy, is under development and due to be presented to the Board for approval in March 2022.
20. We highlight the strong communication within the Board, in these challenging times, with Staff Link providing a constant feed of news and a Weekly News Roundup via email, which provides Operational, Clinical, Workforce, Staff Health & Wellbeing and Research & Development updates, as well as a useful links and updates from the Health & Social Care Partnership (HSCP) Director.
21. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. There are opportunities now to enhance governance further through the application of assurance mapping principles and our report contains recommendations aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance. We note the progress with the update of the Digital and Information, Strategic Planning and Financial Sustainability BAFs. The Quality and Safety BAF is planned for review as part of the work ongoing with the Assurance Mapping Group.
22. Whilst there have been positive improvements in a number of areas, we would highlight in particular Information Security and Information Governance, where the Board's own systems have identified issues in addition to those highlighted by Internal Audit and made the improvements necessary to achieve minimum standards.

Key developments since the issue of the ICE included:

- The third iteration of the Remobilisation Plan, RMP3 covering the period April 2021 – March 2022, was submitted to the Scottish Government on 26 February 2021 and presented to the Board, as soon as possible, in May 2021.
- Corporate Objectives have been developed and were approved at the 27 July 2021 Board Meeting.

- Overall, there has been good progress on recommendations from the ICE. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.
 - The development of the Health and Wellbeing Strategy and timetable agreed.
23. During 2020/21 we delivered 28 audit products to the NHS Fife Audit and Risk Committee (May 2020 to June 2021 meetings). These audits reviewed the systems of financial and management control operating within the Board and provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit and Risk Committee throughout the year.
 24. A number of our reports, including the ICE and Sustainability work, have been wide ranging and complex audits which have relevance to a wide range of areas within Fife. These should provide the basis for discussion around how NHS Fife can best build on the very good work already being done to improve and sustain service provision.
 25. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control. Internal Audit have maintained a system for the follow-up of audit recommendations and reporting of results to the Audit and Risk Committee. In March 2021, Internal Audit carried out a review of outstanding recommendations and removing from the Audit Follow Up system actions which had been completed, or were consolidated and superseded by recent audit products. As reported to the 17 June 2021 Audit and Risk Committee, of the 49 audit actions remaining, 33 had date extensions, 6 were overdue and 10 were not yet due.

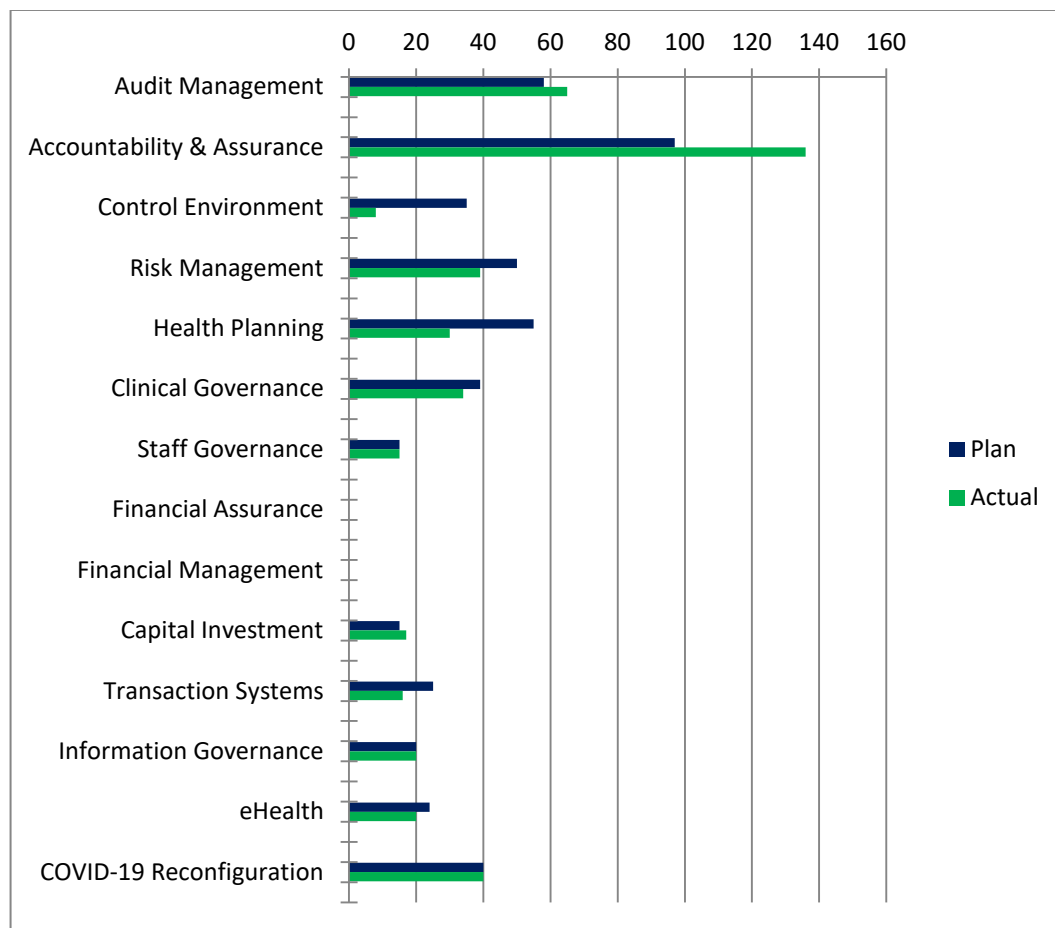
ADDED VALUE

26. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
 - Examining a wide range of controls in place across the organisation.
 - In conjunction with Local Authority Internal Auditors, providing advice and support during 2020/21.
 - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive Internal Control Evaluation which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
 - Continuing to liaise with management and providing ad-hoc advice on a wide-range of governance and control issues.
 - Provision of Committee Assurance principles and risk guidance which were considered and endorsed by the Audit and Risk Committee for adoption by Standing Committees. We continue to engage with national groups to ensure that our approach is congruent with forthcoming SGHSCD developments.
 - Assurance mapping and risk advice, in particular on Digital and Information risks.
 - Consideration of how best to provide Directors' assurances required under the Scottish Public Finance Manual and production of a potential template for use in future years.

- Advice provided to the process maps for agency nurses and authorisation of invoices, etc.
 - Initial review of NHS Fife's proposed approach to strategic planning and resource allocation.
 - Advice on the revised Terms of Reference for the Digital Information Board, Information Governance and Security Steering and Operational Groups and attendance at their meetings.
 - Suggested amendments to the draft Integration Scheme and preparation for assumption of the Chief Internal Auditor role for Fife IJB from April 2021 onwards.
27. Internal Audit have also used any time made available by necessary senior management prioritisation of Covid19 duties to reflect on our working practices, both to build on action taken in response to previous External Quality Reviews and to adapt to a post Covid19 environment. This has included:
- Revision of the internal audit reporting protocol and flowchart.
 - Development of a revised client quality questionnaire.
 - Update and enhancement of the FTF Intelligence Library.
 - Review of internal documentation and processes including analytical review and performance review, again to ensure we add value wherever possible.
 - Review and update of our risk assessment categorisation.
 - Ongoing development of the FTF website.
 - Review and update of the FTF self assessment against the Public Sector Internal Audit Standards.

INTERNAL AUDIT COVER

28. Figure 1: Internal Audit Cover 2020/21



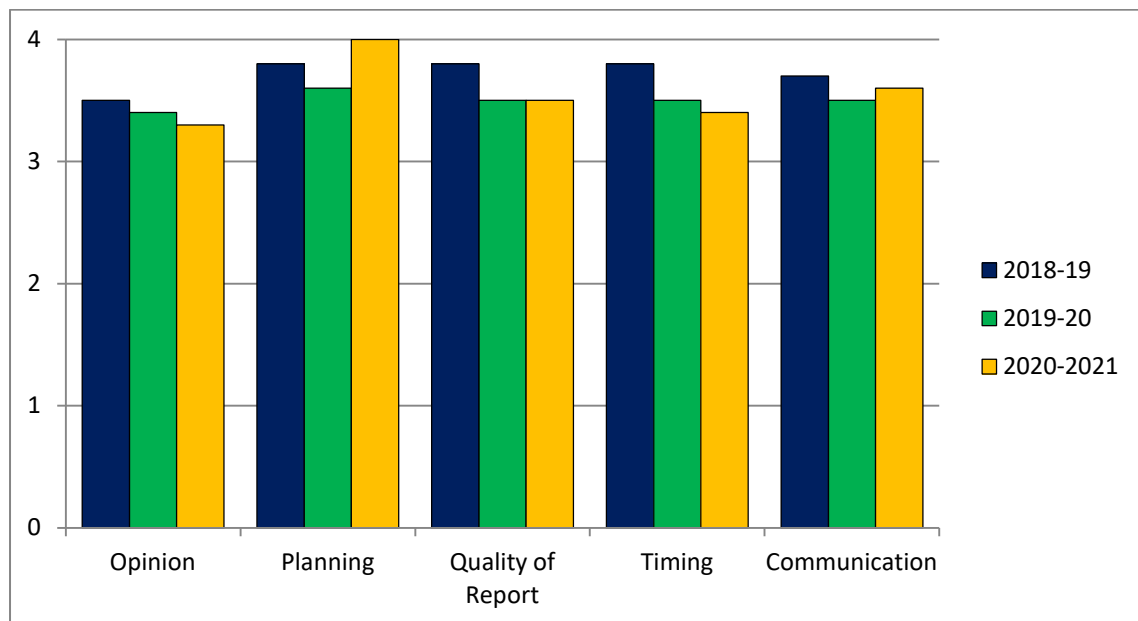
29. Figure 1 summarises the 2020/21 outturn position against the planned internal audit cover. The initial Annual Internal Audit Plan was approved by the Audit and Risk Committee at its meeting on 13 July 2020. It was agreed at that time that the plan would be revised as changes to the risk profile and other factors became better known, and the Audit and Risk Committee approved amendments in March 2021. We have delivered 439 days against the available 473 days.
30. Following a recommendation from the External Quality Assessment (EQA) carried out on Internal Audit in 2018/19, we continue with the agreed process of risk assessing outstanding 2020/21 audits for inclusion in the 2021/22 plan.
31. A summary of 2020/21 performance is shown in Section 3.

PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

32. Due to prioritisation of Covid19 duties, the FTF Partnership Board met only once in 2020/21. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF Client Directors of Finance are members. The FTF Management Team attends all meetings. During the year the Partnership Board reviewed the Internal Audit Shared Service Agreement 2018-2023 and the Internal Audit Service Specification, as well as approving the 2020/21 budget. The Partnership Board also approved revised risk assessment definitions for internal audit reporting.
33. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the Public Sector Internal Audit Standards (PSIAS).
34. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance rather than the Accountable Officer. There are no impairments to independence or objectivity.
35. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.
36. Public Sector Internal Audit Standards (PSIAS) require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19, concluded that *'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.'* FTF has updated its self assessment and this will be reported to the NHS Fife Audit and Risk Committee in early 2021/22.
37. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

38. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



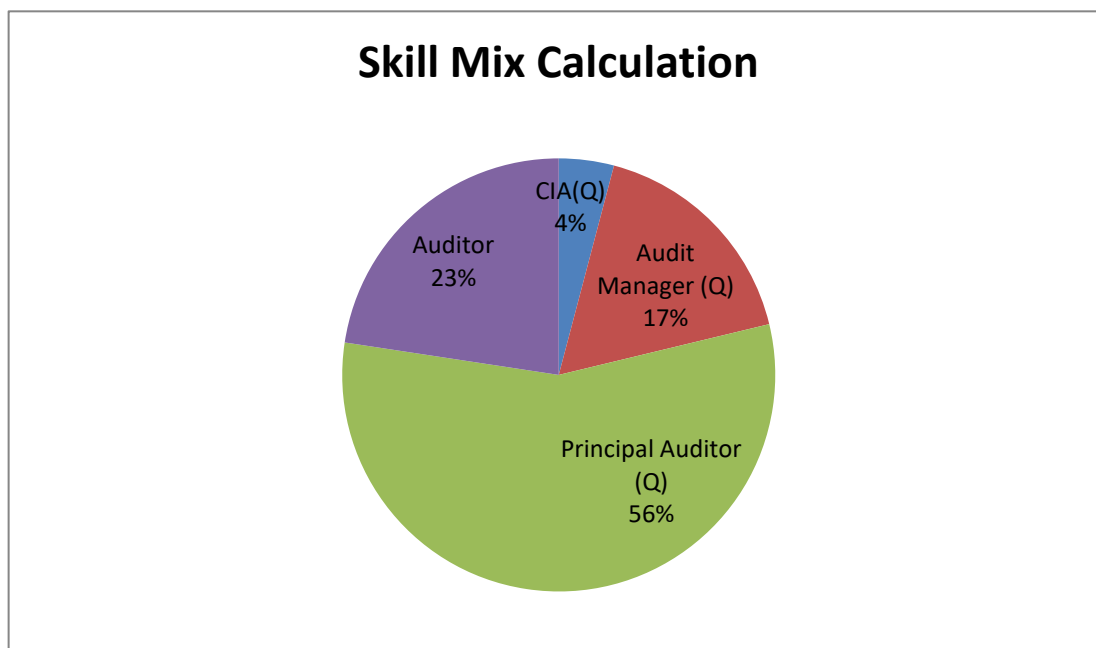
39. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

40. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2020/21 the audit was delivered with a skill mix of 77%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

41. Figure 3: Audit Staff Skill Mix 2020/21

Audit Staff Inputs in 2020/21 [days] Q= qualified input.



ACKNOWLEDGEMENT



42. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit.
43. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance and Strategy, the Board Secretary, EDG and the Audit and Risk Committee.


A Gaskin, BSc. ACA
Chief Internal Auditor



TABLE 1 - ICE 2020/21 (B08/21) - Update of Progress Against Actions

Agreed Management Actions with Dates	Management Actions Updates with Dates	Assurance Against Progress
<p>1. Long term Strategy</p> <ul style="list-style-type: none"> The EDG should jointly agree how the various strands of work to inform and deliver the long term strategy for NHS Fife will be analysed and translated into a co-ordinated programme, building on the progress already made through the SPRA as well as remobilisation planning, considering how best use can be made of existing expertise and data and understanding constraints on resources. This review should also consider how best to ensure effective governance and oversight of this key area in advance of the Board Development Session A timetable for development of the new Strategy and supporting strategies should be reported to the NHS Board. Reporting on progress should be clearly assigned to an Assurance Committee or the NHS Board and should include a broad overview of whether Recovery, Remobilisation and strategy development is on track, key achievements, challenges and risks and any significant implications for strategy and priorities. 	<ul style="list-style-type: none"> The Board noted and approved the RMP 3 at the May 2021 Board meeting. The Board has been kept informed of the development of the Strategy through a number of updates including a Board Development Session on the progress of the Population Wellbeing Strategy for Fife on 27 April and an update on Strategy Development on 29 June 2021. An update on the Strategic Planning & Resource Allocation Process (SPRA) was presented to the 12 January 2021 meeting of the Finance Performance & Resources Committee (FP&RC). The SPRA process was planned to support the development of an organisational strategy and 3 year financial and strategic plan. However, disruption caused by Covid has necessitated a more fluid and agile approach to planning this year. The Remobilisation plan RMP3 has been informed by the SPRA process and was approved by the Board in May 2021. A Remobilisation Forum has been established to update the tracker for the RMP3. This will also be used to track progress with RMP4, which is due to be submitted to the Scottish Government in September 2021. The update on SPRA presented to the 12 January 2021 FP&RC meeting included a timetable the submission of directorate templates by 31 March 2021. The SBAR to the FP&RC meeting held on 16 March 2021 stated 'the output from the SPRA process will 	 <p>On track</p>

Action Owner: Chief Executive

	<p><i>be part of the development of the new Health and Wellbeing Strategy following on from the Clinical Strategy. This is due to be presented to the Board in March 2022'.</i></p> <p>The reporting on progress of the RMP3, is through a Tracker which will be monitored by the EDG and Remobilisation Forum. The FP&R Committee receive updates on the SPRA. The RMP3 is also monitored through the ESIPQR performance reporting to the Board.</p>	
<p>2. Governance and Year end Assurances</p> <p>Coordination of the year-end governance reports and statements of assurance is well underway. This will conclude in the normal timeframes – June 2021, specifically</p> <ul style="list-style-type: none"> Adoption of Assurance Mapping principles – June 2021 <p><i>Action Owner: Director of Finance and Strategy</i></p>	<ul style="list-style-type: none"> Templates were produced for year end assurances and governance reports and statements have been provided. Year End Review shows significant progress, with workplans for Standing Committees being reviewed, to ensure that they are fit for purpose in a covid related environment. Year-end governance reports and statements were comprehensive and meaningful. Significant progress has been made with the implementation of Assurance Mapping principles. The Committee Assurance Principles for best practice, produced by Internal Audit were presented to the March 2021 meeting of the Audit and Risk Committee and were considered and endorsed. The Environmental Sustainability & IJB BAFs require an update on narrative and Covid risks. 	 <p>On track</p>
<p>3. Clinical Governance Framework</p> <p>Development of the Clinical Governance Strategy and Clinical Governance Assurance Framework with a focus on risk, informed by Committee Assurance and Integration Principles.</p> <p>Action Owner: Medical Director</p>	<ul style="list-style-type: none"> As per internal audit report B19/21 the Clinical Governance Strategy and Framework are being revised. A consultation process, including evaluation of the current governance reporting lines, is underway and an outline timetable is in place with a final version of the revised strategy scheduled to be presented to the CGC and Fife NHS 	 <p>On track</p>

	<p>Board towards the end of 2021/22.</p> <ul style="list-style-type: none"> The approach to presentation of the BAFs and corporate risks are currently being reviewed by the Director of Finance & Strategy (Executive Lead for RM) with full involvement of EDG. 	
<p>4. Whistle Blowing</p> <ul style="list-style-type: none"> An annual report from the Whistleblowing Champion (WBC) cannot be provided until a WBC is appointed to NHS Fife. In the absence of a WBC a report is being presented to the Board which includes whistleblowing data. The SGC action plan 2021/22 will include the reporting requirement from the Whistleblowing Champion – March 2021 <p>Action Owner: Director of Human Resources</p>	<ul style="list-style-type: none"> The Whistleblowing Champion Non-Executive resigned from Fife NHS Board during 2020/21 and their replacement attended their first Staff Governance meeting as a member on 1 July 2021 and provided an update to the Staff Governance Committee on the role of the Whistleblowing Champion at the September meeting. Fife NHS Board was updated, on 31 March 2021, regarding the new Whistleblowing Standards, which came into effect on 1 April 2021 and provided the 2020/21 annual report. The update stated that that no Whistleblowing concerns had been raised in the financial year to 31 March 2021. Future reports will facilitate discussion around whether this indicates whether staff are sufficiently encouraged/facilitated staff to raise concerns. The SGC Workplan for 2021/22 includes 'Whistleblowing – Reporting of Incidents/Data' will be reported quarterly to the SGC which started September 2021 with the first quarter 1 April to 30 June 2021. The report template of annual and quarterly assurance reports is being further developed to include the statistical information, analysis and conclusions required by the standard in order to allow a conclusion on the adequacy and effectiveness of whistleblowing arrangements. 	 <p>On track</p>

<p>5. Property Management Strategy</p> <ul style="list-style-type: none"> Property and Asset Management Strategy (PAMS) is on the Agenda for the NHS Board in March 2021. We anticipate that there will be a requirement for an East Regional PAMS report in the near future. The data in this document represents NHS Fife position as at 1 April 2020. The 2020 PAMS document is largely retrospective and represents the pre-Covid19 landscape, the Impact of Covid19 will be further considered as part of the 2021 full PAMS which will be compiled between April and July 2021 by NHS Fife and likely submitted as part of an East Regional PAMS report – August 2021 <p>Action Owner: Director of Property and Asset Management</p>	<ul style="list-style-type: none"> The interim PAMS for 2020 was presented to the FP&RC in March 2021 and reflected the position from 1 April 2020 to March 2021. Currently the target for approval of the NHS Fife PAMS document by the NHS Board is November 2021 following scrutiny by EDG, FCIG and FP&RC. NHS Fife is currently reviewing any requirement for a regional component of PAMS going forward. 	 <p>On track</p>
<p>6. Information Governance and Security</p> <ul style="list-style-type: none"> Establishment of IG&S Operational Group and Steering Group ToR Digital and Information Board to provide additional support and assurance to IG&S and its alignment to strategy and operational performance – April 2021 IG&S Assurance Report and Framework – March 2021 Assurance report will be made available for consideration at the next Clinical Governance Meeting, following the IG&S Steering Group meeting on 23 March 2021. Risk associated with resources and requirement for business cases when delivering the Digital and 	<ul style="list-style-type: none"> Annual Assurances were received by the CGC from the Information Governance & Security Steering Group and the Digital and Information Board. The IG&SSG statement recognised the requirement to '<i>further enhance and develop suitable controls in some areas</i>'. This is consistent with our report on D&I Governance Arrangements (B28/21) which followed up this ICE recommendation. Additional assurance reporting has been included in the Clinical Governance Committee Annual Workplan with IG&S reporting to the Committee in July 2021 with a follow up to be agreed later in the year. The risk regarding affordability of the NHS Fife D&I Strategy was reflected in the most recent iteration of the D&I BAF and 	 <p>On track</p>

Section 2

Follow Up of ICE Recommendations

Information Strategy will be documented within the related BAF – April 2021 <i>Action Owner: Associate Director of Digital</i>	included in the D&I Strategy Update provided to the June Clinical Governance Committee meeting.	
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Corporate Governance

BAF Risks:

- Risk 1675 – Strategic Planning - 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.
- Risk 1676 – Integration Joint Board - There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance.

Strategy

The ICE report highlighted the opportunity to build on the strong foundation of existing reconfiguration and remobilisation processes, in order to produce an overarching strategy which allows effective prioritisation and creates sustainable services allowing for the changes to demand, resources and modes of operation created by Covid19.

The Strategic Planning Resource Allocation (SPRA) Framework was created to inform both a medium term strategy and support the development of a longer term organisational strategy. The Directors discussed and agreed the output of the SPRA process on 22 February 2021, where three key objectives were identified. The output of the SPRA process was presented to the March 2021 meeting of the Finance, Performance and Resources Committee:

- Minimise transmission of Covid19 and support health protection
- Improve whole system capacity and flow to ensure timely and appropriate access to health care when required
- Support the actions required to reduce health inequalities

The SPRA process also informed the key objectives for NHS Fife for 2021/22. An EDG workshop was held in March 2021 where key Strategic Priorities for the organisation were agreed, prior to Board approval on 27 July 2021 and represent the key objectives for delivery in 2021/22. These priorities, each aligned to a Executive Director, will be used as the framework to provide assurance to the Board on delivery of the Corporate Objectives:

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

The SBAR presented to the July 2021 meeting of the CGC provided assurance that the objectives for 2021/22 are aligned to NHS Fife Strategic Priorities and will be aligned to the 'in development' Population and Wellbeing Strategy which is due to be presented to the Board in March 2022, with progress monitored by the EDG and the recently established Population Health and Wellbeing Committee.

Covid19 & Governance

NHS Fife has continued to monitor and adapt governance arrangements whilst taking account of the pressures on management and the need to free operational staff to prioritise the response to Covid19. Covid reporting to the Board has continued and covers: Covid19

Vaccination, Test and Protect and Covid19 Testing in Fife.

A revised Code of Corporate Governance was approved by the Board in May 2021, which includes the recently revised remits of the Board Committees. The SBAR presented to the Board noted that further changes to the Code are likely to be required to reflect the work underway for the implementation of the NHS Scotland Blueprint for Good Governance.

Assurance Mapping

The Chief Internal Auditor, working with officers from NHS Fife and other Client Health Boards, developed a set of Committee Assurance Principles, together with a series of questions which would help Standing Committees assess the assurances they receive on risks delegated to them. These were recommended for use by Standing Committees at the May 2021 Audit and Risk Committee. B12/21 Assurance Framework, provided assistance to the Board in developing an assurance map for key aspects of the Digital and Information Governance BAF.

Remobilisation

The draft NHS Fife Remobilisation Plan - April 2021 to March 2022 (RMP3) was submitted to Scottish Government (SG) on 26 February 2021. Feedback and sign off from SG was received on 2 April 2021 and the RMP3 was presented to the Board for formal approval at the May 2021 Board Meeting which was the earliest opportunity following the Scottish elections.

The ICE 2020/21 report recommended establishing greater formality of reporting of remobilisation progress through governance structures. An action tracker has been developed by the Executive Directors Team (EDG). A Remobilisation Plan Forum has been re-established to review the Action Tracker, which will be updated every 2 months, in preparation for presentation to the EDG. The update on RMP3 due in July was not taken through the EDG and Standing Committees but we have been informed that subsequent updates will be presented to the EDG and on to the Standing Committees of the Board. The RMP3 activity template is an integral part of the performance reporting to the Board and is included within the Fife Integrated Performance & Quality Report Executive Summary. The Associate Director of Strategic Planning has advised that the Remobilisation Plan Forum will meet every two weeks in preparation for the submission of the RMP4 to the Scottish Government for 30 September 2021. The RMP4 is planned for presentation to the Board in November 2021. We note the extremely challenging ambition within Fife's response to RMP4 guidance and the intention to increase elective output above pre-covid levels.

Risk Management

As reported within the B08/21 ICE 2020/21 report, a number of BAFs have been updated for Covid19; however the Board has not received an overall Covid19 risk or been informed on how these will be incorporated into the BAF. The Quality and Safety BAF will be reviewed as part of B11/22 Assurance Framework. As noted previously, the IJB BAF and the Environmental Sustainability BAF still require review and update to reflect the current risks and mitigating actions.

The risk profile remained largely static throughout the year, again as noted within the ICE, with the exception of both the Financial Sustainability and Strategic Planning BAFs risk ratings which were updated appropriately.

During the year, a high level covid risk register of the highest organisational risks was developed via the Emergency Command structures which were considered by the EDG, although they were not presented to the Board or a Standing Committee nor were they incorporated into the BAF. Standing Committees and the full Board were however presented with regular updates on the activities and risks included in the ongoing response to the

Covid pandemic.

The SBAR presented to the June 2021 Audit and Risk Committee advised that the Corporate Risk Register (CRR) will be presented to the EDG, where all escalated active high risks or operational risks will be considered for inclusion on the CRR and/or as a linked risk on the BAF; this is still ongoing. Draft Internal Audit report B13/21 - Risk Management Strategy Standards and Operations Phase 1 identified key areas for improvement for the revised Risk Management Framework. We were pleased to note that the Executive Lead for Risk Management has agreed to secure a short-term resource to undertake a risk maturity assessment of the organisation and review and improve risk management arrangements, priorities and risk structures including the development of detailed improvement plans and focussed reporting.

Performance

The Board was presented with the Integrated Performance Quality Report Executive Summary (ESIPQR) at the July 2021 meeting.

Highlights include that NHS Fife has continued to exceed the Cancer 31-day Diagnostic Decision to first Treatment (DTT) target and inpatient falls with harm. Drug and Alcohol Treatment Waiting Times are also above target performance.

The Patient Treatment Time Guarantee (TTG), New Outpatients and Diagnostics are all performing below target, although they are all well above the Scotland average.

There are continued challenges with meeting targets for the following key indicators: 4 Hour Emergency Access, where current performance is 3.1% under the target of 91.9% although over the Scotland average of 88.7%; Complaints (stage 2 closure rate) where current performance is 21.6% with a target of 65%; 18 weeks RTT where current level is 69.2%, slightly below the Scotland average of 75.9%; the Sickness Absence rate is currently 5.07% with a target of 4.0%. It was noted that Covid19 related absence affected approximately 1.52% of the NHS Fife workforce in March and 0.62% in May.

NHS Fife are successfully delivering against the remobilisation plan for TTG Inpatient/Daycase Activity; New OP Activity; Elective Imaging Activity; A&E Attendance; Emergency Admissions; Urgent Suspicion of Cancer; CAMHS and Psychological Therapies. The Board has been less successful meeting the projected targets for Elective Scope Activity and 31 Day Cancer – First Treatment and the challenges are likely to increase given the ambitions around elective activity and the likely backlog of unrecognised need and higher case mix in relation to both targets.

Integration

An update on the review of the Integration Scheme was presented to the March 2021 Board meeting. The Scottish Government indicated that due to the constraints placed on Boards caused by the Pandemic, they are content that local reviews are concluded with an indicative timescale provided on the planned conclusion. The revised Scheme will be considered for approval by the Board in September 2021, before being submitted to Scottish Government for final sign-off.

Clinical Governance
BAF Risks: <ul style="list-style-type: none"> • Risk 1674 – Quality and Safety - There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.
<p>Annual Report</p> <p>The Clinical Governance Committee (CGC) annual report provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place throughout NHS Fife during the year. The narrative in the report includes detailed reflection on key areas including nosocomial covid infection, the risk based approach taken to service pause during the pandemic and mitigating action taken to minimise the impact of this on patient treatment and diagnosis.</p> <p>Pandemic</p> <p>The CGC received reports on Shielding, Testing, Care Homes, PPE, Medicines Availability, Remobilisation of Clinical Services, Nosocomial Related infections and the Covid Vaccination Programme during 2020/21.</p> <p>During the year, the Board experienced significant challenges initially in delivering the seasonal flu programme. The Chief Executive commissioned an independent review which made 9 recommendations. The CGC in January 2021 was informed that 4 actions had been completed and the remainder were on track, although no subsequent reports were produced to provide assurance that the remaining actions were complete.</p> <p>An external review of all immunisation programmes in NHS Fife subsequently made recommendations to allow NHS Fife to meet the increasing demands and expectations for childhood and adult immunisation programmes. Recommendations were approved by the EDG at their 6 May 2021 meeting and are due to be presented to an extraordinary meeting of CGC in September 2021, which will consider the forthcoming flu and Covid19 booster immunisation programmes.</p> <p>Clinical and Care Governance Strategy and Framework</p> <p>A revised Clinical Governance Strategy, now to be referred to as the Clinical Governance Framework, is in development. This will contain reference to the integration framework which is also in development. An engagement process has been established with the finalised strategy scheduled to be presented to the NHS Fife Clinical Governance Committee and Fife NHS Board by January 2022. There are also a number of contributing Workstreams underway which will enable and inform the Framework development including:</p> <ul style="list-style-type: none"> • Adverse Event Process and Policy Review • Development of an Organisational Learning Group • Review of Internal Audit Findings • Review of the Risk Management Framework. <p>Internal audit report B19/21 followed up previous internal audit reports on Clinical Governance Strategy and Assurance. Most recommendations had been implemented or superseded although there is still a need to ensure that the revised strategy and framework provide a clear vision of responsibility for clinical governance across NHS Fife's span of</p>

responsibility including clinical areas delegated to the Integration Joint Board. Clearly, the Clinical Governance Framework will need to align with the development of other NHS Fife strategies including the Population Health and Wellbeing Strategy for NHS Fife.

CGC Governance and Assurance

The workplan is reviewed following each meeting to assure the committee that key business has been covered and to track any delayed items.

The work being undertaken to develop the new Clinical Governance Framework will consider all groups and committees in the framework to ensure that appropriate assurance reporting and scrutiny is provided as efficiently as possible. The committee and integration assurance principles prepared by Internal Audit will be used as a guide in this process.

Risk Management

The scoring and information on the 3 BAFs considered by the CGC (Strategic planning, Quality and Safety, and Digital and Information) did not significantly change during 2020/21, despite enormous changes to the risk environment and to the application of a number of key controls. A complete review of all BAFs and corporate risks is underway being led by the Executive Director for Risk Management (Director of Finance and Strategy) and will include integrating risk management in the strategic planning process. A commitment was made at CGC to specifically consider combining remobilisation, transformation and strategic planning into one BAF and responsibility for this BAF has transferred from the Medical Director to the Director of Finance and Strategy.

Our work in internal audit B11/22 will include providing guidance regarding assurance mapping and will specifically consider the Quality and Safety BAF.

Risk management arrangements are continuing to evolve, with dedicated senior Leadership from the Risk Manager and Adverse Events now managed separately.

Pandemic related risks were considered via the Bronze, Silver and Gold command structure. However the risk associated with interruptions to treatment and diagnostic services and resultant patient harm were not recorded overtly even though it has the potential to be one of, if not the most significant threat to the wellbeing of patients. Whilst we are aware that some controls are in place, it is of concern that this key risk has not been included within the risk register nor discussed with the CGC, which would provide the opportunity to assess and assure the adequacy and effectiveness of these key controls.

We recommend the development of a specific risk, delegated to the CGC, to capture the clinical implications of Covid19 on waiting times and the associated impact on patient safety, clinical effectiveness and strategic prioritisation. This would allow the CGC to understand the quantum of the risk and also to monitor the controls already in place to mitigate it, for example, the clinical prioritisation and remobilisation framework developed in line with Scottish Government guidance.

External Review

The NHS Fife CGC Annual Assurance Report now includes reference to the External Reports related to NHS Fife Clinical Governance that have been published during the year and high level assurances on action being taken to address issues identified. We previously highlighted the need to triangulate data and information from different sources in order to assess the reliability of internal assurances; this has not yet been implemented but will be considered as part of the revised internal control framework for Clinical Governance and developed further through the Organisational Learning Group.

Significant Adverse Events

A full review is currently being undertaken of the processes associated with recording and investigating adverse events and for ensuring the required actions are implemented in all areas of the organisation they apply to. A Short Life Working Group (SLWG) is being established to take this forward and will consider the overall process, the triggers for LAERs and SAERs and the education, learning and communication required related to the process. The SLWG is to commence its work in September 2021 and will report to the Adverse Events & Duty of Candour Group and the Clinical Governance Oversight Group with a paper detailing the outcome to be presented to the Clinical Governance Committee when the work is complete.

Organisational Duty of Candour

The Organisational Duty of Candour Annual Report for 2020/21 is on the Clinical Governance Workplan for November 2021. In future a short summary report should be provided to the CGC at year-end for consideration when concluding on its Annual Assurance Report and Statement.

Clinical Policies and Procedures

The latest report to the Clinical Governance Oversight Group in April 2021 indicated that 100% of Clinical Policies and Procedures had been reviewed by their scheduled review date.

Other Areas

Inpatient falls with harm have increased during the pandemic. Improvement work has been undertaken in those areas that have seen the largest spike in numbers and the Inpatient Falls Steering group are refreshing their workplan to include learning from experiences during Covid and how care needs to adapt.

Efforts are underway to address the backlog of complaints caused by the pandemic and to bring response timescales back in line with legislative timescales.

Action Point Reference 1 - Increased Risk of Harm

Finding:

Pandemic related risks were considered via the Bronze, Silver and Gold command structure. However there are major risks associated with SGHSCD mandated interruptions to treatment and diagnostic services. These have the potential for significant resultant patient harm which have not been recorded overtly even though they have the potential to be one of, if not the most significant threats to the wellbeing of patients. Whilst we are aware that some controls are in place, it is of concern that this key risk has not been included within the risk register nor discussed overtly as a risk with the CGC, which would provide the opportunity to assess and assure the adequacy and effectiveness of these key controls.

Audit Recommendation:

A specific risk should be recorded, delegated to the CGC, to capture the clinical implications of Covid19 on waiting times and the associated impact on patient safety, clinical effectiveness and strategic prioritisation. This would allow the CGC to understand the quantum of the risk and also to monitor the controls already in place to mitigate it, for example, the clinical prioritisation and remobilisation framework developed in line with Scottish Government guidance.

The risk should include clear controls and assurance sources looking at reducing avoidable harm caused by delays in diagnoses and treatment and should reflect:

- The key priorities and aims for 2021/22 within the current remobilisation plan.
- Other relevant controls, such as implementation of RCS guidelines
- A description of controls to address the current pressure on scheduled care as a result of imbalance in demand and capacity; additional pressures due to Covid19; possible pent up demand due to reduction in referral rates.
- Identified requirements to redesign services.

Assessment of Risk:

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.

Management Response/Action:

The development of a risk as recommended above will form part of the review and update of the Quality & Safety BAF. This review will take account of the short, medium and longer term impact of the pandemic on service provision and consider the corresponding controls and assurances that require to be in place, linking to the evolving Population Health and wellbeing Strategy.

Action by:

Date of expected completion:

Head of Quality and Clinical Governance

November 2021

Staff Governance

BAF Risks:

- **Risk 1673 - Workforce sustainability** - There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy.

Governance

The April 2021 Staff Governance Committee (SGC) received a self-assessment by members of the operation of the committee together with improvement actions including number of attendees, role and contribution; agenda management; and report content and related actions.

The SGC Annual Statement of Assurance concluded that the Staff Governance Committee fulfilled its remit and that adequate planning and monitoring arrangements were in place.

Pandemic

Regular updates on Staff Health and Wellbeing were presented to SGC in 2020/21 which included assurances regarding staff resourcing, induction and learning, communications & guidance, staff wellbeing hubs and psychological support for staff but no information on PPE, Social Distancing or Home Working, which were key risks at that time. The HSE issued a 'Notice of Contravention' following their spotcheck of Covid Management at Victoria Hospital in November 2020. This was considered by the December 2020 Health and Safety Sub Committee (and reported to the January 2021 SGC) with assurance that an official response would be provided to HSE by the end of January 2021 by which time most actions would have been implemented. The HSE closed the Contravention Notice on 31 March 2021. It is not clear that the committee received comprehensive, overt internal assurances on the impact of Covid19 on staff throughout the year.

Risk Management

The Workforce Sustainability BAF was considered at SGC meetings other than 4 March 2021.

The content of the Workforce Sustainability BAF has not altered significantly during 2020/21 and the current risk rating remains high. The Director of Workforce informed the July 2021 SGC that the development of the Workforce Strategy 2022-2025 will provide the opportunity for a thorough review of the BAF.

Staff Governance Action Plan

No specific year-end assurance provided to SGC on the Staff Governance Action Plan as work on this was paused due to the pandemic. The SGC Annual Statement of Assurance states that '*A particular strand of the Staff Governance standards is reviewed at each meeting, ensuring full coverage over the year's meeting schedule*'. Although papers relating to each strand of the Staff Governance were discussed throughout the year, their strand to which they relate was not always highlighted in the papers, agenda or minutes and there was no year-end summary to demonstrate coverage achieved. However, it is included in the 2021/22 workplan going forward and will be made overt in future papers.

The action lists from SGC meetings held in 2020/21 record the pausing of the Staff

Governance Action Plan.

Staff Governance Standard Annual Monitoring Return 2020/21

Scottish Government has requested returns from all Boards by 24 September 2021. The NHS Fife return, which focuses on the five individual strands of Staff Governance as well as staff experience and culture, has been developed and presented to Executive Directors Group, Area Partnership Forum, and the Staff Governance Committee. The Return will be signed by the Chair of Staff Governance Committee and the Employee Director will endorse the Return in September 2021 prior to being submitted to Scottish Government.

Workforce Strategy, Planning and Delivery

SGC were updated at their 1 July 2021 meeting that the NHS Fife Workforce strategy refresh will be completed in conjunction with the development NHS Fife Population Health & Wellbeing strategy. Consultation and engagement timescales for the Workforce Strategy development will therefore progress in parallel.

The Operational Workforce Planning Group, with oversight from the Strategic Workforce Planning Group, is in the process of reviewing the extant Workforce Strategy and associated action plans prior to March 2022. Service leads have been asked to update action plans produced as part of the 2019-2022 Workforce Strategy, confirming the status of each commitment, the results of which will be summarised at a future Staff Governance Committee. The review is being led by the development of the new NHS Fife Population and Wellbeing Strategy and is considering short term issues such as current capacity and staffing requirements as well as longer term prognoses for need and provision.

A draft Interim Joint Workforce Plan 2021/2022 was presented to SGC on 29 April 2021 prior to submission to the Scottish Government. The plan includes an emphasis on the staff wellbeing agenda, focusing on the ongoing implications of Covid delivery in terms of test and protect, staff and patient testing, vaccination, occupational health and infection control.

Whistleblowing

The Whistleblowing Champion Non-Executive resigned from Fife NHS Board during 2020/21 and the newly appointed Whistleblowing Champion attended her first Staff Governance meeting as a member on 1 July 2021.

The March 2021 Board was informed of the implementation of the Whistleblowing Standards, which came into effect on 1 April 2021 and the June Audit and Risk Committee was informed that regular Whistleblowing reports would be provided in future. No Whistleblowing concerns were raised in first quarter of 2021/22. A report on implementation of the standards has been presented to the SGC and future reports will contain the data required by the new national standards as they evolve.

Performance Development Plans

The SGC was updated regarding the completion of Performance Development Plan Reviews at its September 2020 and January 2021 meetings. To reflect the impact of the pandemic, the target was reduced from 80% completion target to 55%. However, year-end completion was only 36% as noted in the Staff Governance Annual Report.

Medical Revalidation and Appraisal

The General Medical Council deferred revalidation for a year for all those due 16 March 2020 - 31 March 2021 and medical appraisal was paused across Scotland from 16 March 2020 - 1 October 2020. In Fife there was an additional pause at the beginning of January 2021 for 6 weeks. Many medical staff were given exemptions for 2020/21 as a result. It is

anticipated that 2021-22 will see a partial return to normal practice, although there are likely to be some technical difficulties with some aspects of required experience.

Attendance Management

Papers to SGC in 2020/21 indicate that efforts continue to be made to reduce staff absences including staff wellbeing activity such as mindfulness sessions, staff wellbeing hubs and access to psychological support.

The average percentage of staff absent in 2020/21 was 5.06% which is an improvement on the 2019/20 figure of 5.85% but still significantly higher than the notional national target of 4%.

Covid19 related absences are not included in the absence data quoted above and for 2020/21; the average percentage of hours lost due to Covid19 related absences within NHS Fife was 2.27%.

Remuneration Committee

The Remuneration Committee met on 5 occasions in 2020/21. The self assessment also considered that the operation of the committee during the pandemic had continued without interruption and that assurance could continue to be given to the Board on the areas under its remit.

Staff Governance

BAF Risks:

- **Risk 1673 - Workforce sustainability - There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy.**

Governance

The April 2021 Staff Governance Committee (SGC) received a self-assessment by members of the operation of the committee together with improvement actions including number of attendees, role and contribution; agenda management; and report content and related actions.

The SGC Annual Statement of Assurance concluded that the Staff Governance Committee fulfilled its remit and that adequate planning and monitoring arrangements were in place.

Pandemic

Regular updates on Staff Health and Wellbeing were presented to SGC in 2020/21 which included assurances regarding staff resourcing, induction and learning, communications & guidance, staff wellbeing hubs and psychological support for staff but no information on PPE, Social Distancing or Home Working, which were key risks at that time. The HSE issued a 'Notice of Contravention' following their spotcheck of Covid Management at Victoria Hospital in November 2020. This was considered by the December 2020 Health and Safety Sub Committee (and reported to the January 2021 SGC with assurance that an official response would be provided to HSE by the end of January 2021 by which time most actions would have been implemented. The HSE closed the Contravention Notice on 31 March 2021. It is not clear that the committee received comprehensive, overt internal assurances on the impact of Covid19 on staff throughout the year.

Risk Management

The Workforce Sustainability BAF was considered at SGC meetings other than 4 March 2021. The content of the Workforce Sustainability BAF has not altered significantly during 2020/21 and the current risk rating remains high. The paper presented to the 1 July 2021 SGC indicated that the development of the Workforce Strategy 2022-2025 will provide the opportunity for a thorough review of the BAF.

Staff Governance Action Plan

No specific year-end assurance provided to SGC on the Staff Governance Action Plan as work on this was paused due to the pandemic. The SGC Annual Statement of Assurance states that *'A particular strand of the Staff Governance standards is reviewed at each meeting, ensuring full coverage over the year's meeting schedule'*. The agenda and minutes of the SGC do not specifically highlight the papers presented relevant to each strand of the Scottish Government standards and no table illustrating this was included in its annual statement of assurance but a review of the papers indicates that papers relevant to each strand were discussed at the meetings. The action lists from SGC meetings held in 2020/21 record the pausing of updating the Staff Governance Action Plan.

Staff Governance Monitoring Return 2020/21

Scottish Government has requested returns from all Boards by 24 September 2021. The NHS Fife return, which focuses on the five individual strands of Staff Governance as well as staff experience and culture, will be completed and presented to Area Partnership Forum for approval in September 2021 prior to being submitted to Scottish Government.

Workforce Strategy Development and Delivery

SGC were updated at their 1 July 2021 meeting that the NHS Fife Workforce strategy refresh will be completed in conjunction with the development of the NHS Fife Population Health & Wellbeing strategy. Consultation and engagement timescales for the Workforce Strategy development will therefore progress in parallel.

The Operational Workforce Planning Group, with oversight from the Strategic Workforce Planning Group, is in the process of reviewing the extant Workforce Strategy and associated action plans prior to March 2022. Service leads have been asked to update action plans produced as part of the 2019-2022 Workforce Strategy, confirming the status of each commitment, the results of which will be summarised at a future Staff Governance Committee. The review is being led by the development of the new NHS Fife Population and Wellbeing Strategy and is considering short term issues such as current capacity and staffing requirements as well as longer term prognoses for need and provision.

An action plan to underpin the strategy is being developed by the Operational Workforce Planning Group which will include commitments within the Joint Interim Workforce Plan for 2021/2022, the Remobilisation Plan and other service review programmes.

Workforce Planning

A draft Interim Joint Workforce Plan 2021/2022 was presented to SGC on 29 April 2021 prior to submission to the Scottish Government. The plan includes an emphasis on the staff wellbeing agenda, focusing on the ongoing implications of Covid delivery in terms of test and protect, staff and patient testing, vaccination, occupational health and infection control.

Whistleblowing

The Whistleblowing Champion Non-Executive resigned from Fife NHS Board during 2020/21 and their replacement attended their first Staff Governance meeting as a member on 1 July

2021.

The March 2021 Board was informed of Whistleblowing standards, which came into effect on 1 April 2021 and the June Audit and Risk Committee was informed that regular whistleblowing reports would be provided to the NHS Fife Board in future. No whistleblowing concerns were raised in first quarter of 2021/22 and no report was provided to the Board. A draft quarterly whistleblowing report template was presented to the EDG on 5 August 2021 but Internal Audit have noted that it did not contain provision for recording much of the information required by the new standards.

Performance Development Plans

The SGC was updated regarding the completion of Performance Development Plan Reviews at its September 2020 and January 2021 meetings. To reflect the impact of the pandemic, the target was reduced from 80% completion target to 55%. However, year-end completion was only 36% as noted in the Staff Governance Annual Report.

Medical Revalidation and Appraisal

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Attendance Management

Papers to SGC in 2020/21 indicate that efforts continue to be made to reduce staff absences including staff wellbeing activity such as mindfulness sessions, staff wellbeing hubs and access to psychological support.

The average percentage of staff absent in 2020/21 was 5.06% which is an improvement on the 2019/20 figure of 5.85% but still significantly higher than the national target of 4%.

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Remuneration Committee

The Remuneration Committee met on 5 occasions in 2020/21. The self assessment also considered that the operation of the committee during the pandemic had continued without interruption and that assurance could continue to be given to the Board on the areas under its remit.

Financial Governance

BAF Risk:

- **Risk 1671 – Financial Sustainability** - 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.
- **Risk 1672 – Environmental sustainability** - 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

Financial Targets and Savings

As reported to the 27 July 2021 Board, the draft financial outturn position to 31 March 2021 subject to external audit review, was:

- A surplus of £0.377m against a Revenue Resource Limit of £870.979m.
- 99.98% of total capital allocation spent against Capital Resources of £17.315m.
- 2020/21 savings delivered of £11.766m, of which £5.430m (46%) are recurring. Also received £8.3m support from Scottish Government in relation to Covid19 savings delays.

Financial Planning 2020/21

NHS Fife considered the Financial Plan as part of its draft Annual Operational Plan for 2020/21 – 2022/23 at the March 2020 meeting of the FP&RC, noting that plans will be subject to constant review. The Plan set out a position to deliver financial balance, and the savings requirements, over the next 3 year period. The plan was based on NHS Fife's continuing response to the pandemic, recovery and remobilisation priorities.

The Financial Plan for 2021/22 is a part of the RMP3 for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership, with this plan to be the Annual Operational Plan for 2021/22. Key financial assumptions were included as part of the overall financial plan.

Savings

Initial savings targets were set out in the 2020/21 financial plan. Savings in 2020/21 have come largely from unsustainable non-recurring sources which will increase the financial gap in future years. The gap in plan before efficiencies for 2021/22 is £21.837m with planned savings of £8.181m, which will make achieving financial balance in 2021/22 extremely difficult. In the longer term, financial sustainability will only be achieved through a combination of securing full NRAC parity, review of external commissioning costs and levels and the redesign of services with very clear priorities, which should arise from the new Health and well-being Strategy and the SPRA process.

Financial Reporting

Finance reporting to Board and FP&RC has been transparent and the Director of Finance has consistently and clearly articulated financial challenges, including the need for confirmation

of allocations to cover Covid19 costs and the delay in delivering anticipated savings in 2020/21. We are aware of the ongoing discussions on potential IJB risk share options with Scottish Government and respective partners.

Capital Plan and Property Strategy

An Interim Property & Asset Management Strategy (PAMS) update for 2020 was provided to the March 2021 PRC. This followed Scottish Government reporting requirements and forms part of a 'state of the nation' report. An update was also provided to the July 2021 PRC around the production of the PAMS report for the year to 31 March 2021. This report is not mandatory but NHS Fife have decided to produce. Delays have been experienced due to the late release of the templates by the Scottish Government with the target for approval of the NHS Fife PAMS document by the NHS Fife Board in November 2021. It would be beneficial for the PAMS produced to have clear links to the Health and Wellbeing Strategy development.

The FP&RC receive regular updates on current major capital projects and property transactions including the impact of Covid19. The Business Case for the Orthopaedic Centre was approved by the FP&RC in November 2020.

Best Value

Internal Audit has previously recommended application of the Audit Scotland Best Value Tool Kit. However, given the pressures on officers due to Covid19 response, we do not consider this a priority for the Board at this time, especially as best value and effective allocation of resources are a key element of the new SPRA process.

BAF – Financial Sustainability

The Financial Sustainability BAF, as reported to the FP&RC during 2020/21, recognised the ongoing financial challenges facing Acute Services, the pressures within Health & Social Care Partnership, specifically in relation to social care budgets and the ongoing work to review the risk share arrangement and the impact of Covid19 in delivering savings.

Information Governance

BAF Risk:

- **Risk 1677 – Digital and Information - There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and enable transformation across Health and Social care to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation.**

Governance Arrangements and Assurance Reporting

During 2020/21 the governance arrangements for Digital and Information Governance have been reviewed and revised with newly formed Information Governance & Security Steering and Operational Groups and the evolution of the eHealth Board into the Digital and Information Board. Annual Assurance reports from Digital and Information Board and the Information Governance & Security Steering Group were presented to the CGC and included assurance on the key activities of both groups.

Recently issued audit report B28/21 - Digital and Information Governance Arrangements concluded that *'although the IG&S Operational Group has only recently started to meet, and much of the time at the meetings of the IG&S Steering Group held to date has necessarily been taken up with agreeing the new governance arrangements, assurance reporting has begun and is anticipated to evolve in 2021/22'*. The most recent report presented to IG&SSG on 1 June 2021 (IG&S Activity Tracker 2021-22) and the update provided to the Clinical Governance Committee on 7 July 2021 show an improving position regarding the quality of assurance provided with plans to further enhance.

B08/21 ICE 2020/21 notes that the work plan for the Clinical Governance Committee presented to its 30 April 2021 meeting, did not include provision for regular assurance reporting on Information Governance.

Pandemic

Several projects and programmes of work were accelerated to allow remote working and new projects added regarding the management of Covid19. All work was undertaken at pace with high level risk assessments taking the place of documented Data Protection Impact Assessments, Information Sharing Agreements and System Security Policies which are now being addressed retrospectively.

Digital and Information Strategy

The Digital and Information Strategy 2019-24 was approved by Fife NHS Board on 30 September 2020 and updates on the impact of the pandemic on the Digital and Information Strategy Delivery Plan were provided to CGC on 7 September 2020 and 7 July 2021. The later update considered the strategy's robustness and highlighted areas of reprioritisation.

The latest Digital and Information BAF presented to CGC on 7 July 2021 includes a revised risk description which recognises the risk to D&I Strategy implementation posed by lack of financial investment. This addresses a previous internal audit recommendation on this topic.

A paper on the funding challenges facing Digital and Information was presented to the Digital and Information Board on 21 July 2021 and highlighted areas of operating costs that require further consideration by NHS Fife. A financial plan is in development to address the significant challenges and we will consider this as part of our 2021/22 Internal Control

Evaluation work.

Risk Management

Internal Audit have continued to work with the lead for eHealth around improvements to the Digital and Information BAF. Initial changes were made and a full risk review within Digital and Information was undertaken and an improved Digital and Information BAF was presented to CGC on 7 July 2021.

Improvement to risk reporting to IG&SSG and Digital and Information Board have been made progressively throughout 2020/21 with the latest Risk Report presented to Digital and Information Board on 21 July 2021 including a new risk categorisation model and a new format of reporting including detailed analysis of one high risk and introducing the concept of 'risk velocity'.

The CGC Annual Assurance Report recognises that further work is required on Digital and Information risks and those related to transformation programmes noting that work on strategy development will bring an overall focus and direction to individual strands of work.

External Review

The Competent Authority NISR Audit Report was published 26 April 2021, with Compliance in 2021 audit at 69% (compared to 53% in 2020) which was recognised as 'a significant achievement especially in the midst of a pandemic'.

Internal Audit note the commitment made within the Medical Director's Annual Assurance letter that states *'the outcome and subsequent action plan will be considered by the IG&SSG in 2021/22, with intention to share, where appropriate, updates on the delivery of this plan with the Clinical Governance Committee'*.

Information Governance Incidents





During the financial year 2020/2021, 11 incidents were reported to the Information Commissioner's Office (ICO), with no further action required for 9 of the incidents. The ICO has since responded regarding the other 2 incidents reported in March 2021 indicating that no further action is required.

Key Performance Indicators – Performance against Service Specification

	Planning	Target	2019/20	2020/21
1	Strategic/Annual Plan presented to Audit & Risk Committee by April 30th	Yes	No (June 20)	No (July 21)
2	Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Yes	No
3	Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	95%	79%
4	Draft reports issued by target date	75%	76%	59%
5	Responses received from client within timescale defined in reporting protocol	75%	57%	68%
6	Final reports presented to target Audit & Risk Committee	75%	76%	47%
7	Number of days delivered against plan	100% at year-end	101% at year-end	93%
8	Number of audits delivered to planned number of days (within 10%)	75%	76%	77%
9	Skill mix	50%	72%	77%
10	Staff provision by category	As per SSA/Spec	Pie chart	
	Effectiveness			
11	Client satisfaction surveys	Average score of 3	Bar chart	

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:

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 design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	One
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to 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.	None

Meeting: Finance, Performance & Resources Committee

Meeting Date: 9 November 2021

Title: Use of Directions

Responsible Executive: Nicky Connor, Director of Health & Social Care

Report Author: Nicky Connor, Director of Health & Social Care

1 Purpose

This is presented to the Committee for awareness and assurance on the policy for the use of Directions.

This report relates to

- Integration Joint Board Direction Policy

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

- **Effective**

2 Report Summary

2.1 Situation

The Directions policy sets out the process for formulating, approving, issuing, monitoring and reviewing Directions and was developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government statutory guidance. The Directions Policy is provided at Appendix 1. A summary process for issuing and monitoring Directions can be found in Appendix A to this document.

A template has also been developed to ensure the correct information is recorded with clear instructions to either or both partners. The blank template is illustrated in Appendix B of the Directions Policy.

The policy seeks to enhance governance, transparency and accountability between the Integration Joint Board (IJB) and its partner organisations, NHS Fife and Fife Council by clarifying responsibilities and relationships. The Policy has been developed to ensure compliance with the Statutory guidance on Directions issued by Scottish Government in January 2020. This guidance is provided as Appendix C of the Directions Policy.

2.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a Direction to a constituent authority to carry out each function delegated to the integration authority.

The Act further places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. Integration Authorities require a mechanism to action these strategic plans and this mechanism takes the form of binding Directions from the Integration Authority to one, or both, of the Health Board and Local Authority.

Directions provide the mechanism for delivering the Strategic Plan, for conveying the decisions of the IJB, clarifying responsibilities between partners and improving accountability. The Directions Policy is intended to better formalise and clarify the process employed by IJB and the supporting partnership.

The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements in respect of Directions. As a result, revised statutory guidance on Directions was published in January 2020. This statutory guidance was used to inform the development of the Directions Policy.

There was engagement with the Chief Executives in NHS Fife and Fife Council prior to the Directions policy being approved by the Integration Joint Board.

2.3 Assessment

The revised statutory guidance on Directions underpins the policy. The policy complies with the guidance by setting out a clear framework for the setting and review of Directions and confirming governance arrangements.

Key elements of the new Directions Policy include:

- enhanced governance arrangements to ensure that Directions are clearly associated with an IJB decision.
- a focus on delivering change by ensuring that Directions are formulated or revised at any point during the year in response to service redesign, transformation and financial developments.
- a clear statement in respect of partner responsibilities around the implementation of Directions together with the process to be undertaken should issues arise.
- enhanced performance monitoring arrangements including the development of a Directions tracker.
- a commitment to reviewing the Directions Policy every two years or sooner in the event of new guidance or good practice becoming available.

The Policy was implemented after IJB approval on 23 April 2021. Future iterations of the Policy will reflect further work planned in respect of oversight and Direction setting.

When the IJB approves a Direction it will be submitted in writing to by the Chief Officer for the Integration Joint Board to the Chief Executives of either/both NHS Fife and/or

Fife Council as applicable. Assurance will be provided that the Direction will be implemented through the Director of Health and Social Care through the operational responsibilities carried in this role for the delivery of services delegated by NHS Fife and Fife Council.

It is recommended that the performance associated with the delivery of a Direction is reported at the frequency agreed to the appropriate NHS Fife/Fife Council Committee to enable NHS Fife/Fife Council to provide assurance to the Integration Joint Board that the Direction has been delivered in line with the specified requirements and timeframe.

There have been limited Directions issued to date and this will be an area of improvement in the coming months. For the three directions recently which includes the Wellsley Unit (Complete); Mental Health Strategy (Progress Report coming to the November Health and Wellbeing Committee); Immunisation Strategy (Regular Reports on Immunisation currently reported to committee and will continue). Through the implementation of the policy there will be increased Directions Issued and therefore reporting of Directions.

2.3.1 Quality/ Patient Care

There are no quality/patient care implications with this report however it is recognised that individual Directions will have implications for quality and care and this will be detailed within any reports associated with these Directions.

2.3.2 Workforce

There are no workforce implications associated with this report, however it is recognised that individual Directions may have implications for workforce and these will be detailed within any reports associated with these Directions.

2.3.3 Financial

There are no direct financial implications arising from this report, however it is recognised that individual Directions will include associated budget for delivery.

2.3.4 Risk Assessment/Management

Failure to comply with the legislative requirement in respect of Directions would place the IJB in breach of its statutory duties.

A comprehensive Directions Policy enables the effective utilisation of Directions and adds to the lack of clarity around governance and accountability for integration.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because there are no identified equalities implications arising from this report. Any EQIA implications associated with any specific directions will be considered as part of the individual Directions.

2.3.6 Other impact

There are no other relevant impacts.

2.3.7 Communication, involvement, engagement and consultation

This documentation was the subject of an IJB Development Session on 5 February 2020 which has representation from Fife Council, NHS Fife, Third Sector and Independent Sectors.

There was engagement between the Chief Officer for Fife IJB and the Chief Executives of NHS Fife and Fife Council as part of the development of the

Directions Policy.

2.3.8 Route to the Meeting

This 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.

- IJB Development Session – 5 February 2021
- Audit & Risk Committee – 17 March 2021.
- Finance & Performance Committee – 8 April 2021.
- Clinical & Care Governance Committee – 16 April 2021.
- Discussed with Chief Executives of Fife Council and NHS Fife.
- Approved at the Integration Joint Board meeting on 23 April 2021.

2.4 Recommendation

This report is brought to Committee for **awareness and assurance** regarding the Directions Policy and Process.

3 List of Appendices

The following appendices are included with this report:

Appendix 1 – Directions Policy

Report Contact

Nicky Connor
Director of Health & Social Care
Nicky.Connor@nhs.scot



**Fife Health & Social Care
Partnership**

Supporting the people of Fife together

DIRECTIONS POLICY

FIFE INTEGRATION JOINT BOARD

DIRECTIONS POLICY

FIFE INTEGRATION JOINT BOARD

Purpose of Policy

This policy sets out the process for formulating, approving, issuing and reviewing Directions from the Fife Integration Joint Board (IJB) to our partner organisations ie NHS Fife and Fife Council. This policy has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government Best Practice guidance.

A summary of the process outlined in this policy is provided at Appendix A. Appendix B provides the template and instructions for approving and issuing Directions. Appendix C is the Statutory Guidance from Scottish Government on Directions from Integration Authorities to Health Boards and Local Authorities (January 2020).

Context and Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a direction to a constituent authority to carry out each function delegated to the integration authority.

The Act further places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. Integration Authorities require a mechanism to action these strategic commissioning plans and this mechanism takes the form of binding Directions from the Integration Authority to one or both of the Health Board and Local Authority.

In February 2016, the Scottish Government issued a 'Good Practice Note' on the utilisation of Directions.

The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements. This statutory guidance has been used to inform the development of the IJB Directions Policy, to ensure it meets key requirements to improve governance, transparency and accountability between partners.

Definition and Purpose of Directions

Directions are a legal mechanism intended to clarify responsibilities between partners. Directions are the means by which the IJB directs NHS Fife and Fife Council what services are to be delivered using the integrated budget (ie the budget which is allocated to the IJB and for which the IJB is responsible).

Clear Directions must be given in respect of every function that has been delegated to the IJB. They must provide enough detail to enable NHS Fife and Fife Council to discharge their statutory duties under the Act. Specific Directions can be given to NHS Fife, Fife Council or both organisations depending on the services to be provided (see Appendix B for an example Direction). However, Directions should not be issued unnecessarily and should be proportionate.

Directions must identify the integrated health and social care function they relate to and include information on the financial resources that are available for carrying out these functions. The financial resource allocated to each function is a matter for the IJB to determine. The Act makes provision for the allocations of budgets for the sums 'set aside' in relation to commissioned services within large hospitals and finance statutory guidance published in 2015 provides detail.

Directions must also provide information on the delivery requirements. Directions may, if appropriate, specify a service or services to be provided.

In summary, the purpose of Directions is to set a clear framework for the operational delivery of the functions that have been delegated to the IJB and therefore all Directions must be in writing. Functions may be described in terms of delivery of services, achievement of outcomes and/or the Strategic Plan priorities.

The legislation does not set out fixed timescales for Directions. A Direction will stand until it is revoked, varied or superseded by later Direction in respect in the same function.

Formulating Directions

As noted above, Directions provide the mechanism for delivering the Strategic Plan, for conveying and enacting the decisions of the IJB, clarifying responsibilities between partners, and improving accountability. Consideration will be given to the Clinical Strategy of NHS Fife and the Plan 4 Fife when formulating the IJB Strategic Plan.

Moving forward, Directions will be clearly associated with an IJB decision, for example to approve a specific business case or to transform a service. Directions are formulated at the end of a process of decision-making which has included wider engagement with partners as part of commissioning and co-production. A Direction should therefore not come as a surprise to either partner.

The development of new or revised Directions will be informed by a number of factors, including but not limited to:

- content of the IJB Strategic Plan which is reviewed annually via the Annual Report and reviewed every three years via the Strategic Planning Group.
- specific service redesign or transformation programmes linked to an approved co-produced business case.
- financial changes or developments (eg additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan).
- a change in local circumstances.
- a fundamental change to practice or operations.

As Directions will continue to evolve in response to service change/redesign and investment priorities, new or revised Directions may be formulated at any point during the year and submitted to the IJB for approval. Please refer to the section below 'Approving and issuing Directions' for further detail.

Approving and Issuing Directions

The IJB is responsible for approving all Directions.

All reports to the IJB will identify the implications for Directions and will make a clear recommendation regarding the issuing of Directions. For example, if the Direction will result in a significant strategic change and require the issuing of a new Direction, or an existing Direction is to be varied or revoked. The detail of the new or revised Direction will be appended to the IJB report using the agreed tracker template and will be submitted to the IJB for approval.

Once approved, written Directions will be issued formally by the Chief Officer, on behalf of the IJB, to the Chief Executives of both partner organisations (NHS Fife and Fife Council) as soon as practicably possible.

Partners will be asked to acknowledge receipt of Directions and advised of performance reporting arrangements (as indicated in the section below).

Directions will normally be reviewed and issued at the start of the financial year, in line with the budget setting process. However, in order to provide flexibility and take account of strategic and financial developments and service changes, or a change in local circumstances, Directions may be issued at any time, subject to formal approval by the IJB.

Implementation of Directions

NHS Fife and Fife Council are responsible for complying with and implementing IJB's Directions. Leadership will be provided by the Chief Officer and Joint Director. Should either partner experience difficulty in implementing a Direction, or require further detail regarding expectations, this should be brought to the attention of the Chief Officer in the first instance.

Initially, the Chief Officer, as the Joint Director liaising with the relevant members of NHS Fife and/or Fife Council as appropriate, will seek to find local resolution. If not achieved the Chief Officer, as joint Director, will escalate the issue to the Chief Executives of NHS Fife and Fife Council for resolution.

Monitoring and Review of Directions

The Directions tracker will be used as the template for monitoring progress on the delivery of each Direction on a six-monthly basis. The IJB's Finance & Performance Committee will assume responsibility for maintaining an overview of progress with the implementation of Directions, requesting progress reports from NHS Fife and Fife Council and escalating key delivery issues to the IJB. The responsibility for maintaining an overview of Directions and ensuring that these reflect strategic needs and priorities sits with the Head of Strategic Planning & Commissioning.

Summary Process for Issuing and Monitoring of Directions

Depending on the type of Direction issued and the level of service or strategic change being undertaken monitoring of Directions will be determined by the appropriate governing group. Clarity will be sought to ensure the frequency of monitoring is

proportionate to the level of service change. This may be frequently in the case of major service or strategic change or less in the case of smaller changes might may only be monitored on bi-annual or annual basis.

Appendix A seeks to show the sliding scale of operational oversight.

The Chief Officer will ensure that all Directions are reviewed annually through the work of the Finance & Performance Committee. Recommendations for variation, closure and new Directions will be brought to the IJB at the start of each financial year.

This annual process does not preclude in-year formulation or revision of Directions. It is expected that new Directions will be brought forward throughout the year to reflect strategic developments and service transformation.

Review of Directions Policy

This Directions policy will be reviewed every two years or sooner in the event of new guidance or good practice becoming available.

Date of Policy Approval: 23 April 2021

Date of Implementation: 23 April 2021

Date of Review: 23 April 2023

APPENDICES

Appendix A – Summary Process for Issuing and Monitoring Directions

Appendix B – Blank Template with Guidance on Completion

Appendix C – Scottish Government Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities (January 2020)

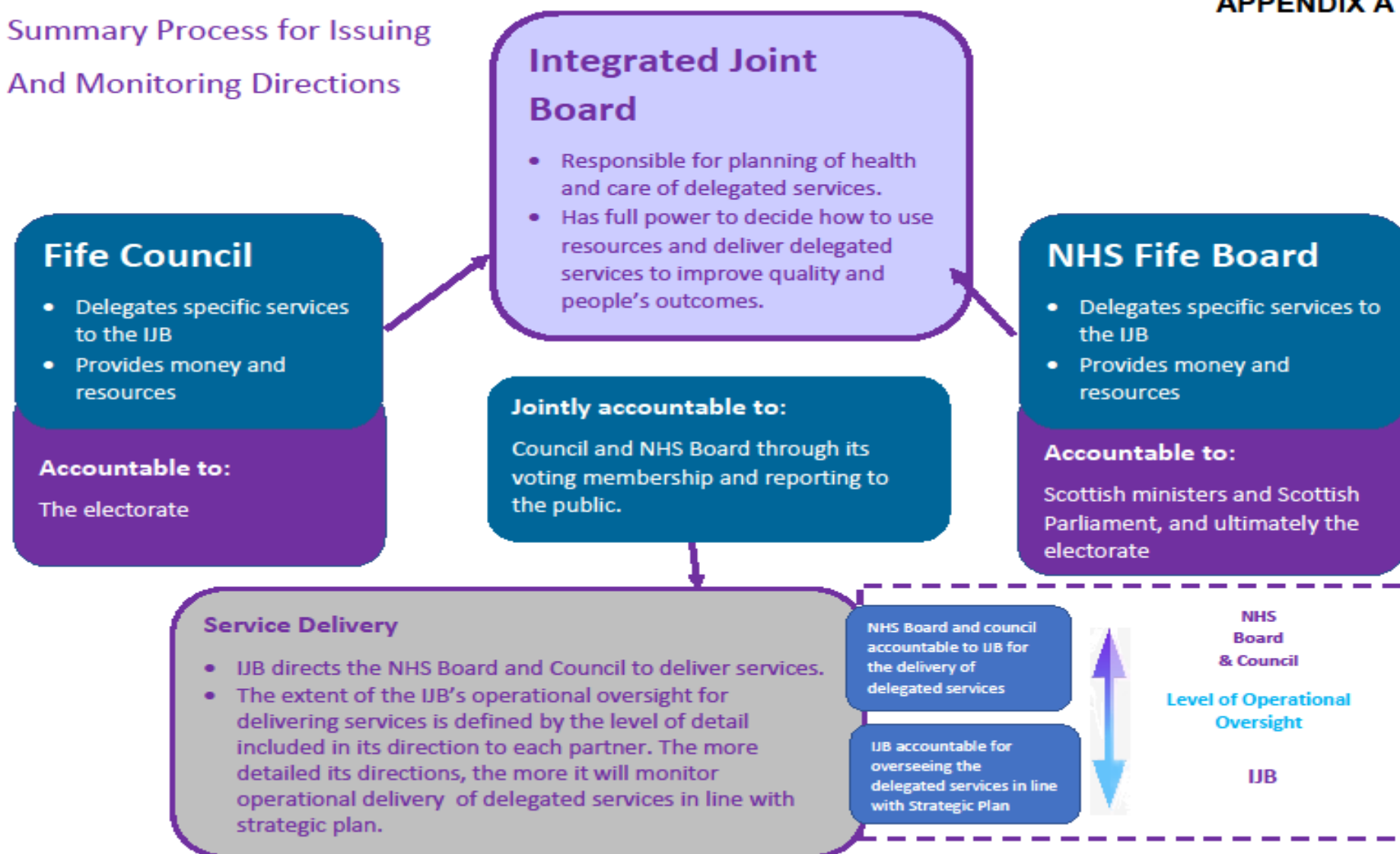
BACKGROUND READING / REFERENCE DOCUMENTS

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[FHSCP Strategic Plan 2019-2022](#)

[Ministerial Strategic Group \(MSG\) Health and Community Care Review of Progress with Integration](#)

Summary Process for Issuing And Monitoring Directions



Blank Template with Guidance on Completion

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	Refer to Norma Aitken or Wendy Anderson for Reference Number
2	Report Title	Title of Report to IJB
3	Date Direction issued by IJB	Date of IJB Meeting
4	Date Direction Takes Effect	Date Determined by IJB, cannot pre-date the meeting where the Direction is made
5	Direction To	NHS Fife Fife Council NHS Fife & Fife Council Jointly (delete as appropriate)
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No Yes (Reference Number: XXXX) Supersedes/Revises/Revokes (delete as appropriate)
7	Functions Covered by Direction	List all functions subject to direction, eg Residential Care for Older People, Occupational Therapy, Mental Health Services etc
8	Full Text of Direction	Outline clearly what the IJB is direction the Council, Health Board or both to do. Level of specificity is a matter of judgement to be determined locally.
9	Budget Allocated by IJB to carry out Direction	State the financial resources allocated to enable the Council, Health Board or both to carry out the direction. Where the direction relates to multiple functions or care groups, the financial allocation for each should be listed.
10	Completion Criteria	In the form of SMART objectives
11	Completion Date	
12	Performance Monitoring Arrangements	In line with the agreed Performance Management Framework of the Fife Integration Joint Board and Fife Health and Social Care Partnership. (us alternative text if different arrangements in place)
13	Date Direction will be reviewed	Date no more than 1 year in the future.

Carol Potter
Chief Executive
NHS Fife
Hayfield Road
KIRKCALDY
Fife
KY2 5AH

Nicky Connor

Director of Health & Social Care

03451 555555 ext. 444112

Nicky.Connor@nhs.scot

Our Ref: NC/Dir1/NA

26 October 2021

Dear Carol

DIRECTION FROM FIFE INTEGRATION JOINT BOARD

At its meeting on Friday 22 October 2021 the Integration Joint Board gave consideration to the Fife Immunisation Strategic Framework 2021-24.

At the meeting the decision was taken to implement the Fife Immunisation Strategic Framework 2021-24 and as you know the Integration Joint Board is required to set out in writing 'Directions' to the Council, the Health Board or both in respect of the functions delegated to it.

A Direction was agreed at the Integration Joint Board on Friday 22 October 2021 and this is attached for your records.

As the Chief Officer to the Integration Joint Board with operational responsibility for services, I will ensure that the Directions are implemented.

I trust that this is all in order, if you wish to discuss I am more than happy to do so.

Yours sincerely



Nicky Connor
Director of Health and Social Care

Rothsay House, Rothsay Place, Glenrothes, Fife, KY7 5PQ

TELEPHONE 03451 55 00 00
TEXTPHONE 01592 583265

NICKY CONNOR Director of Health and Social Care





DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2021-001
2	Report Title	Fife Immunisation Strategic Framework 2021-2024
3	Date Direction issued by IJB	26 October 2021
4	Date Direction Takes Effect	26 October 2021
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	Delivery of all immunisation programmes detailed and in accordance with the Vision and underlying core principles of the Fife Immunisation Strategic Framework 2021-24
8	Full Text of Direction	<p>NHS Fife through the Director of Health and Social Care is directed to protect the people of Fife from vaccine preventable disease by maximising uptake across all Immunisation Programmes related to the functions described</p> <p>NHS Fife through the Director of Health and Social Care, is directed to work with partners and key stakeholders involved in vaccine delivery to ensure integrated and innovative approaches to delivering vaccination programmes including the necessary transfer of financial resources to support this</p> <p>NHS Fife through the Director of Health and Social Care is directed to deliver immunisation programmes in collaboration with stakeholders and partners in care which are equitable, accessible ensuring appropriate community engagement and promotion.</p>

		NHS Fife through the Director of Health and Social Care is directed to deliver a workforce plan directed by national and local policy which is sustainable and dynamic in its approach across services and skill sets ensuring an engaged and highly skilled workforce.
9	Budget Allocated by IJB to carry out Direction	Based on the current immunisation structures in place funding of £17.9 m is available to deliver the programme. This is fluid as models for delivery evolve and change based on national guidance and policy decisions. Some of that funding has not been confirmed on a permanent basis and will be refined once further clarity on delivery models and funding are made available by the Scottish Government. Childhood immunisation programmes have already transferred to the responsibility of the HSCP and are included as a recurring budget. Adult shingles and pneumococcal will transfer into the programme in due course with funding of circa £0.400m to support delivery. This has also been reflected in the financial envelope available to deliver the programme.
10	Performance Monitoring Arrangements	<p>A strategic framework detailing the vision, core principles, aims, priorities and performance measures is presented to define the context in which this assurance will be provided by:</p> <ul style="list-style-type: none"> » Design and delivery of excellence in community engagement » Enhanced monitoring and evaluation of all immunisation programmes to ensure rigorous oversight ensuring quality and effectiveness in service delivery » Ongoing development of a sustainable, empowered and skilled workforce committed to delivering all aspects of Immunisations safely and effectively » Reporting within a defined period via the agreed committees
11	Date Direction Will Be Reviewed	April 2022

Meeting:	Finance, Performance & Resources
Meeting date:	9 November 2021
Title:	Strategic Planning and Resource Allocation 2022/23
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:

- Awareness

This report relates to:

- Strategic Planning and Resource Allocation Process

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Strategic Planning and Resource Allocation (SPRA) Process for 2022/23 is now underway.

The SPRA process is intended to create a planning and resource allocation framework to support the development of the organisational strategy for NHS Fife. This will inform

the 5-year financial and strategic plan to support the delivery of the Population Health and Wellbeing Strategy.

At the beginning of October 2021, a revised template was sent to all directorates of NHS Fife for completion. This paper describes the SPRA process and provides an update on the submission process.

2.2 Background

This is the second year of the Strategic Planning and Resource Allocation process which brings together the planning of services with financial and workforce implications of service delivery and change. Template has been revised and is similar to template provided by Scottish Government for RMP4.

2.3 Assessment

Templates have been distributed and once returned, submissions will be collated and reviewed to report back to EDG on the list of service changes and programmes that will be discussed and then prioritised. These service changes and programmes will be considered in terms of the overall objectives, quality of care as well as financial and workforce implications.

Once completed, the governance of this work will be to provide a paper on the organisation's priorities to the committees and through to the Board.

Key dates:

11 October	SPRA Templates distributed to Directors
12 November	Deadline for SPRA submissions
16 December	Summary of submissions to EDG followed by prioritisation
21 December	Board Development Session
11 January	SBAR to Finance, Performance and Resource Committee
12 January	SBAR to Staff Governance Committee
13 January	SBAR to Clinical Governance Committee
29 March	Final SPRA report to Board

2.3.1 Quality/ Patient Care

The main aim of SPRA process is to continue to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is key to the SPRA process.

2.3.3 Financial

Financial planning is key to the SPRA process.

2.3.4 Risk Assessment/Management

Risk assessment is part of SPRA process and will be part in the prioritisation of key objectives

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is integral any redesign based on the SPRA 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 throughout the SPRA process.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Committee is asked to:

Note the update to the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

3 List of appendices

Appendix 1: Strategic Planning and Resource Allocation Letter from CE

Appendix 2: Strategic Planning and Resource Allocation Template

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser3@nhs.scot

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone: 01592 643355
www.nhsfife.org



Executive Team
NHS Fife

Date
Your Ref
Our Ref
Enquiries to Susan Fraser
Extension 07557 481351
Email Susan.Fraser3@nhs.scot

Dear Colleague

Strategic Planning and Resource Allocation 2022/23 – 2026/27

As we continue to manage our organisational response to the impact of COVID, there is understandably a primary focus on maintaining delivery of our operational services and ensuring robust plans are in place to address the significant challenges of the winter period. However, in parallel to that, it is important that we also protect time to look to the longer terms, as we develop the Population Health and Wellbeing Strategy and our underpinning SPRA process. To deliver the latter successfully, I am seeking your support and collaboration across the directorates and strategic programmes for this second year of our SPRA process. To ensure completeness, the Health and Social Care Partnership will contribute through sharing their planning documentation.

Each director has a role to ensure that the knowledge and insights gathered from their individual or collective engagement with various national groups and key stakeholders, as well as their operational areas of responsibility, are reflected in the SPRA process and used to guide and inform our planning approach.

The process and documentation from 2021/22 has been reviewed and revised by Planning, Workforce and Finance colleagues to create more effective linkage between key objectives and any implications on workforce and finance and any associated risks.

Each Directorate is asked to provide a plan that articulates the scope of work which requires to be done to deliver our 4 recently agreed strategic priorities. It will be important that in developing these plans this is done collaboratively with clinical leaders and operational managers.

The SPRA timeline has been extended to 5 years rather than 3 to align with the developing Population Health and Wellbeing Strategy. Understanding the scope and the potential phasing of activity will support the overall prioritisation process required to create a deliverable 5-year plan. Whilst it is likely that there will be more detailed knowledge in relation to 2022/23, I am proposing that we provide as much information as possible for the remaining 4 years. This will



Chair Tricia Marwick
Chief Executive Carol Potter
Fife NHS Board is the common name of Fife Health Board

also ensure that the resources available to us are targeted to those prioritised objectives over time.

Each Directorate should review the key objectives that were agreed through the SPRA process for 2021/22, providing a mid-year update on progress as at the end of September 2021. It will be important that as an Executive Team we can report through our governance committees and the Board on both progress against our objectives for 2021/22 and our proposals for 2022/23 and future years.

The template for completion has changed with directorates being asked to provide the following information in detail for 2022/23 and in summary for 2023/24 to 2026/27.

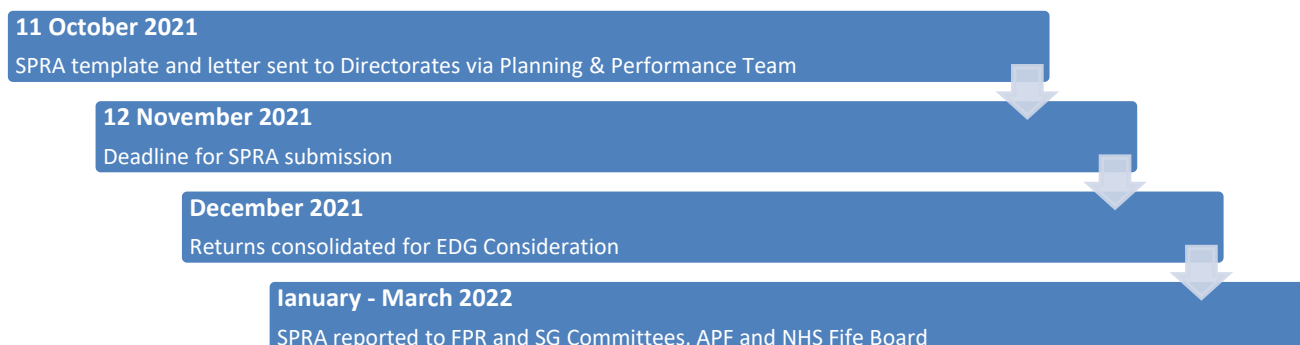
For each Key Objective

- Summary of activities
- Timescales
- Risks and controls
- Outcomes
- Links to strategies, plans and programmes
- Digital and innovation requirements and opportunities
- Property and asset management requirements
- Workforce profile and planning assumptions
- Finance profile and planning assumptions
- Efficiency savings plan

More detailed plans should be held within each service area.

Directorates should liaise closely with their relevant Finance Business Partner or Management Accountant to complete the Finance section and with Workforce colleagues in relation to staffing plans. Directorates should detail proposals/plans to address the legacy recurring savings gap from 2021/22 as well as the efficiency target for 2022/23.

The SPRA template should be completed by each Directorate within Acute Services and all Corporate Directorates. Templates should be returned by 12 November 2021 to be consolidated for full EDG consideration in December 2021. Progress on the process will be reported to Finance, Performance and Resources Committee, Staff Governance Committee and Area Partnership Forum in January 2022. Final proposals and report from the process will be considered by EDG during January and February 2022 and presented to Finance, Performance & Resources Committee, Staff Governance Committee, Area Partnership Forum and NHS Fife Board in March 2022.



This approach will allow enhanced scrutiny of SPRA plans, transparency of proposed service changes and seek to support more effective assurance on all aspects of planning and performance. It will facilitate development of corporate and individual objectives for 2022/23 and support delivery of future Remobilisation Plans. A mid-year review will take place in September/October 2022 to assess progress.

The SPRA Template should be submitted to Planning & Performance Team (fife.planningperformance@nhs.scot) no later than 12 November 2021.

As highlighted, support for completion of the SPRA template is available and contact can be made with Susan Fraser (ext. 20875, Susan.Fraser3@nhs.scot) to arrange this.

This important annual planning exercise will inform how we manage the Covid19 pandemic alongside our collective priorities for the coming years. The NHS Board is committed to the delivery of the new strategy by March 2022, the work on our SPRA will provide a foundation upon which we will deliver this.

Carol Potter
Chief Executive
NHS Fife
For Action:

Executive Team

Janette Owens, Director of Nursing
Chris McKenna, Medical Director
Scott Garden, Director of Pharmacy & Medicines
Joy Tomlinson, Director of Public Health
Claire Dobson, Director of Acute Services
Nicky Connor, Director of Health & Social Care
Margo McGurk, Director of Finance & Strategy
Neil McCormick, Director of Property & Asset Management
Linda Douglas, Director of Workforce

For Information:

Other Members of Executive Directors Group

Susan Fraser, Associate Director of Planning & Performance
Gillian MacIntosh, Head of Corporate Governance and Board Secretary
Kirsty MacGregor, Head of Communications
Wilma Brown, Employee Director

Guidance for completion

Review 21_22

Please provide an update to key objectives agreed from SPRA for 2021/22.

RAG Status	assign status as at end of September 2021(based on key in top left)
End Date	proposed date that objective will be delivered, denote whether objective is to be carried forward into 2022/23
Progress against objective	outline progress made up until end of September 2021
Outcomes	denote outcome(s) of objective on once delivered
Strategies, plans & programmes	denote any strategy/plan/programme that the objective relates to

1YR 22_23

Articulate the key objectives for your directorate to be delivered during 2022/23 which can be shared with staff and stakeholders.

5YR 26_27

Articulate the key objectives for your directorate to be delivered by 2026/27 which can be shared with staff and stakeholders.

For both tabs, outline the summary of activities, associated risks and state other requirements/dependencies/implications for each objective:

- Digital requirements
- Property and Asset Management dependencies
- Workforce implications
- Financial implications
- Interdependencies - affects on other services

Workforce

Opening Position

Staff establishment information

Increases/Decreases

Please provide narrative and values around anticipated increases and decreases to the staff establishment over the next 3 years. The changes could be for example service redesign, skill mix or posts no longer required.

Safe Staffing

Please provide narrative and values on staffing requirements in order to meet safe staffing levels legislation.

Financial Plan

Opening Position

Full year budget information

Significant Cost Pressures

Please provide narrative and cost information for significant cost pressures affecting over the next 3 years.

Planned Reductions

Please provide narrative and cost information for any anticipated reductions over the next 3 years.

Efficiency Savings

Each directorate/programme should set out the level of planned efficiency savings for each of the 3 years of the plan. This should include a move to generate a significant proportion of recurring savings initiatives. For this initial stage in the planning process an assumption should be made that a minimum of 3% will be required.

NHS Fife – Review of Strategic Planning & Resource Allocation (SPRA) for 2021/22

	Unlikely to complete on time/meet target
	At risk - requires action
	On Track
	Complete/ Target met

RAG Status	Objective <i>these can be qualitative or quantitative</i>				Risks <i>list key risks to delivery and controls/mitigating actions</i>		Outcomes <i>include outcomes if possible – add multiple outcomes if required</i>	Strategies, plans & programmes
Sept 21 Status	Key Objective - Description (sample)	End Date	Carried over to next year? Y/N	Progress against objective	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the objective relates to
	Deliver a medium-term financial Strategy for NHS Fife							
	Support the development of the strategic plan that captures the NHS Fife vision on what it wants to deliver in Fife							
	Ensure that departments with procurement responsibility deliver consistent application of best procurement practice and Board Standing Financial Instructions to support the optimisation of savings							
	Support delivery of Strategic Planning and Resource Allocation							
	Develop and expand Programme Management Office (PMO) to create resource to progress transformation and change programmes at pace across the organisation							

Objective <i>these can be qualitative or quantitative</i>				Delivery Area	Risks <i>list key risks to delivery and controls/mitigating actions</i>	Outcomes <i>include outcomes if possible – add multiple outcomes if required</i>		Strategies, plans & programmes	Digital Requirements	Property & Asset Management Dependencies	Workforce Implication		Financial Implication			Inter-dependencies
Key Objective - Description	Summary of activities etc	Proposed Start Date	End Date	Delivery Area	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the objective relates to	Summarise below	Summarise below	summarise below, provide detail on Workforce template	Cost	summarise below, provide detail on Financial Plan template	Capital / Revenue	Cost	Please provide any detail of impact on other services

Objective <i>these can be qualitative or quantitative</i>				Delivery Area	Risks <i>list key risks to delivery and controls/mitigating actions</i>		Outcomes <i>include outcomes if possible – add multiple outcomes if required</i>	Strategies, plans & programmes	Digital Requirements	Property & Asset Management Dependencies	Workforce Implication		Financial Implication			Inter-dependencies
Key Objective - Description	Summary of activities etc	Proposed Start Date	End Date	Delivery Area	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the objective relates to	Summarise below	Summarise below	Summarize below, provide detail on Workforce template	Cost	Summarize below, provide detail on Financial Plan template	Capital / Revenue	Cost	Please provide any detail of impact on other services

Workforce Plan	Key Objective	2021/22	2022/23	2023/24
		WTE	WTE	WTE
Opening Position				
Nursing & Midwifery				
Medical & Dental				
Admin & Clerical				
Medical Dental Support				
Healthcare Sciences				
Allied Health Professionals				
Personal Social Care				
Support Services				
Other Therapeutic				
Total		-	-	-
Workforce Plan		2021/22	2022/23	2023/24
		WTE	WTE	WTE
Increases/Decreases				
* Please give detail as appropriate				
Total		-	-	-
Workforce Plan		2021/22	2022/23	2023/24
		WTE	WTE	WTE
Safe Staffing in-year				
* Please give detail as appropriate				
Total		-	-	-
Workforce Plan		2021/22	2022/23	2023/24
		WTE	WTE	WTE
Summary Overall Position		-	-	-

Financial Plan	Key Objective	2021/22	2022/23	2023/24
		£'000	£'000	£'000
Opening Position				
Pay				
Non Pay				
Purchase Of Healthcare				
Total		0	0	0
Financial Plan		2021/22	2022/23	2023/24
		£'000	£'000	£'000
Significant Cost Pressures				
* Please give detail as appropriate				
Total		0	0	0
Financial Plan		2021/22	2022/23	2023/24
		£'000	£'000	£'000
Planned Reductions				
* Please give detail as appropriate				
Total		0	0	0
Financial Plan		2021/22	2022/23	2023/24
		£'000	£'000	£'000
Summary Overall Position		0	0	0

Efficiency Savings Plan	Recurring / Non Recurring	Key Objective	2021/22 £'000	2022/23 £'000	2023/24 £'000
Total			0	0	0

Meeting:	Finance, Performance and Resources Committee
Meeting date:	9 November 2021
Title:	Fife Capital Investment Group Reports 2021/22
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This is presented for:

- Information

This report relates to:

- Potential Emerging issues

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The current forecast spend for NHS Fife's capital programme for 21/22 is approximately £30m. There are however risks around a programme of this size especially in the current global climate (Covid) and nationally (Brexit). Price increases and supply chain challenges for building materials have already been identified early in the financial year.

Although the major project schemes in the programme carry their own risk register, it is key that the capital programme is monitored and reported on.

Key areas:

Elective Orthopaedic Centre - £18.125m budget anticipated.
Capital Equipment - £2.194m
D & I - £1.0m

At the beginning of October, following a bid to the National Infrastructure Equipment Group, NHS Fife were successful in securing funding of £1.538m to support procurement of various equipment items, most notably a replacement CT Scanner. Moreover, NHS Fife is waiting on confirmation of further allocations of capital funding from Scottish Government. These

requests to SG include £1.8m for COVID capital expenditure and monies to support HEPMA.

2.3 Assessment

Our building projects all face the same challenges regardless of value – availability of materials, price increases, delays to construction programme, slippage on spend during the financial year, lack of resources internally, key staff changing jobs and adverse weather. There is an impact already on the EOC programme of 13 days but the PSCP are confident they can pull this back. We are awaiting cashflow information from PSCP which will inform the anticipated spend for this year and next year, and the likelihood of any slippage of monies in 2021/22. Building materials are being purchased and stored on site to help mitigate the issue and purchase orders are being placed as early as possible.

Last year we experienced how Brexit and related customs issues caused issues with equipment deliveries at the financial year-end and there continues to be risks around ordering and lead times for equipment in this financial year.

Fluctuations in exchange rates could also have an impact on potential equipment costs depending on the currency used to purchase.

Long lead times have already been identified for D & I equipment.

CEMG were allocated £2.94m to purchase equipment and to date a balance of £0.105m remains unallocated. All equipment approved by CEMG has been ordered except for £0.409m for RO plant, the business case for this plant will be submitted for approval at the next meeting of FCIG on 28 October 2021.

To manage any potential risks to the Capital programme the following actions are being undertaken

- Identification of a fall-back list of schemes that can be achieved within the year-end.
- Look forward – engage with contractors as early as possible to allow maximum time for ordering of materials pre the start date.
- Monitoring equipment spend closely – highlighting outstanding order and lead times and report at CEMG routinely. Ensure equipment is ordered timeously to avoid lead times slipping into the next year. Have stand by list of deliverable equipment – especially if last minute capital allocations become available.
- Time being built into procurement to accommodate the ordering process itself through PECOS especially toward year end.

2.3.1 Quality/ Patient Care

There are potential risks to patient care if there are delays in upgrading buildings and late delivery of equipment

2.3.2 Workforce

Not applicable

2.3.3 Financial

Failure to spend the anticipated capital programme would result in a shortfall spend against our Capital Resource Limit which in turn would have an impact on the agreed spend with Scottish Government. This would mean we had failed to achieve our agreed target with SG and we would not be delivering our capital programme.

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

Not applicable

2.3.8 Route to the Meeting

The information contained in this SBAR has previously been discussed at both Finance, Performance and Resources Committee and Fife Capital Investment Group.

2.4 Recommendation

This paper is presented to the Committee for:

- **Awareness**

Report Contact

Maxine Michie
Deputy Director of Finance
maxine.michie@nhs.scot

Meeting:	Finance Performance & Resources
Meeting date:	9 November 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 currently due for completion in October 2022. Following a client transfer and commissioning period it is anticipated that the facility will be operational in December 2022 / January 2023.

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

Whilst taking the impact of COVID-19 into consideration, the project is progressing well generally. Delay has been encountered on the following items moving the planned completion date from 23 September 2022 to 10 October 2022.

- Unchartered services in the ground
- Late delivery of concrete due to supply chain pressures
- Steel contractors wither became infected with COVID or had to self-isolate

Efforts are being made to mitigate COVID and wider market pressures. Measures incorporated to date include:

- Improvements to the site welfare environment to reduce the risk of infection
- Access to a larger site area allowing materials to be procured in advance
- Provision of a concrete hopper reducing the risk in concrete shortages

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 expect 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 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

- Authorising Engineer involvement on key elements (medical gases, water and ventilation)
- Completion and close-out of the NSS Design Assure Action Tracker (note: actions not substantially closed out or in hand)
- Participation in the NSS Design Assure Key Stage Reviews (construction)
- Planning for a Soft Landing post-handover (equipment, staffing, training, patient awareness)

A sub-group has been established to design and agree a service model. The sub-group is co-chaired by Mr Andy Ballantyne, Consultant Orthopaedic Surgeon, and Fiona Cameron, Service Manager. A draft Terms of Reference has been developed.

The subgroup will:

- Oversee development of service plans for inpatient areas; theatres; OPD
- Develop procedures and protocols for pre-admission area; wards, including increase in single room accommodation; theatres
- Review and reconfigure Consultant Clinic allocations in agreement with Consultant body
- Review and reconfigure theatre allocations in agreement with Consultant body and theatre teams
- Identify strategic opportunities arising at national and regional level which will support service delivery
- Consider implications from NHS Scotland Recovery Plan and impact this will have on service requirements

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 benefiting patients and staff.

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.

A workforce sub-group has been established, chaired by Fiona Cameron. Workforce establishment has been agreed and a Gantt chart demonstrating the timeline from recruitment through to education and training to commissioning is being developed.

Consideration is being given to the implications associated with the NHS Recovery Plan (August 2021), which describes an increase in planned activity across Scotland.

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.

There is a contractual issue to resolve in respect to COVID-19 and risk ownership. The contract contains a COVID-19 clause (drafted by CLO) which seems to place the risk of material price increases and late delivery of materials with the PSCP – the PSCP is contesting this position and the wording of the clause. The matter is currently with HFS and CLO for consideration. From NHSF's perspective the matter will either not be a compensation event in which case the PSCP will assume the risk, or it will be a compensation event in which case financial relief will be secured through the Scottish Government.

The Cost Advisor's latest cost report is included at Appendix A for reference.

2.3.4 Risk Assessment/Management

A risk register has been prepared for the projects (refer to Appendix B). 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 where applicable.
BREXIT impact on material cost and availability	As above.
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.

Availability of workforce	Workforce requirements are being developed and prioritised in consultation with the national elective group.
Funding of the workforce beyond the FBC allocation	As above.

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 in 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

Information contained in SBAR, discussed at FEOC project Board meeting

2.4 Recommendation

This paper seeks to provide a project update and general awareness. The Committee 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 the Committee.

3 List of appendices

Appendix A – G&T Cost report (summary extract), 12 October 2021

Appendix B – Project Risk Register, 19 October 2021, Rev. 17

Report Contact

Ben Johnston

Head of Capital Planning & Project Director

Email: ben.johnston2@nhs.scot

VICTORIA HOSPITAL, KIRKCALDY ELECTIVE ORTHOPAEDIC CENTRE COST REPORT 17

NHS FIFE

12 October 2021

**VICTORIA HOSPITAL, KIRKCALDY
ELECTIVE ORTHOPAEDIC CENTRE
COST REPORT 17**

Job No. : 36545

Client : NHS FIFE

Issue Date : 12-Oct-21

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- 1 EXECUTIVE SUMMARY
- 2 TOTAL PROJECT COST SUMMARY
- 3 COST RECONCILIATION
- 4 STAGE 2 COST SUMMARY
- 5 STAGE 3 COST SUMMARY
- 6 STAGE 4 COST SUMMARY
 - 6.1 COMPENSATION EVENTS
 - 6.2 CONTRACTORS EARLY WARNINGS
 - 6.3 EMPLOYERS EARLY WARNINGS
- 7 CLIENT DIRECT COSTS

**VICTORIA HOSPITAL, KIRKCALDY
ELECTIVE ORTHOPAEDIC CENTRE
COST REPORT 17**

Job No. : 36545
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SECTION 1.0 - EXECUTIVE SUMMARY

A FINANCIAL SUMMARY**1 CURRENT BUDGET**

The current budget of £28,075,580 reflects the figures abstracted from the FBC. Excluding VAT.

2 CURRENT FORECAST

The current forecast outturn price is £28,075,580

3 MOVEMENT IN THE PERIOD

There is currently no movement between the FBC figure and current forecast outturn price.

4 LEVEL OF COST CERTAINTY

There are a number of Early Warnings that are likely to have an impact on the cost.

5 RISK ITEMS

The existing ground conditions have been investigated and the results have been factored into the substructure, superstructure and drainage designs.

6 PAID TO DATE & CASHFLOW

PSCP Payment Assessments Nrs 1-6 for Stage 2, Nrs 1- 9 for Stage 3, Nrs 1-6 for the Stage 4 Car Park Works and Nrs 1-7 for the Main Building Works have been processed to date in the total amount of £5,777,387.96. There is currently £17,623.46 of retention being held against the Stage 4 Car Park works and £90,112.25 of retention being held against the Main Building Works.

Refer to Section 8.0 for latest cashflow - this shows PSCP cashflow only.

7 FINAL ACCOUNT

To be agreed on a rolling basis via the Early Warning and Compensation Event process.

**VICTORIA HOSPITAL, KIRKCALDY
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SECTION 1.0 - EXECUTIVE SUMMARY

8 EXCLUSIONS & ASSUMPTIONS

Figures exclude Value Added Tax.

B FORM OF CONTRACT

NEC3 Option C Target Contract with Activity Schedule for Stages 2 and 3 and NEC Option A for Stage 4.

**VICTORIA HOSPITAL, KIRKCALDY
ELECTIVE ORTHOPAEDIC CENTRE
COST REPORT 17**

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Issue Date : 12-Oct-21

SECTION 2.0 - TOTAL PROJECT COST SUMMARY

	FBC COST £	PREVIOUS £	CURRENT £	MOVEMENT £
STAGE 2 PRICES				
TOTAL STAGE 2 PRICE	477,922	477,922	477,922	-
STAGE 3 PRICES				
TOTAL STAGE 3 PRICE	1,071,961	1,085,616	1,085,616	-
STAGE 4 CONSTRUCTION PRICES				
1.1 PSCP Price - Main Works	23,252,860	23,252,861	23,252,861	-
1.2 PSCP Price - Car Parks	678,171	678,171	678,171	-
2.0 Compensation Events Implemented		97,834	145,707	47,873
2.1 Compensation Events Agreed in Principle		1,199	-	(1,199)
2.2 Compensation Events Under Review		35,134	-	(35,134)
3.4 Compensation Events - Car Park Implemented		30,156	30,156	-
3.5 Compensation Events - Car Park Agreed in Principle		-	-	-
3.0 Contractor's Early Warnings		-	-	-
4.0 Employer's Early Warnings		-	-	-
TOTAL STAGE 4 PRICE	23,931,031	24,095,355	24,106,895	11,540

**VICTORIA HOSPITAL, KIRKCALDY
ELECTIVE ORTHOPAEDIC CENTRE
COST REPORT 17**

Job No 36545
Client : NHS FIFE

Issue Date : 12-Oct-21

SECTION 2.0 - TOTAL PROJECT COST SUMMARY

	FBC COST £	PREVIOUS £	CURRENT £	MOVEMENT £
CLIENT DIRECT COSTS				
5.0 NHS FIFE DIRECT COSTS				
Project Team Costs	375,727	375,727	375,727	-
Project Manager Fees	169,006	169,006	169,006	-
Cost Advisor Fees	136,460	136,460	136,460	-
CDM Fees	-	-	-	-
Supervisor / Clerk of Works Fees	120,000	120,000	120,000	-
Surveys / Statutory Consents etc	20,000	6,345	6,345	-
Fees - Car Park	-	-	-	-
	821,193	807,538	807,538	-
6.0 NHS FIFE RISK ALLOWANCE				
	935,473	771,150	759,610	(11,540)
	935,473	771,150	759,610	(11,540)
7.0 EQUIPMENT				
Group 2, 3 and 4 equipment	600,000	600,000	600,000	-
Provision for X-Ray Equipment	200,000	200,000	200,000	-
IT and Telecommunications	-	-	-	-
	800,000	800,000	800,000	-
8.0 TRANSITIONAL COSTS				
Decommissioning of existing facilities	-	-	-	-
Decant and transition costs	38,000	38,000	38,000	-
	38,000	38,000	38,000	-
CURRENT TOTAL ESTIMATED NHS FIFE COSTS	2,405,148			
TOTAL PROJECT COST	27,886,062	28,075,580	28,075,580	(0)

Project Title:	Fife Elective Orthopaedic Centre		Risk Champion:		Duncan Esplin						
Date Register First Created:		Date Updated:	19/10/2021	Revision Number:	17	Updated by:	BJ			Current Stage:	Stage 4

High Risks

Medium Risks

Low Risks

Active Risks

Closed Risks

Overdue Risk

Action Date Approaching

Reset

Ref No:	Risk Description	Risk Rating			Mitigation	Post Mitigation			Agreed PSCP Provision	Agreed NHS Provision	Quantifiable	Risk Owner	Risk Manager (If not Risk Owner)	Action Date	Closed Out	Comments
		Probability (1-5)	Impact (1-5)	Risk Rating (1-25)		Probability (1-5)	Impact (1-5)	Risk Rating (1-25)								
Pre-construction (carried forward to construction stage)																
1	Client doesn't have the capacity or capability to deliver the project	2	3	6	Develop appropriate governance arrangements and develop a competent project team using internal and external resources. Monitor through project.	2	3	6			Yes	NHS F				
2	The clinical need for change and expected outcomes isn't clearly defined	1	4	4	Set out in the business case and carried through to design progress where there has been robust engagement.	1	4	4			Yes	NHS F				
3	Poor stakeholder involvement results in a lack of support for the project	2	4	8	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project. Maintain through project.	1	4	4			Yes	NHS F				
4	Adverse publicity occurs due to an issue with the project	2	4	8	Recent planning consultation events suggest that the project is not going to be controversial. Monitor during construction.	2	4	8			Yes	NHS F				
5	Poor communication ignores stakeholder interests	2	4	8	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project. Maintain through project.	2	4	8			Yes	NHS F				
6	Demand for the service does not match the levels planned, projected or presumed	3	4	12	Current risk relates to radiology, outpatients and pre-assessment. Work required by the service in respect to re design. Action ongoing.	2	4	8			No	NHS F				
7	Local community objects to the project	1	4	4	Recent planning consultation events suggest that the project is not going to be controversial.	1	4	4			Yes	NHS F				
8	Brief inadequate/Unreliable	2	4	8	SoA and Design Statement in place which the project is working to.	1	4	4			Yes	NHS F				
9	The design does not meet the Design Assessment expectations	2	4	8	Team have had regular dialogue with HFS and NDAP. Received supported unverified status at FBC.	1	4	4			Yes	NHS F	PSCP			
10	Failure to design in accordance with statutory requirements and appropriate healthcare guidance	2	4	8	Appoint a professional and experienced design team. Derogation schedule to be completed robustly with client acceptance. Derogations to date have all been scheduled and accepted where necessary by NHSF. Residual risk for PSCP that a derogation has not been identified and raised.	2	4	8			Yes	PSCP				
11	New Framework may impact on time required to appoint contractor and/or professional team.	5	3	15	Early engagement with HFS	0	0	0				NHS-F			Y	Risk can be closed as it is now behind us and we are working to an agreed programme for OBC currently.
12	The project cost estimate includes inaccuracies.	2	4	8	Close on the basis that this will be NA once target price is set.	0	0	0			Yes	NHS-F			Y	
13	The project becomes unaffordable	2	4	8	Residual risk even after target price and contingencies have been set.	2	4	8			Yes	NHS F				
14	Inflation costs rise above those projected	3	4	12	NA once target price has been agreed.	0	0	0			Yes	NHS-F			Y	
15	Changes to non-legislation policy affects project cost or progress	3	3	9	An external risk that cannot easily be controlled.	2	3	6			Yes	NHS F				
16	Changes in legislation or tax rules increase project costs	3	4	12	An external risk that cannot easily be controlled. The project team's brief will be to design in line with current statutory and healthcare guidance. Changes in tax cannot be controlled.	2	4	8			Yes	NHS F				
17	There are uncertainties over future policy changes	3	3	9	An external risk that cannot easily be controlled.	2	3	6			Yes	NHS F				
18	Management of Expectations. Planned facilities do not meet expectations of public, staff, clinicians, NHS and council strategies etc. Reputation & service delivery impact	2	4	8	Stakeholder engagement to be planned out via key milestones within the programme. Final AEDET should measure design success. Residual risk thereafter for post handover.	2	4	8			Yes	NHS F				
19	Statutory Consents. May fail to acquire or delay in obtaining	2	4	8	Recent planning engagement. Does not appear to be controversial. NHS risk pre-contract.	1	4	4			Yes	NHS F	PSCP			
20	Change of scope; the requirement statement may be subject to uncontrolled scope creep.	2	3	6	Project Board to agree any changes if required. Maintain continuity over stakeholder groups.	2	3	6			Yes	NHS F				
21	Budget Costs(Site Conditions) The options may fail to identify and address site constraints, environmental concerns, ground conditions etc.	2	4	8	Robust surveys and investigations completed at pre-construction stage.	0	0	0			Yes	NHS-F	PSEP		Y	
22	Planning Costs. Costs of discharging conditions of planning consent.	2	3	6	Residual risk. Will not know conditions until consent received.	1	3	3			Yes	NHS F	PSCP			
23	New SCR implications with requirements for early contractor (sub-contractor) design.	4	2	8	Could mean additional upfront expenditure as part of the design.	0	0	0			No	N/A			Y	
24	1:1250/1:500/1:200 design proposals not accepted by key project stakeholders	1	4	4	Final NHSF acceptance required pre-construction. Discuss.	0	0	0			Yes	NHS-F			Y	
25	Building Warrant Approval times do not align with proposed construction period. (during Construction this risk then becomes a PSCP Risk)	3	4	12	Risk to programme - construction start date. Unlikely to be resolved.	0	0	0			Yes	NHS-F			Y	
26	Resource levels from all team members do not prove sufficient to deliver FBC Programme (particularly 1:50 design).	2	3	6	Pre-con risk. Close.	0	0	0			Yes	NHS-F			Y	
27	Utility Costs	1	4	4	Most of the connections will be from the retained estate so risk of occurrence is low. Drainage connection discussed and agreed also.	1	4	4			Yes	NHS F	PSCP			
28	Future Change. The requirement statement may fail to keep abreast of future clinical practice.	2	3	6	This could include COVID impacts on the design. Design considered to be flexible meantime to deal with social distancing quite well.	2	3	6			No	NHS F				
29	Workforce Planning. NHS Fife may fail to effectively plan future staff requirements	3	4	12	Being reviewed again post FBC in consultation with national elective group. Workforce sub-group set up to manage.	3	4	12			No	NHS F				
30	Recruitment and Retention. NHS Fife may fail to attract sufficient appropriately skilled staff to meet the anticipated increase in demand	3	4	12	Anticipated that dedicated centre will attract/retain staff. Risk in respect of being able to recruit in time. Workforce sub-group set up to manage.	3	4	12			No	NHS F				
31	Equipment. May not conduct equipment planning effectively	3	3	9	Equipment list has been developed for budget purposes at FBC. To be further developed during construction.	2	3	6			Yes	NHS F				
32	Project Plan: The Project Plan does not adequately reflect required tasks and timescales	3	4	12	Pre-con risk. Close.	0	0	0			Yes	NHS-F			Y	
33	Building Size/Configuration (Clinical Pathways) New clinical pathways still not tested- which may impact on schedule of accommodation	3	4	12	Unlikely to affect SoA at this stage. New pathways are current.	0	0	0			No	NHS-F			Y	
34	Lack of up-to-date existing site information.	1	4	4	Surveys/Investigations almost complete. Remove as survey progresses.	0	0	0			Yes	NHS-F	PSEP		Y	
35	Client changes to Brief or design after the project has started.	2	4	8	Acceptance of WI prior to construction start date. This will be managed.	0	0	0			Yes	NHS-F			Y	
36	Car parking - the new car park needs to be opened before the current one does.	3	4	12	Programme risk only. Unlikely to be cost risk.	0	0	0			Yes	NHS-F	PSEP		Y	
37	Robustness of design for market testing (gaps).	2	3	6	Design manager and PSCP to manage design team and set quality and output expectations. Residual contingency for design development.	0	0	0			Yes	PSEP				Covered in Construction stage in WP
38	The new heat station on the excising estate needs to be functional before the new build can start.	2	4	8	This risk has been realised as new heat station will not be provided on time. Mitigation measure is to connect into the MTHW supply at an agreed location. Additional cost to the project as a consequence.	5	2	10			Yes	NHS F				
39	Legalities with link bridge connection.	3	4	12	Letter of indemnity has been agreed as the measure to overcome. This is with lawyers for agreement.	2	4	8			Yes	NHS F				
40	Design development - confirmation of services routes.	3	3	9	Opportunity afforded to PSCP during pre-con. Residual risk for something that wasn't known but could have been.	0	0	0			Yes	NHS-F			Y	
41	Gaps in billing information	3	3	9	Risk covered elsewhere.	0	0	0			Yes	PSCP			Y	Included in Target Price Work Packages
42	Cradle project: crane lift delays affecting construction start date.	3	3	9	Unlikely to be an issue now - crane position changed.	0	0	0			Yes	NHSF			Y	
43	Additional roof plantroom area for MEP Services coordination	3	4	12	Now included in design. Option to revert to containerised plant as VE if required. Delete on basis that it is covered via an EW.	0	0	0			Yes	NHSF	PSCP		Y	
44	Existing medical gases infrastructure is to be upgraded to support project. Risk in timing.	3	3	9	The existing medical gases are currently being upgraded.	2	3	6			Yes	NHSF				
						0	0	0								
Stage 2 Early Warning Notices																
Stage 3 Early Warning Notices																
Construction																
1	Critical programme dates are unrealistic	2	3	6	A realistic project programme will be developed which will be regularly monitored and reviewed. Allow for time risk allowance and terminal float.	2	3	6			Yes	PSCP				
2	Unforeseen conditions when working with existing assets	2	4	8	As far as possible, review existing information and carry out detailed surveys and investigations during the design stage of the project. Allow appropriate contingency for residual risk.	0	0	0			Yes	NHS-F			Y	Remove as covered by item 11.
3	The project disrupts day to day business operations	2	4	8	Develop plans at OBC/FBC stage prior to construction.	2	4	8			Yes	NHS F	PSCP			
4	Adverse publicity occurs due to an issue with the project	2	4	8	Review the reputational impact of all risks in this register and take action	2	4	8			Yes	NHS F				
5	Brexit and impact on construction supply chain.	3	4	12	Difficult risk to manage as market conditions are out with the control of the project. Status to be monitored	4	4	16			No	NHS F				This should be an Employers Risk stated in Contract Data Pt 1
6	Access to part of the site is delayed	2	3	6	Site access and protocols to be reviewed in further detail during the FBC stage	2	3	6			Yes	NHS F				
7	The employer does not provide something by the date for providing it as shown on the accepted programme	2	3	6	Key Milestones to be marked on the programme. Consultation with relevant parties to gain buy-in in respect to meeting the proposed dates. Review status at regular meetings	2	3	6			Yes	NHS F				
8	Instruction given to stop/not start the work	2	3	6	Would only be given for significant issues arising - i.e. major disruption or health and safety	2	3	6			Yes	NHS F				
9	Late response to a communication or acceptance affecting progress of work	2	3	6	PM to manage responses in line with contract timescales	2	3	6			Yes	NHS F				
10	The PSCP encounters physical conditions which they should/could have foreseen	3	3	9	PSCP to satisfy themselves of all site conditions. No CE will be given for matters arising that could have been better understood by commissioning a survey/Investigation	4	3	12			Yes	PSCP				

Ref No:	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Agreed PSCP Provision	Agreed NHS Provision	Quantifiable	Risk Owner	Risk Manager (If not Risk Owner)	Action Date	Closed Out	Comments
11	Physical conditions that the PSCP could not have foreseen	3	3	9	On the basis that all of the relevant surveys and investigations have been completed, this risk can only be managed via NHS F time/cost contingency	4	3	12			Yes	NHS F				This should be an Employers Risk stated in Contract Data Pt 1
12	A weather measurement leading to a CE	3	3	9	This risk can only be managed via NHS F time/cost contingency	3	3	9			Yes	NHS F				
13	Adverse weather that is not a CE	3	3	9	PSCP to build in provision within the programme for weather risk	3	3	9			Yes	PSCP				
14	Issues leading to design development	3	3	9	PSCP to manage via design/technical meetings	3	3	9			Yes	PSCP			Y	Included in Target Price Work Packages
15	Clashes in design coordination leading to design development	3	3	9	PSCP to manage via design/technical meetings	3	3	9			Yes	PSCP			Y	Included in Target Price Work Packages
16	Poor sub-contractor performance leading to poor quality and or delay	3	3	9	Sub- contractors to be selected on the basis of quality together with cost. Strong local supply chain to be assembled	3	3	9			Yes	PSCP				
17	Delay in handover due to number of defects	3	4	12	Programme to be challenging but realistic offering time provision for correcting defects and carrying out commissioning in advance of handover	3	4	12			Yes	PSCP				
18	Delay in delivery of Groups 2,3 and 4 equipment leading to delays in commissioning and opening unit	3	3	9	Key Milestones to be marked on the programme. Consultation with relevant parties to gain buy-in respect to meeting the proposed dates. Review status at regular meetings, consider setting up an equipment sub-group	3	3	9			Yes	NHS F				
19	Inflation beyond target/price agreement	3	3	9	Difficult to manage. PSCP to accept risk and manage within agreed contingency allowances	5	3	15			Yes	PSCP				
20	Poor Project/Design Management leading to delays	3	3	9	PSCP to offer a strong team with sufficient resource allocation to manage project diligently	3	3	9			Yes	PSCP				
21	Traffic issues including public safety/interface	3	3	9	Plans to be agreed in advance of construction. To be reflected within the construction phase plan	3	3	9			Yes	NHS F	PSCP			
22	Problems with contractors access to site	2	3	6	Construction phase plan to be developed.	2	3	6			Yes	PSCP				
23	Next stage(s) of building warrant delayed affecting progress of works	2	4	8	Procure contractors to assist with contractor design	2	4	8			Yes	PSCP				
24	Measurement risk with bills	3	3	9	Mitigation is that the contractor price, the drawings and specs - not the bills- contracts should refer	3	3	9			Yes	PSCP				Included in Target Price Work Packages
25	Access for deliveries. Agreement required on what can be delivered and when. Once agreement is in place there is a risk that this could constrain or delay the PSCPS work	3	3	9	Construction phasing and plans for cabin, scaffolding and deliveries all agreed and confirmed	3	3	9			Yes	PSCP				
26	HAI Scribe issues	3	4	12	Carry out stage 3 HAI in detail	3	4	12			Yes	PSCP				
27	HAI Scribe issues affecting staff/patients	3	4	12	Carry out stage 3 HAI in detail	3	4	12			Yes	NHS F	PSCP			
28	Supply chain bankruptcy/insolvency	2	4	8	PSCP to select robust supply chain and ensure that quality is a factor in selection	2	4	8			Yes	PSCP				
29	Long lead in periods for materials	2	3	6	To be reflected within the construction programme. Noted that this should be low risk given the scope of the project	2	3	6			Yes	PSCP				
30	Health and safety issues leading to delays	3	3	9	Robust construction phase plan, good site manager and regular H&S audits.	3	3	9			Yes	PSCP				
31	Business continuity risk through cut/damaged services	2	4	8	Isolation protocol to be established between NHS F and PSCP	2	4	8			Yes	NHS F	PSCP			
32	NHS F staff not available to isolate services to meet programme	3	3	9	Procedure and notice periods to be confirmed and established	3	3	9			Yes	NHS F				
33	Damage/delays caused through work	3	3	9	PSCP to undertake delays survey and make good as required	3	3	9			Yes	PSCP				
34	Business continuity risk caused through security issues - i.e. Unauthorised people accessing plant rooms	3	3	9	Access protocol to be established	3	3	9			Yes	NHS F	PSCP			
35	Logistics of working adjacent to live areas and fire escapes	3	4	12	Construction phase plan to consider and resolve	3	4	12			Yes	PSCP				
36	Other on site construction constraints i.e. cars parked in the way of access routes causing disruption/delay.	3	2	6		3	2	6			Yes	PSCP				
37	Insufficient timescales for testing and commissioning	3	4	12	Setting realistic timescales to meet the deadline for the build being operational. Robust commissioning plan.	3	4	12			Yes	PSCP				
38	Security of people accessing the construction site and causing damage/disruption/delay.	3	2	6	Precautions must be taken to ensure no unauthorised access. Robust fencing / access controls etc.	3	2	6			Yes	PSCP				
39	Existing Services - Uncharted services - actual location and condition of existing services, found during construction, results in additional costs/time.	3	4	12	Early assessment of existing service capacity in addition to an assessment of likely service demands of FEOC.	3	4	12			Yes	NHSF				
40	Quality - The level of build quality delivered by PSCP does not match the brief.	4	4	16	Robust monitoring by Graham Construction Site Supervisor and NEC3 Supervisor team. PSCP has a full quality management system in place.	2	4	8			Yes	PSCP				
41	Insufficient allowance for Designers Fees - risk of poor performance of GC design team	3	3	9		2	3	6			Yes	PSCP				
42	Logistics - COVID related government restrictions resulting in changes to Site rules, including hours of working etc. - leading to a change of traffic management, site management, construction methodology.	4	3	12	Robust working practice arrangements. Alternative solutions to be agreed by NHSF & PSCP.	3	3	9			Yes	NHS F				This should be an Employers Risk stated in Contract Data Pt 1
43	Availability of resources (Work Force/Materials)	3	3	9	Sub- contractors to be selected on the basis of quality together with cost. Strong local supply chain to be assembled	5	3	15			Yes	PSCP				
44	Ground conditions - contamination incl asbestos, including any found during subsequent works (following agreement of the Works Target Price), over and above that identified in the GI's completed at Target Price	5	3	15	Early SI's have been carried out to inform design specification.	3	3	9			Yes	NHSF				
45	Air Permeability - issues with testing and/or quality results in need for additional works	2	3	6	quality of design detailing to be reviewed, robust quality checks during construction, sufficient allowances in programme	2	3	6			Yes	PSCP				
46	Noise & Dust Pollution	2	3	6	Method Statements and appropriate measures of carrying out the works. i.e. dust suppression, etc.	1	3	3			Yes	PSCP				
47	Termination, Employer can terminate for any reason	1	5	5		1	5	5			Yes	PSCP				
48	Asbestos contained in fill materials noted in desktop survey. This is local to site and not necessarily on the areas of works.	3	4	12	Contractor to be vigilante during excavation works.	1	3	3			Yes	NHSF				
49	Ground conditions - gas protection, bearing pressure, and consolidation to the extent shown in the GI's and test grouting, site variations require additional works.	3	4	12	Risk partially mitigated following programme of further test grouting, Gas membrane specified.	1	3	3			Yes	NHSF				
50	Logistics - NHSF impose / change restrictions from Site Rules, including hours of working, permits, accessing areas of the site, and alike leading to a change of traffic management, site management, construction methodology.	2	3	6	Robust pre-agreed plans with site rules/WI being signed off by NHSF. NHSF to communicate with Project Team regarding any changes to the agreed Site Rules and construction phase plans. Alternative solutions to be agreed by NHSF & PSCP.	2	3	6			Yes	NHS F				
51	Adjoining Property - NHSF fail to engage with appropriate clinical stakeholders to advise of works/noise/disruption.	3	4	12	Regular planned site communication meetings/look-ahead between NHSF & PSCP with clinical attendance. Escalation strategy in place to agree with issues that arise. Business Continuity Plan being progressed.	2	4	8			Yes	NHS F				
52	3rd Party Other - Vibration exceed limits / requirements noted in the Site rules / WI during construction works affecting clinical services /stopping construction work	4	3	12	Construction techniques and surveillance developed with respect of limits set in Site Rules/Works Information - Site rules	2	3	6			Yes	PSCP				
53	Risk of falling materials during craning operations.	2	4	8	Construction Phase Plan developed. Specific RAM's and lifting plans to be developed and agreed in advance of operations.	2	4	8			Yes	PSCP				
54	3rd Party - Other - forming link to the existing structure and wider services infrastructure connections will involve working in a live hospital environment - disruption	3	2	6	Over-sail out with boundary prevented Method statement to be developed for interfacing works detailing how live areas protected to ensure continuity of services. This will be agreed with NHSF prior to works commencing. - Out of hours working	2	2	4			Yes	PSCP				
55	Health and Safety - Fire within construction site	3	3	9	Fire plans developed including protection of adjoining buildings / departments and escape routes for initial works as per CPP, fire plan to be constantly reviewed and amended as works progress during stage 4	1	3	3			Yes	PSCP				
56	Labour - availability including for Out of hours working	3	2	6	Review subcontractor bids, appointments to include for travel, manage programme	2	2	4			Yes	PSCP				
57	Out of hours working due to operational issues	3	2	6	Good communication in respect to look aheads and noisy work to ensure plans can be put in place in advance to mitigate impact.	3	2	6			Yes	NHSF				
58	Planning - Failure to discharge and / or costs to comply with planning conditions yet to be defined	3	3	9	Continued engagement with planner to establish likely conditions	3	3	9			Yes	NHS F				
59	Programme Statutory - Building Control fail to meet dates for issues certificates to close off each construction phase.	3	4	12	Early engagement with Fife BCO Staged warrants to be agreed Regular meetings and engagement with assigned BCO	2	3	6			Yes	PSCP				
60	Statutory Other - Legislative changes post Stage 4 contract that affect the scope, specification and/or the cost of the project.	3	2	6	Regular monitoring and review.	2	2	4			Yes	NHS F				
61	Water /Electricity-Temporary water or power outages caused by others out with construction site halt works on site	2	3	6	Resolve quickly to minimise programme impact.	1	3	3			Yes	NHS F				
62	Failure to achieve the required BREEAM rating	2	3	6	Targeting Good rating and likely to be achieved	1	3	3			Yes	PSCP				
63	Cost of correcting defects post completion	2	3	6	Sufficient resource to de-snap prior to H/O QMS to be finalised Soft landings process provides for de-snap prior to handover	1	2	2			Yes	PSCP				
64	Delayed payments to supply chain due to unproven process of PBA	2	3	6		2	3	6			Yes	NHS F				
65	Delayed payments to supply chain due to unproven process of PBA	2	3	6		2	3	6			Yes	PSCP				
66	Design Liability - failure to obtain Collateral Warranties from supply chain	2	3	6	Ensure proper selection of CDP Subcontractors who carry relevant level of PI	1	3	3			Yes	PSCP				
67	E-health initiatives noted in FBC may not be available in alignment with new centre opening. This is because many of the initiatives are Fife wide as opposed to being project specific and require dedicated funding.				E-health representation sitting on project board to provide awareness and visibility of progress.	4	3	12				NHSF				
Post-construction				0												
1	Risk that when in operation the project cannot be easily maintained from an operation and/or cost perspective.	3	4	12	Set up an effective project team where the designers engage with Estates and FM.	2	4	8				NHS F				
2	Soft landings process not correctly implemented resulting in project not having maximum impact	3	4	12	Agree soft landings strategy during F&C. Agree FM strategy with NHS F estates team. Identify suitable opportunities to embed maintenance provisions within the PSCP supply chain appointments to cover systems maintenance for agreed periods beyond PC - note this will add to capital costs but may reduce revenue cost	3	4	12				NHS F				
3	There is a risk that failure to plan and coordinate functional commissioning activities will result in issues during the commissioning period. Such as failure could lead to cost pressures and disruption/risk to clinical areas.	4	3	12	Commissioning Manager in place for the start of Stage 4. This role will allow NHSF to a safe, smooth and coordinated functional commissioning plan. This will be integrated within the Soft Landings Delivery Plan	2	3	6				NHS F				

Meeting:	Finance, Performance & Resources
Meeting Date	9 November 2021
Title:	2021 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 FP&R for:

- Approval

This report relates to the:

- 2021 Property & 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 FP&R on the 2021 Property & Asset Management Strategy (PAMS) as required by the State of the NHS Scotland Assets & Facilities Report (SAFR) Programme. The Board's PAMS submission to Scottish Government is now every two years with an interim PAMS update report required every other year. The 2021 document is a full update.

2.2 Background

The PAMS is a strategic document which highlights the current condition of NHS Fife's assets together with any current and proposed investments.

2.3 Assessment

This 2021 NHS Fife PAMS document is now presented in the format requested in recent Guidance updates. New information has been presented on the Boards Statutory Compliance figures. The data in this document represents NHS Fife's position as of 1 April 2021 and an allowance for inflation has been included since the last full report.

The 2021 PAMS document is a detailed return which is part of NHS Scotland's data collection for information pertaining to the Estate.

The document also provides useful context for:

- Future infrastructure investment Business Cases which should be in line with the 2021 PAMS
- The strategic issues that are being considered for future developments within the Estate as identified in the Executive Summary

NHS Fife's 2020 PAMS return was compiled by the Directorate of Estates, Facilities & Capital Services in conjunction with leading stakeholders.

The Report covers all buildings owned or leased by the Board and only references third party ownership. All transport, equipment, and IM&T are covered by this report.

2.3.1 Quality/ Patient Care

Not Applicable.

2.3.2 Workforce

Not Applicable.

2.3.3 Financial

A summary investment plan is included within the report.

2.3.4 Risk Assessment/Management

Key risks are monitored and managed in line with the Board's Assurance & 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, 24 September 2021
- EDG, 21 October 2021
- FCIG, 28 October 2021

2.4 Recommendation

- **Decision** – FP&R are asked to endorse the 2021 PAMS prior to submission to the Board for Approval.

3 List of appendices

The following appendices are included with this report:

- Property & Asset Management Strategy 2021

Report Contact

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot



Property & Asset Management Strategy **2021**

For further information on any aspect of this document please contact:
Mr Neil McCormick, Director of Property & Asset Management, NHS Fife
Tel: 01592 648133
Email: neil.mccormick@nhs.scot

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Appendices

Appendix A: Current Strategic Assessments

Appendix B: State of the Board's Property Assets

Appendix C: Statutory Compliance

Appendix D: Functional Condition, Space Utilisation & Quality

Appendix E: State of Independent Facilities

Abbreviations

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

SPAG	Scottish Property Advisory Group
SPV	Special Purpose Vehicle
VHK	Victoria Hospital, Kirkcaldy

Executive Summary

This Property and Asset Management Strategy (PAMS) has been developed in the midst of the Covid-19 pandemic where the emphasis around planning has been short-term to support operational continuity. More recently remobilisation plans have been prepared to deal with the medium-term horizon so that service postponed by the Covid-19 pandemic can begin to recover.

Looking longer-term, NHS Fife is preparing a Health and Wellbeing Strategy focussing on the next 5-10 years and this is programmed for completion by March 2022. The Fife Health and Social Care Partnership's Strategic Plan is also due to be refreshed in 2022. These two overarching strategies, once complete, will offer direction and sustenance for NHS Fife's PAMS over the next decade.

Whilst the Covid-19 pandemic has hampered planning, it has also allowed us the opportunity to innovate, adapt and do things differently. As we emerge from the Covid-19 pandemic, we must reflect, learn and grow as an organisation so that we can make best use of our resources to provide excellent healthcare services to our population.

Future Objectives

Whilst the strategies noted above are being developed, we are aware of several central themes that may be referenced and work on these priorities is already underway in respect of planning. These include:

Anchor Institution

Connected to the strategies above, NHS Fife has a strong desire and conscious sense of responsibility to become an "Anchor Institution". An Anchor Institution is an organisation whose long-term sustainability is tied to the wellbeing of the population/s they serve. The key objectives of NHS Fife's Anchor Institution Programme are:

- Purchasing more locally and for social benefit
- Widening access to quality work
- Using buildings and spaces to support communities
- Reducing NHS Fife environmental impact
- Working more closely with local partners

These key objectives, which are relevant to the PAMS, include maximising growth, community, health and environmental benefits through the design and procurement of buildings, land, and other assets. It also includes how we manage land and built assets and the ways in which they can benefit local communities, help the environment, and create great places. Section 8.3.6 explores further the options we have within our estate to improve our progression towards being an effective Anchor Institution.

Staff Wellbeing and the Creation of Permanent Staff Hubs

As part of the response to managing the particular challenges involved in working through the COVID-19 pandemic, a network of temporary staff hubs was established across NHS Fife. Hubs offered safe, calm, relaxing environments for staff to come to away from busy, demanding clinical and administrative spaces. Free refreshments were made available. In the first wave of the pandemic, as well as being able to rest and recharge, staff could access support in the form of literature as well as Psychologists, speak with members of the Spiritual Care Service and generally achieve respite from the unusual workload. The literature remains in our Hubs with Psychological and Spiritual Care services available, but not physically present in a Hub.

Ten temporary hubs, providing access to staff from across all services, were established across Fife at the start of the pandemic. As a result of positive feedback from staff as well as evidenced need, NHS Fife with the support of Fife Health Charity Trustees have agreed to create permanent hubs to aid the resilience of staff and support their mental health.

NHS Fife will create ten permanent staff wellbeing hubs within its hospital sites. The hubs will provide a space for respite and support the mental wellness of staff.

This is an important aspect of the ongoing support for staff, and we welcome the opportunity to transition the Hubs into permanent assets.

Environment/Zero Carbon

The Scottish Government has set out a policy of achieving a zero carbon estate by 2045. Achieving zero carbon for the retained estate within this timescale will require a significant effort. To address this, our sustainability team will require to be augmented internally and supported via external consultants to develop an overarching zero carbon strategy for the board with individual site strategies underpinning this.

Initiatives central to reducing our carbon footprint include:

- Reducing reliance on fossil fuels
- Moving to clean electricity (decarbonised grid and renewables)
- Improving the fabric of our buildings
- Replacing our existing fleet with electric vehicles
- Ongoing programme of government backed energy efficiency measures

Green Space and Biodiversity

The growing threat to public health from current climate and ecological crisis increases the need for action. NHS Fife's estate provides diverse green space resources for both people and wildlife and these natural environments form the

foundation of a healthy environment. The NHS Fife estate contributes to biodiversity at multiple levels from bat roosts in older buildings to purpose-built gardens and green space.

Collectively, the outdoor estate is a valuable and under used asset. If planned and managed well, it can make a significant contribution to the physical and mental health and wellbeing of our staff, patients, visitors and local communities and is a key part of NHS Fife's response to the climate emergency and to meeting Scotland's biodiversity commitments.

Our short to medium-term goals are to:

- Conduct a green space and biodiversity audit of the NHS Fife estate with recommendations to protect, enhance and expand our environmental assets
- Prepare a green space management plan for each significant NHS Fife's site to improve biodiversity, climate resilience and encourage greater use
- Ensure good quality green space design is incorporated into new build hospitals and refurbishment programmes
- Encourage and support greater use of the NHS Fife estate by patients, staff and visitors
- Develop connections between the NHS Fife estate, community green space and wider green networks in line with the Plan for Fife "Thriving Places"
- Engage with staff to raise awareness of the benefits and opportunities of increasing Green space and biodiversity

Agile Working

Agile working has been a key strand of our approach to safe and effective working during the Covid-19 pandemic and has enabled the organisation to adapt to new ways of working from varying locations using a range of technology. There are frequently over 1,000 remote workers using our IT systems at any one time.

There are many benefits of agile working for the employee and organisation. As we navigate our way out of the Covid-19 pandemic and into a future state, we need to consider how best to organise ourselves moving forward. This may allow better use of our estate for clinical use and provide a better quality of office workspace to serve our future needs.

To enable further consideration around this topic NHS Fife has:

- Set up an Agile Working Strategy Group to jointly consider property and employment aspects of agile working
- Engaged with the Scottish Futures Trust to undertake a property review, looking at our existing office spaces and what might be required whilst we move into a more agile form of working

Primary Care Premises Review

Following identification of a historical gap in the PAMS with respect to Primary Care premises, a proposal has been developed to take forward a Primary Care Premises Review.

This will allow NHS Fife to:

- Identify the appropriateness of current primary care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate
- Assess estate requirements to implement a primary care transformation programme
- Establish investment priorities to inform updated Property & Asset Management Strategy
- Inform discussions with Fife Council in a more proactive way in terms of future housing development and population changes
- Understand the overall capacity within primary care and where there are shortfalls in accommodation needs
- Potentially allow development of a sustainable hub and spoke model with key multi-disciplinary health centres located strategically across Fife

Decontamination

A national initiative, the Decontamination Collaborative Programme (DCP), has been set up to review the current and future requirements for decontamination in Scotland.

The DCP's Strategic Objectives are:

- Decontamination capacity to meet the demands of 2035
- Development of National Contingency arrangements

NHS Fife is represented on this group and within the Strategic Facilities Group to which it reports. NHS Fife will be keen to ensure that resilient and sustainable proposals are developed which meet the Board's future requirements.

Ongoing Objectives

NHS Fife is in the process of implementing a number of ongoing programmes and projects:

Fife Elective Orthopaedic Centre (FEOC)

The FEOC Full Business Case was approved 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 currently due for completion in October 2022.

Following a client transfer and commissioning period, it is anticipated that the facility will be operational in December 2022/January 2023.

Kincardine & Lochgelly Community Health and Wellbeing Centres

The existing Health Centres in Lochgelly and Kincardine are no longer fit for purpose. The new buildings require a different design and way of working to bring services together in the local areas and allow local teams to co-ordinate appointments together in one place, where possible. The new Community Health and Wellbeing Centres will provide a flexible range of services including GP and wider health services. These centres will act as a future template for new Health Centres arising from the GP Premises Review referenced earlier.

The Outline Business Cases for these projects are currently in the process of being finalised in advance of internal governance approval. The Full Business Cases are currently estimated to be complete in January 2023 with the buildings being completed around March 2024.

Mental Health Inpatient Re-design Programme

The Fife Mental Health Strategy 2020-2024 provides the strategic context for this programme. The refreshed Strategy takes full account of the recommendations of the Scottish Government's National Mental Health Strategy (2017-2027) which emphasises the need to build capacity within our local communities and reduce the reliance on hospital beds.

Currently NHS Fife's mental health inpatient establishment is spread across several sites including Stratheden Hospital, Cupar, Queen Margaret Hospital, Dunfermline, Lynebank Hospital, Dunfermline and Whyteman's Brae Hospital, Kirkcaldy.

NHS Fife is aware that the current configuration of services and beds across multiple sites is sub-optimal which affects patient flow and staffing efficiencies. The condition and configuration of these facilities is also of concern in respect of patient and staff safety, promoting therapeutic interventions and reducing lengths of hospital stays.

The Mental Welfare Commission, Health & Safety Executive and Scottish Government are all actively involved around positive changes to NHS Fife's estate.

To enable change, a dedicated Project Board has been established to initially support completion of the Initial Agreement Document in accordance with the Scottish Capital Investment Manual. The current intention is to complete the Initial Agreement by March 2022 in readiness for internal governance consideration.

Backlog Maintenance and Statutory Compliance

The current position regarding Board's property assets are summarised in the table below:

Analysis of Property Performance /m2 2021				
Facet	Very Satisfactory	Satisfactory	Not Satisfactory	Unacceptable
	A	B	C	D
Physical Condition	25.84%	48.16%	25.62%	0.37%
Functional Suitability	26.80%	49.09%	18.56%	5.55%
Quality	26.97%	40.88%	27.20%	4.96%

Space Utilisation	Empty	Under Utilised	Fully Utilised	Overcrowded
	5.90%	11.49%	78.91%	3.70%

Average SCART Score	66.11%
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The investment required to bring NHS Fife properties up to an acceptable physical condition is known as "backlog costs". Guidance defines backlog costs as costs required to bring an element up to an acceptable condition (ie A or B).

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

- 74% of NHS Fife's total Gross internal area of 275,840.42m² is now in excellent or satisfactory physical condition
- The risk assessed backlog costs for NHS Fife are currently c£5.1m for low risk Items, c£25.5m for moderate risk items, c£53.1m for significant risk Items and c£6.54m for high risk items
- The total assessed backlog maintenance figure is £92.24m at 31 March 2021

PART A: Where are we now?

1.0 Introduction

This document provides an update to the 2020 Truncated Property and Asset Management Strategy (PAMS) as required by 2017 State of the NHS Scotland Assets and Facilities Report (SAFR 2016) Programme. The Board's required PAMS submission to Scottish Government is now every two years with an interim PAMS update report required every subsequent year. Last year's full submission was interrupted by Covid activity. The PAMS 2021 document is a full PAMS update report which will be developed following a Regional approach as per the CE letter of 9 April 2019, if required.

This 2020/21 NHS Fife PAMS document is presented in the format set out in 'Strategic Property and Asset Management Guidance for NHS Scotland - Developing a Property and Asset Management Strategy (PAMS) November 2016'.

NHS Fife's 2021 PAMS return has been compiled by the Director of Property & Asset Management in conjunction with leading stakeholders within the Board, the H&SCP as well as significant clinical input in accordance with the November 2016 Guidance Proforma document.

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

The document was approved by the NHS Fife's Executive Directors Group, the Finance, Performance and Resources Committee and the Board on 30 November 2021.

The data in this document represents NHS Fife's position as at 1 April 2021 and an allowance for inflation of 2.86% to the first quarter of 2021 has been included since the last report in 2020.

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

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

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

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

Regional working has been established across NHS Boards with the sharing of information and peer support and this approach will develop further into the future.

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

1.1 Progress over the Last Year

Strategic Developments

- NHS Fife's Clinical Strategy is due for review in 2021
- The updated strategy is likely to be based around Health and Wellbeing and is anticipated in the first quarter of 2022 and will recognise changes to the population of Fife and the likely health of the population post Covid-19 pandemic.
- NHS Fife continues to develop facilities in the community enabling integrated teams to come together in order to provide holistic care for the local population which will initially be introduced through the development of Business Cases for Primary and Community Services Health Hubs in Kincardine and Lochgelly
- The Mental Health Redesign Project Board is overseeing the development of a strategy to re-design inpatient mental health facilities within Fife and an Initial Agreement is being developed during 2021
- The NHS Fife's Elective Orthopaedic Centre Full Business Case (£33m) was approved by the Scottish Government on 11 March 2021 with the project due for completion in October 2022
- A large part of the focus for Estates and Facilities in 2020/21 was taken up by the operational requirements to make NHS Fife sites as Covid-19 secure as possible

Work includes:

- The development of green, amber and red clinical pathways on our major acute sites
 - The mitigation of risk of spreading Covid-19 through redesign of circulation spaces
 - The provision of temporary staff hubs to allow for rest and recuperation of staff during shifts
 - The mitigation of infection risks through the use of protective screens and the re-design of reception areas
 - The reduction of beds in multi-bed spaces to reduce the risk of infection
 - The provision of 13 community and 4 mass vaccination sites throughout Fife
- Whilst NHS Scotland was being managed on an emergency footing, a number of routine issues and developments were very much put in abeyance whilst the organisation coped with the peak of the pandemic including the Site Optimisation Programme
 - The Site Optimisation Programme has already commenced with the introduction of a variety of moves designed to improve patient pathways, assist in winter pressures, enhance the quality & safety of patient care in the acute setting whilst making the best use of our estate

Property Asset Performance (Board Report)

- The reported physical condition of NHS Fife essential properties (A & B condition) as reported in the 2021 SAFR has dropped from 81% since 2019 to 74%. This drop is most certainly down to a backlog maintenance review having not being carried out.
- The property system (EAMS) allows estimated life spans to be included in each backlog item. NHS Fife Estates staff review items transitioning from B to C condition each year with a view to deferring downgrades on assets which are still in working order. Due to Covid restrictions this was not carried out in early 2021 and it is thought that the condition percentage will rise again once 2022 reviews are carried out:
 - Both functional suitability and space utilisation have remained static at around 76% and 83% respectively
 - Backlog costs for NHS Fife properties have increased from £83.4m in 2019 to £92.2m, however, the lack of a general EAMS Condition review will have contributed to this increase as will the inflationary uplift of 2.86% applied nationally.
 - The main increases are apportioned to VHK (£4.2m), Glenrothes Hospital (£1.5m), QMH (£0.6m), and a combined increase at Glenrothes Hospital and Whyteman's Brae Hospital of c£1.0m. Lynebank Hospital showed an overall reduction of over £0.5m due to backlog works carried out
- No sales were concluded during 2020/21 and current property declared surplus is limited to Lynebank Hospital's north plot and surplus land at Skeith Health Centre, Anstruther. Anticipated total receipts for these are estimated at c£2.05m.

Operational Performance (Blue Book)

Key performance indicators which compare costs against either square metres or consumer weeks highlight the following (please note that due to cost book publication dates the figures represent the previous year to 31 March 2020):

	2018-19	2019-20
	£m	£m
Estates Utilisation	4.63	4.73
Cleaning	43.05	47.94
Property Maintenance	28.27	28.03
PFI	213.58	223.14
Energy	17.38	20.36
Rent & Rates	10.99	13.03
Catering	91.54	99.77
Portering	58.91	65.73
Laundry	32.24	31.72
Waste	9.53	24.59

- Increase in superannuation employers contributions in 2019-20 by 6%
- Waste costs are not comparable with previous years due to the changes in the clinical waste service during 2019-20
- Rent and rates comparison are difficult to calculate due to rebates that may have occurred in previous years
- Energy costs have risen due to gas price increases and continued escalation of the Climate Change Levy since the last report in 2019 with rises in gas by 8% and a rise in electricity by 10%
- SCART (Statutory compliance score) has decreased slightly from 69.3% to 66.11% following a large number of surveys having been carried out

It should be noted that the National State of the Assets & Facilities Report (SAFR) document is no longer published, therefore, comparison of NHS Fife's property and various other asset performance reports which are normally provided are no longer readily available.

Capital Projects

The following major Capital Project developments are in progress:

- Fife Elective Orthopaedic Centre (£33m)
Procurement: Framework Scotland/Graham Construction
Status: Construction/completion forecast in October 2022
- Lochgelly Community Health and Wellbeing Centre (£8.3m)
Procurement: SFT Hub, Hub East Central Scotland
Status: Outline Business case
Construction: Forecast completion December 2023
- Kincardine Community Health and Wellbeing Centre (£4.6m)
Procurement: SFT Hub, Hub East Central Scotland
Status: Outline Business Case
Construction: Forecast for completion December 2023
- Mental Health Inpatient Re-design Programme (£40m)
Procurement: TBC
Status: Initial Agreement
Construction: Forecast commencing in 2024 (Phased Delivery Programme)
- Several major projects to reduce backlog maintenance and improve the condition of the NHS Fife estate have been completed. These projects have been prioritised using a risk based methodology:
 - VHK Boiler House Workshop – associated with VHK master planning
 - VHK Car Park Works (Car Park L) – to improve site accessibility for staff and patients
 - VHK Tower Block Access Cradle – to support ongoing inspection and maintenance of the building's elevations

- QMH Steam Decentralisation – this work will remove steam from the Queen Margaret Hospital site and will resolve many of the significant backlog risk items

Accommodation Review

In 2018 a full review of owned premises was carried out, confirming the current scoring of quality, space utilisation and functional suitability as per the National Exemplar template. A desktop exercise was also carried out to identify the national condition of independent facilities.

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

Regional/National Working

A number of separate programmes continue on a regional/national basis (please refer to section 4.1):

- Regional Catering Project developed with Lothian, borders and Tayside
- National Laundry Consolidation Project
- Decontamination is being considered nationally with a strategy for capacity and resilience being considered
- National Logistics review – East of Scotland Regional Fleet opportunities
- Regional payroll provision
- Regional recruitment provision

Equipment

NHS Fife Procured £10.134m of medical equipment in 2020/21. This was made up of several allocations received throughout the year:

Capital Equipment	£2.994m
Covid Equipment	£0.921m
Cancer Waiting Times	£0.376m
SG Funded Equipment	£1.207m
Radiology Funding	£2.057m
Hospital Eye Service	£0.425m
Robot	£2.154m

IM&T

There has been continued investment in maintaining a 4-5 year lifecycle of NHS Fife endpoints to support a more mobile workforce with the ratio of laptops to desktops having more than doubled.

There has also been further investment in Primary Care endpoints to enable mobility and flexibility, including the addition of remote access into GP clinical systems.

These endpoint improvements also required some backend network upgrades to manage the significant uplift in remote users.

Further investment in Cyber Security Resilience has been made with maximisation of the Network Access Control (NAC) solution to help meet one of the core objectives of the Network and Information Systems Principles (NIS). The NAC provides additional capability to 'detect and automatically deal with Cyber Security Events'. There is ongoing investment in the core backup solution in order to make it more robust and resilient. Also, the NIS audits have provided several opportunities to make speedy improvements in order to strengthen our overall security posture and our ability to detect and respond.

Some core infrastructure is due for lifecycle replacement in 2021/22 including the TrakCare platform.

Work continues to deliver Office 365 with Phase 1 now complete. This enabled MS Teams available to all staff and migrated email from nhs.net to nhs.scot.

The Morse Primary Care Digital Solution has also been rolled out offering more services with the ability to utilise twenty first century digital solutions out in the community. Preparation work is now underway to deliver Phase 2, which involves the maximisation of MS SharePoint.

The recruitment and programme preparation has begun for HEPMA, which will be a significant delivery over the next few years.

Transport Fleet

The fleet was complimented with two vans to the value of £50k.

2.0 Current Asset Arrangements

Board assets are represented by four main groups:

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

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

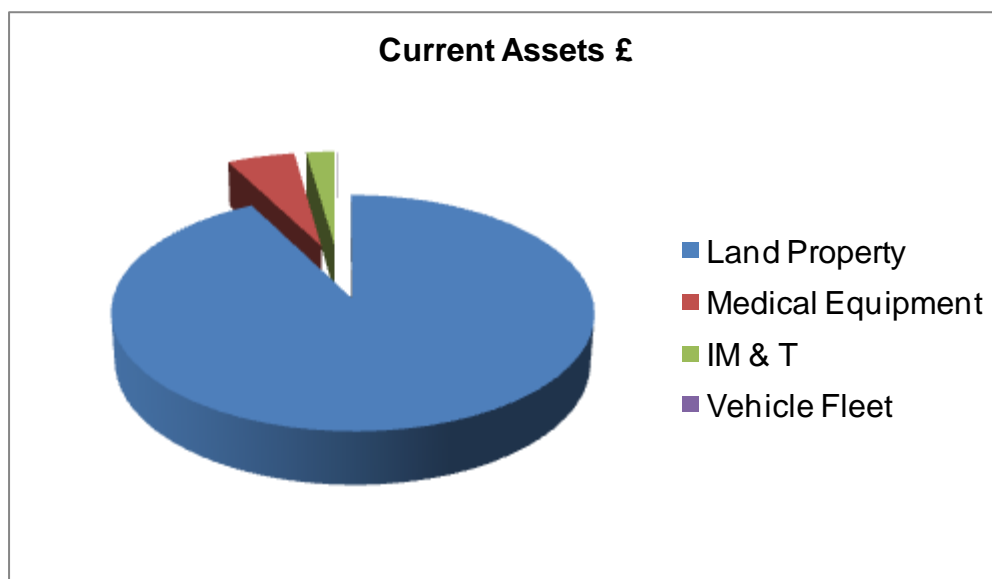


Figure 1 - Split of Assets

2.1 Current Assets

Property	Area (Sq m)	% of Total Area
01 Acute Hospitals	119,825.72	43.44
05 Mental Health Hospitals	58,187.45	21.09
06 Community Hospitals	15,486.94	5.61
07 Older People Hospitals	16,331.50	5.92
21 Health Centres	18,587.11	6.74
22 Clinics (Incl Day Hospitals Dental access & Resource Centres)	7,571.21	2.74
23 Offices	12,113.77	4.39
24 Support Facilities	20,186.97	7.32
25 Staff Residential Accommodation	2,138.76	0.78
99 Other	5,410.99	1.96
Unreported	0	0
TOTAL	275,840.42	100
TOTAL Land & Property	£481.54m	

Medical Equipment (excl. Imaging and Radiotherapy)	Replacement Cost 2021	Replacement Cost 2022
Renal dialysis equipment	£1.25m	£1.41m
Cardiac defibrillators	£0.32m	£0.32m
Flexible endoscopes	£3.41m	£3.47m
Infusion devices	£0.1m	£0.1m
Decontamination equipment	£1.25m	£1.67m
Other high value items	£28.45m	£30.16m
Equivalent PFI financed	£0.95m	£0.95
Total Net Book Value	£35.73m	£38.08m

Vehicles	Number 2019	Number 2021
Owned	56	47
Leased	38	57
Staff Car Scheme	147	150
Long-term hire	44	44
TOTAL (No)	285	285
TOTAL Net Book Value-Owned	£0.11m	£0.1m

IM&T	Number (units, systems, outlets etc)	Replacement Cost 2021
Cabling Networks (Wired outlets)	40240	£432k
Cabling Networks (Wireless access)	1401	£147k
Network Server Infrastructure (circuits, switches and routers etc)	650	£652k
Network/Cyber Security Appliances	70	£90k
Virtual Server Platforms	400	n/a
Data Storage	500 TB	£520k
Physical Servers	112	£577k
Communication Platforms (Telephony)	40	£1145k
Handsets, Smart phones & Desk phones	8252	£701k
Desktops/Laptops	9879	£2066k
Mobile Devices	1200	£138k
TOTAL Net Book Value		£5.878m

2.2 Changes in Property – 2020/21

Since 31 March 2020, no NHS Fife assets have been sold or are in the process of being sold:

SITE	STATUS
North Plot, Lynebank	Preferred bidder stage – current issues around access/egress and drainage capacity
Supplementary Land at Skeith Health Centre, Anstruther	Discussions underway with potential bidders

Please note: Properties declared surplus and vacant are classified as '98 Non-operational' in the Property Assets table above.

The Net Value of property at March 2021 has fallen c£10m since March 2019, primarily due to the sale of Forth Park Maternity Hospital, Kirkcaldy.

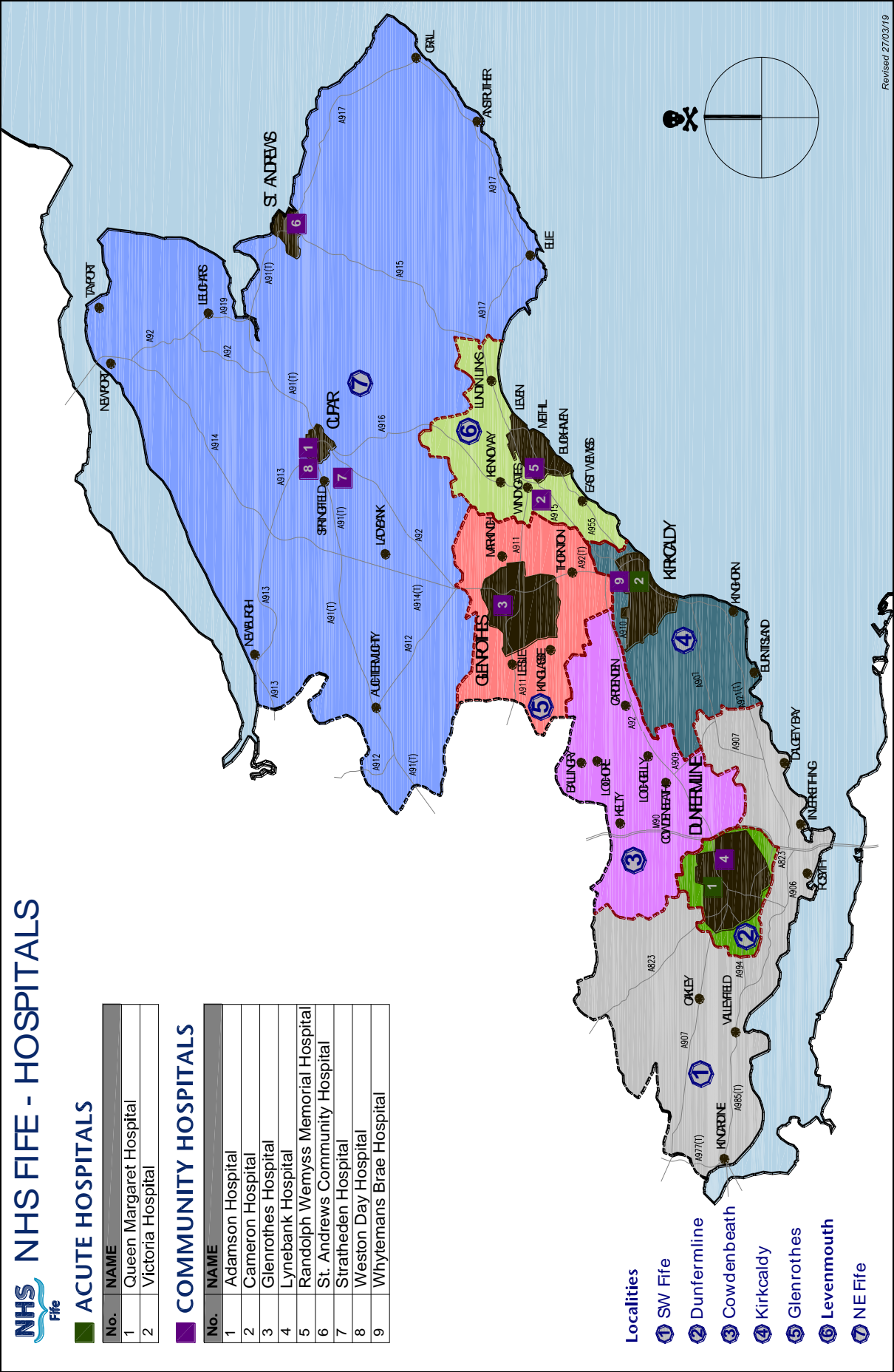
2.3 Asset Locations

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

These sites are supported by 5 community hospitals:

- St Andrews Community Hospital, St Andrews
- Randolph Wemyss Memorial Hospital, Methil
- Cameron Hospital, Windygates
- Whyteman's Brae Hospital, Kirkcaldy
- Glenrothes Hospital, Glenrothes with no immediate plans to vacate

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



2.4 PPP Assets

NHS Fife has two PPP sites at St Andrews Community Hospital, St Andrews and Victoria Hospital (Phase 3), Kirkcaldy which are both operating well.

Site Outline Details:

	St Andrews Community Hospital	Victoria Hospital Phase 3
Est. Total Capital Value (£m)	27	170
Date Financial Close	21/11/2007	30/04/2009
Operational Start Date	03/08/2009	28/11/2011
Contract Length (years)	30	30
Payment Remaining from 2015 (years)	24	26
Unitary Payment (pa)	£3,474,392	£24,658,375
Variable Payment (pa)	Board provides Soft FM	Board provides Soft FM
Equity Providers	St Andrews Hospital Ltd/Aberdeen Standard Investments	Consort/PARIO
Hard FM Provider	Mears FM Group	EQUANS
Soft FM Provider	Board	Board
Benchmarking Data	N/A, Board provides Soft FM	N/A, Board provides Soft FM

Statutory Compliance Audit & Risk Tool (SCART)

SCART is an NHS requirement which is used to demonstrate compliance assurance across the PPP projects delivered and maintained by each FM Service Provider. It is consistent with the approaches and interpretations taken by the Health & Safety Executive and allows the Board to target resources on areas of highest risk.

NHS Fife's two PPP Service Providers, Mears and EQUANS, actively input data on to the SCART system for St Andrews Community Hospital, St Andrews and Victoria Hospital (Phase 3), Kirkcaldy. This allows the Board to measure, monitor and report on statutory compliance. Both projects are in the highest bracket for reporting of 90%+ compliant.

2.4.1 St Andrews Community Hospital, St Andrews

2.4.1.1 Covid-19 Response

During the Covid-19 pandemic, Mears Group has continued to work in collaboration with the Board. All statutory PPM's have been carried out and a flushing regime

was implemented in the Out Patient Departments which were not being utilized during this time.

2.4.1.2 Lease

The lease agreement with BUPA Dental Practice and NHS Fife is currently being reviewed with a view to extending. It is anticipated there will be no material changes to the services, space use or function of the leased space.

Fife Council has extended their lease of office space with NHS Fife until 2035. Fife Council has leased space in the open plan admin office since the operational start date in 2009.

2.4.2 Victoria Hospital (Phase 3), Kirkcaldy

2.4.2.1 FM Service Provider

As of 1 July 2021, Engie announced the launch of a new global entity called EQUANS. In the UK & Ireland EQUANS will separately manage all their activity in FM & technical services, energy efficiency and regeneration.

EQUANS is a wholly owned division within the Engie Group who have assured the Board nothing changes with this announcement, remaining committed to providing high levels of service performance. There are no changes to the EQUANS staff on-site at Victoria Hospital (Phase 3), Kirkcaldy.

2.4.2.2 Covid-19 Response

The FM Service Provider and SPV have worked with the Board in a collaborative and proactive way to continue to provide vital clinical services throughout the ongoing Covid-19 pandemic.

The FM Service Provider has played a significant and valued role in addressing changes within the hospital to aid the challenges faced by our clinical teams. Some of these changes include creating negative pressure isolation rooms within our Rhesus and Medical High Dependency units, and a Point of Care Testing room to perform 24/7 rapid testing for Covid-19 patients.

Revenue Funded Projects – Monitoring of Long-Term Commitments

NHS Fife has delivered two major revenue funded projects (PFI); St Andrews Community Hospital, St Andrews and Phase 3, Victoria Hospital Kirkcaldy. Both of these projects are fully operational.

While revenue funded projects have provided the Board with high quality assets, the contractual obligations that come with these limit the Board flexibility in terms of what

it can do with those facilities which require significant resources to be managed effectively, particularly on the VHK site where privately managed facilities exist alongside NHS managed assets. There currently are no plans in place to procure projects of this nature in the near future.

25.39% of the floor area of the estate is provided under revenue funded (PFI), with unitary payments under these contracts constituting 33.4% of the total recurring facilities costs.

The unitary charges constitute 2.9% of the Board's DEL Budget as at 2020/21 and will continue at this level in 2021/22. This figure remains below the 5% Scottish Government cap. By way of comparison, NHS Greater Glasgow & Clyde spend only £3 million of their £3 billion plus budgets on such contracts.

2.5 Current Developments

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

2.5.1 Fife Elective Orthopaedic Project

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

The accommodation comprises of 3 theatres together with inpatient 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 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 work commenced on site on 1 March 2021 and is due for completion in October 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.

2.5.2 Mental Health Inpatient Re-design

A large mental health inpatient re-design programme is underway to tackle the need for change including:

- The current arrangements do not support national and local drivers for change which focus on rebalancing care through wider care in the community and appropriate inpatient support, where required
- Inpatient beds are not in the correct location and, therefore, affect staff and patient efficiency
- Current inpatient provision compromises patient dignity and respect
- Existing facilities do not comply with National Guidelines in order to provide safe and therapeutic environments

The programme is currently at Initial Agreement (IA) stage, with the IA forecast to be delivered for governance approvals early in 2022. Once approved, design work will be commissioned to support progression of the Outline and Full Business Case stages. Given the size of the programme and likely constraints around capital funding and resources, it is envisaged that projects will be delivered in a phased manner starting around August 2024.

As part of this on-going work, there may be real opportunities to rationalise and improve accommodation on several sites including Stratheden Hospital, Cupar, QMH and Whyteman's Brae, Hospital, Kirkcaldy. The vision around this opportunity will be made clear through completion of an Option Appraisal (required for the IA) and funding to deliver an enhanced programme of work beyond the core inpatient re-design component.

2.5.3 Lochgelly and Kincardine Community Health and Wellbeing Centres

The existing Health Centre provision in Lochgelly and Kincardine are no longer fit for purpose. The new buildings will require a different design and way of working to bring services together in the local areas and allow local teams to co-ordinate appointments together in one place, where possible. The new Community Health and Wellbeing Centres will provide a flexible range of services including GP and wider health services.

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 Covid-19 pandemic, a Project Team was assembled in quarter 4 of 2020 which commenced OBC work in earnest in March 2021. The building designs are currently 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.

The sites selected for development are as follows:

- Lochgelly: Francis Street/Berry Street
- Kincardine: Tulliallan Playing Field (North)

Fife Council is in agreement with the site selection in broad terms, although discussions around land purchase, leasing and transfer are on-going.

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

2.5.4 Annual Capital Programme

Key projects planned for delivery and completion in 2021/22 through NHS Fife's Annual Capital Allocation include:

- VHK - Steam Decentralisation (Phase 4B)
- QMH - Steam Decentralisation
- VHK - Site Rationalisation/Improvement

3.0 Asset Condition & Performance

A Property and Asset Management Strategy sets a strategic direction for the management of assets, be they buildings, vehicles, medical or IM&T equipment. In defining this strategic direction, cognisance must be taken of the environment within which the assets will be required to operate in. This section describes the major aspects that influence strategic decisions and suggest key performance indicators that NHS Fife aspires to.

It should be noted that backlog maintenance and statutory standards costs have been uplifted by an inflationary increase of 2.86% for 2020/21.

3.1 State of Board's Property Assets

Analysis of Property Performance /m ² 2021				
Facet	Very Satisfactory	Satisfactory	Not Satisfactory	Unacceptable
	A	B	C	D
Physical Condition	25.84%	48.16%	25.62%	0.37%
Functional Suitability	26.80%	49.09%	18.56%	5.55%
Quality	26.97%	40.88%	27.20%	4.96%

Space Utilisation	Empty	Under Utilised	Fully Utilised	Overcrowded
	5.90%	11.49%	78.91%	3.70%

Average SCART Score	66.11%
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Change in Property Performance from 2019 Report				
Facet	Very Satisfactory	Satisfactory	Not Satisfactory	Unacceptable
	A	B	C	D
Physical Condition	↑1.42%	↓4.76%	↑3.32%	↑0.02%
Functional Suitability	↑1.47%	↓2.16%	↑0.63%	↑4.08%
Quality	↑1.48%	↑1.35%	↑1.29%	↓0.28%

Space Utilisation	Empty	Under Utilised	Fully Utilised	Overcrowded
	↓0.29	↓0.11	↑0.57	↑0.21%

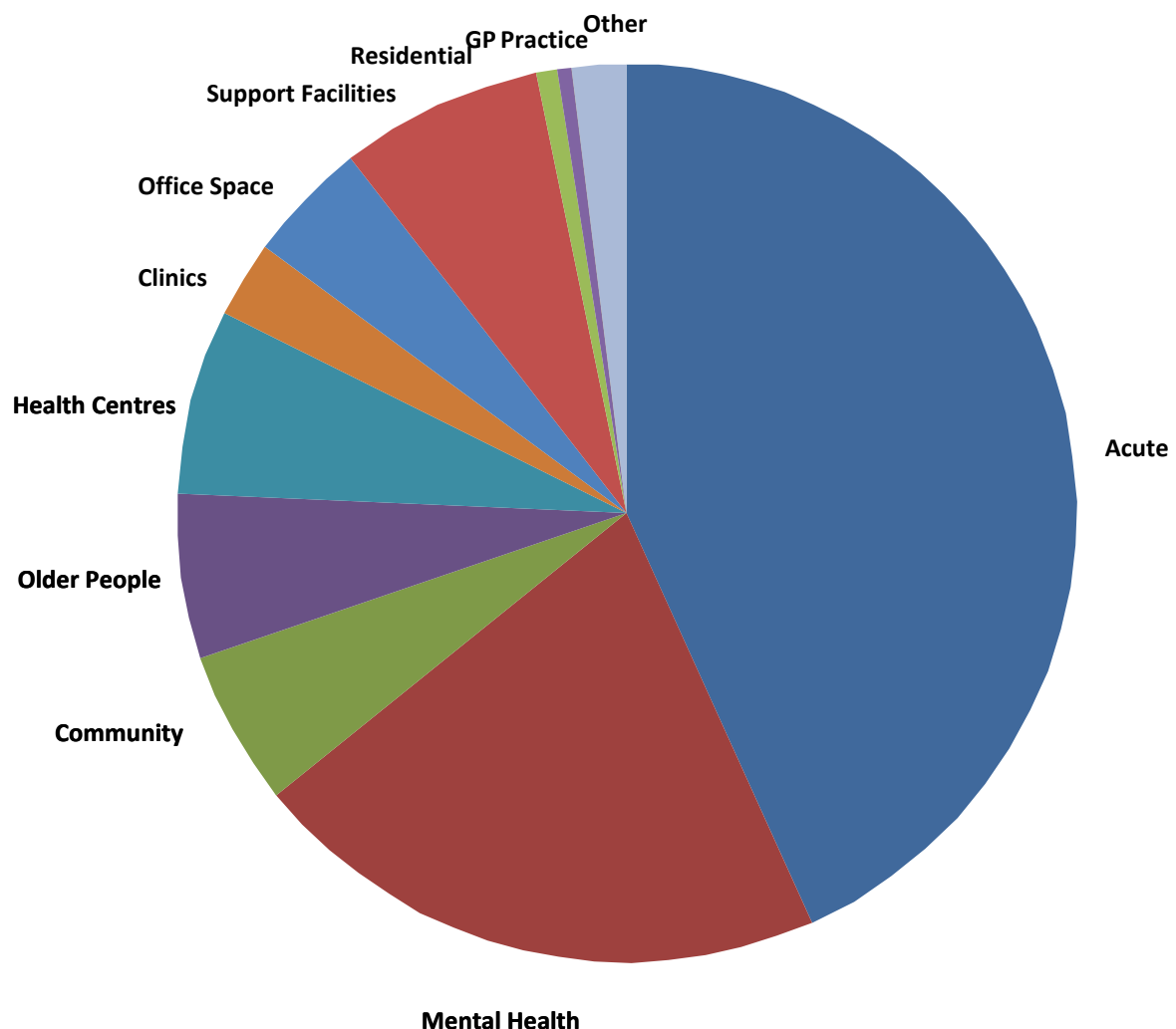
Average SCART Score	↑2.61%
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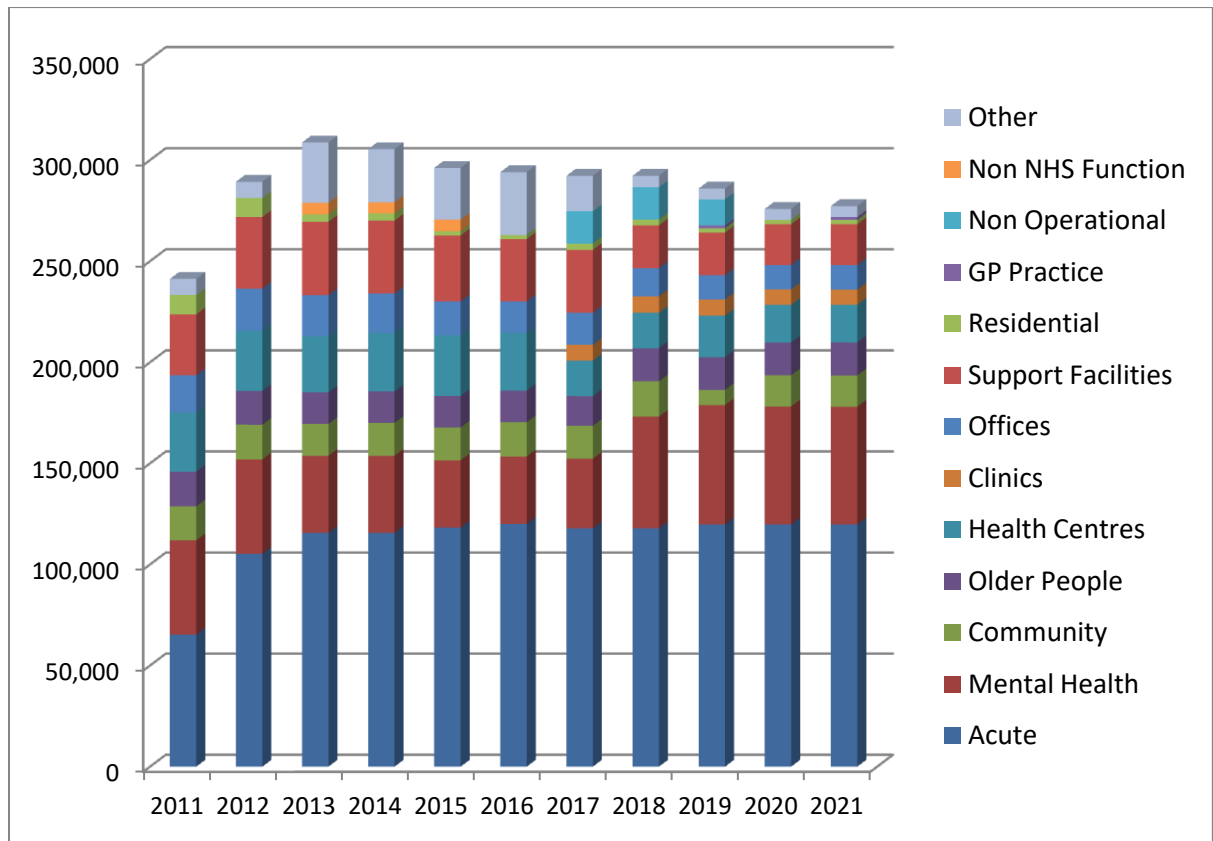
3.1.1 Area Analysis

The total gross internal area (GIA) of NHS Fife properties at 31 March 2021, including vacant and surplus properties, was measured at 275,840.42m², essentially unchanged from 2020, barring minor data corrections. There is currently no non-operational property listed, barring vacant land (ie unsold property declared surplus by the Board).

The graphs below highlight relative space comparison but also include GP practices (which were added to our EAMS system in 2019 but not included in the above areas).

Area Analysis 2021

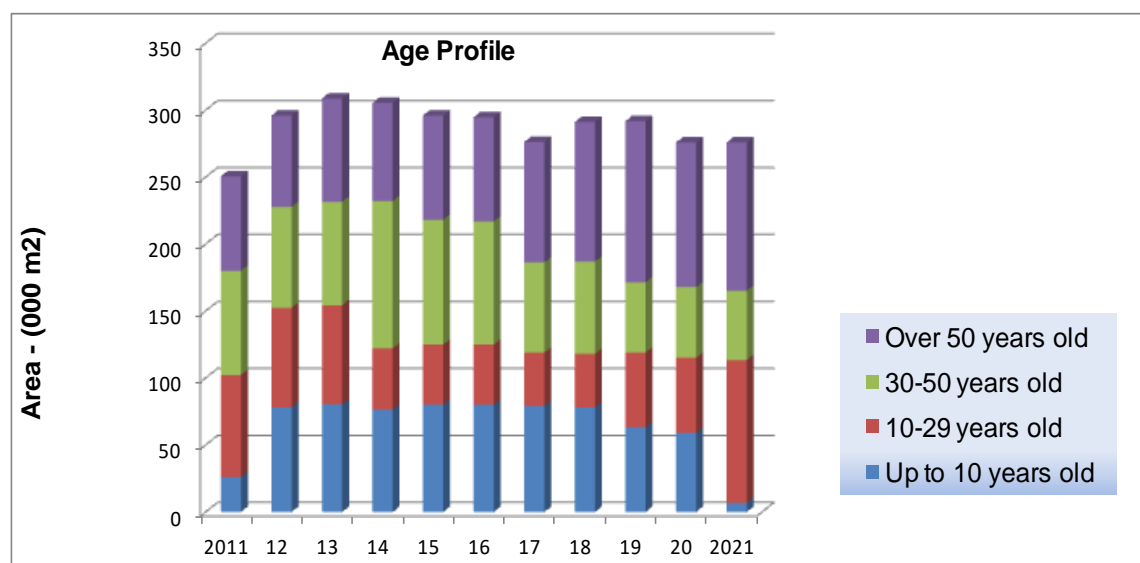




The base data review for NHS Fife's properties is now complete and consistent. A full synopsis of functional suitability, space utilisation and quality are detailed in Appendix D.

3.1.2 Age Profile

The relative age of NHS Fife property is high showing over 40% of buildings more than 50 years old as opposed to the national average of 23% which undoubtedly contributes to the high cost per m² of backlog maintenance in Fife.



3.1.3 Physical Condition

Physical Condition/Statutory Standards/Backlog Maintenance

Through a combination of capital investment, asset rationalisation and performance enhancements, improvements in the categories of physical condition and statutory standards will be realised. As these improvements are realised, reductions in the level of backlog maintenance will also be achieved.

Using data contained within the Estates Asset Management System, the NHS Scotland Statutory Compliance and Risk Tool, the NHS Fife Risk Management application, Datix and the NHS Fife Fire Compliance Plan (a Capital Investment Plan) is developed based on risk assessment. Additional items for inclusion in this plan are also identified in HAI and other inspections, etc. This plan identifies the projects that will be undertaken in the coming financial year and is reviewed annually to align funding allocations with requirements.

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

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

The high levels of investment required around the VHK Tower Block and other VHK, Phase 2 buildings (which have recently reached 50 years old) must now be classified as Condition C. The VHK Tower Block building is still fully utilised.

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

The annual Property Appraisal Surveys carried out by Health Facilities Scotland's National Contractor targeted all NHS Fife Health Centres and Clinics in 2020 along with Glenrothes with Lynebank Hospitals. Despite this, and by now providing a dedicated internal resource to augment these surveys, NHS Fife will still be approximately 20% behind target of all properties being surveyed on a 5 yearly cycle by the end of 2021/22

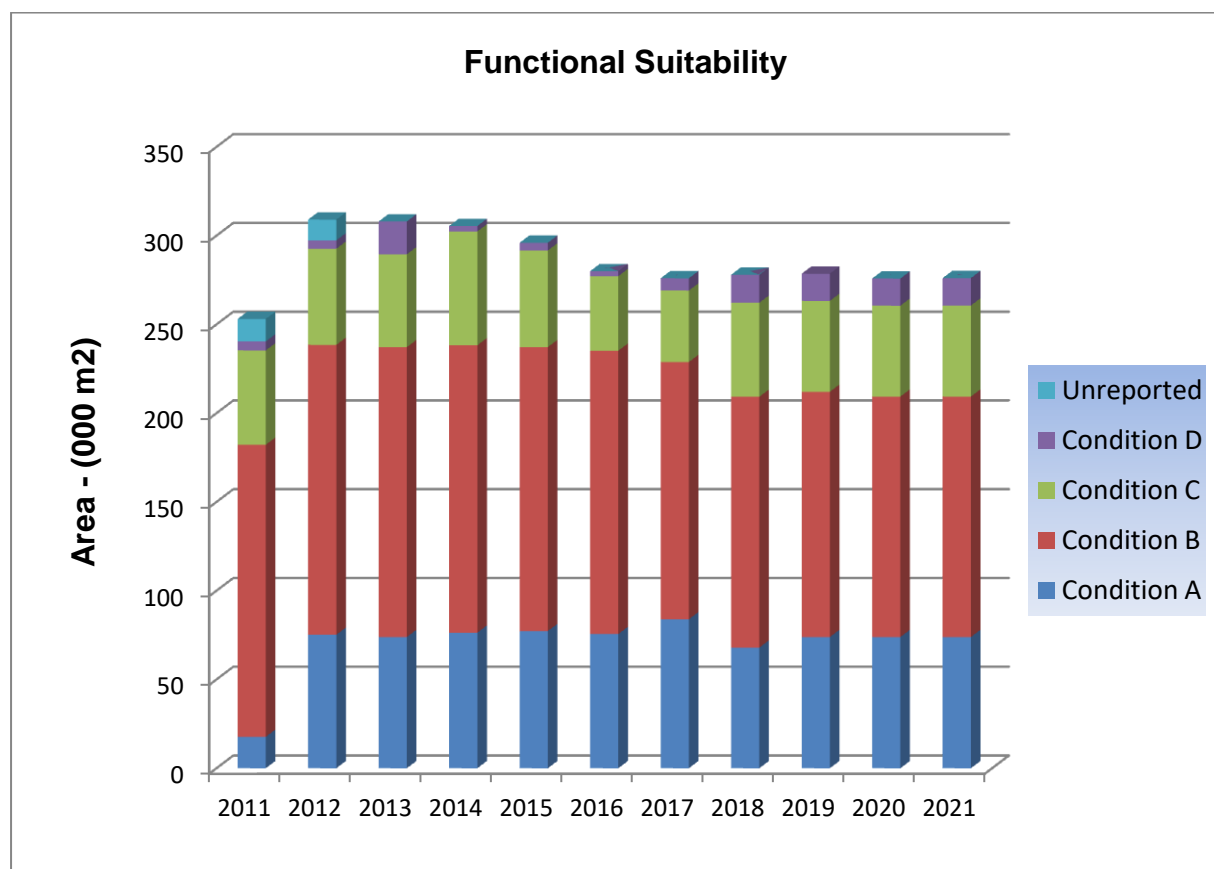
3.1.4 Functional Suitability

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

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

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

This is, however, proving very challenging given the relative age of the estate and lack of capital funding which would allow reconfiguration when backlog repairs are addressed. The results for functional suitability facet is shown in the chart below with a total of only 76% of the total gross internal area (GIA) of operational estate is 'Satisfactory' or 'Very Satisfactory'.



3.1.5 Space Utilisation

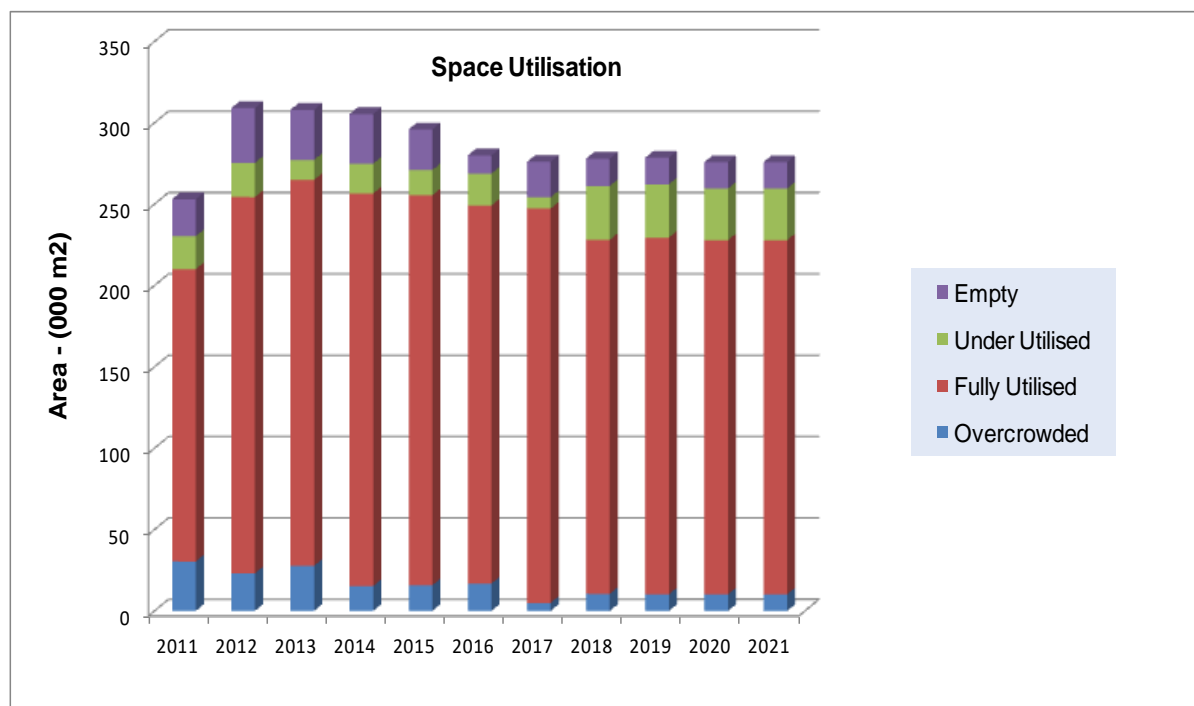
NHS Fife's aim will be to bring 90% of essential properties within the Space Utilisation 'Fully Utilised' category. This will ensure that retained spaces which are currently underutilised will be used intensively and that:

- Usage is maximised over time ie on a working day and/or on a working week
- Space usage will compare favourably with National Guidance
- This approach will assist in ensuring that all remaining space in use is productive and essential to the provision of healthcare

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

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

A Space Management Group has been formed whose main objective is to actively manage NHS Fife's space.



2020/21 figures for the space utilisation facet show that a total of 17.4% of the total GIA was under-utilised. This percentage figure is hampered by a sizeable number of vacant blocks at Stratheden Hospital, Cupar and Cameron Hospital, Windygates.

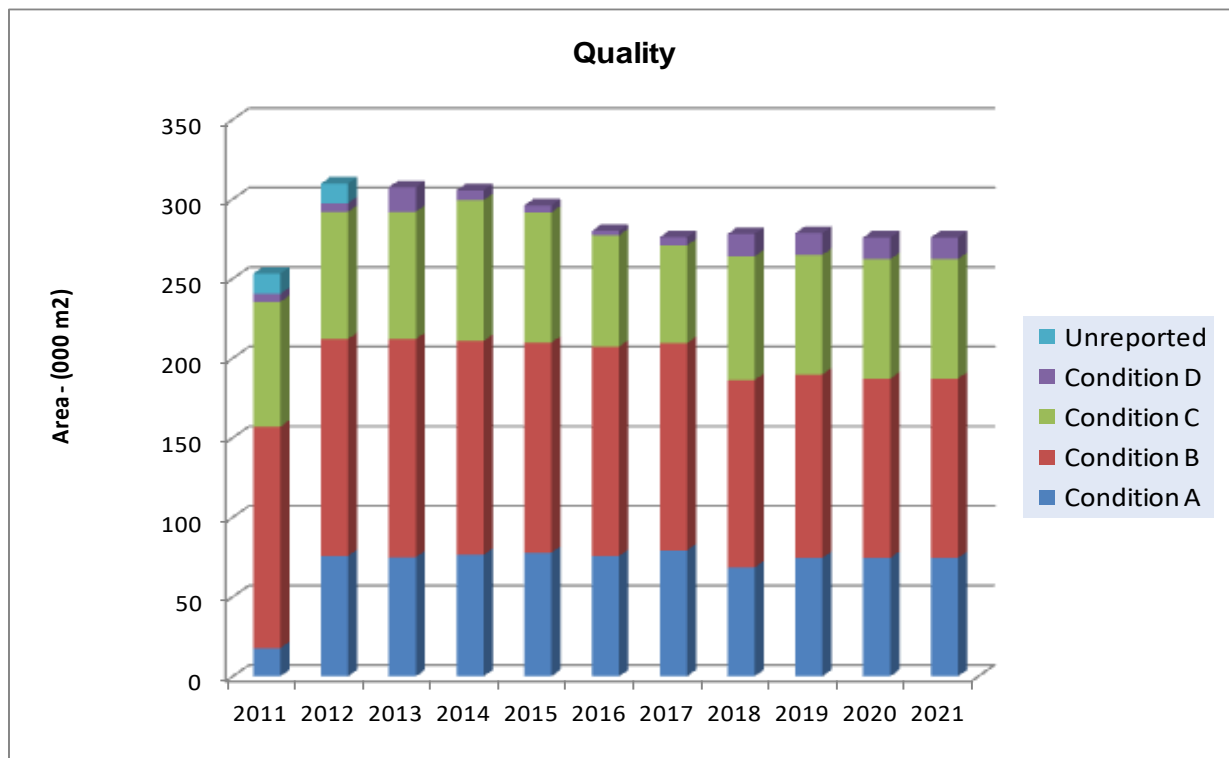
3.1.6 Quality

The aim of the quality assessment is to determine how well the available accommodation provides a comfortable, modern, pleasing environment in which healthcare services can be provided. This is assessed on the basis of three elements; amenity, comfort engineering and design.

The current report shows that 32% of NHS Fife's property is either 'Not Satisfactory' or 'Unacceptable'.

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

- An attractive and pleasing area for patients and staff (for example in terms of privacy, dignity, comfort, working conditions, signposting etc)
- An acceptable environment (eg well lit, adequately heated and cooled, noise and odour free)
- An internal/external environment attractively designed (eg in terms of good colour schemes, well decorated, well furnished, enhanced by art, plants, landscaping, views etc)



3.2 Statutory Compliance and Assurance

3.2.1 Overview

There are suitable measures in place to manage and control all identified statutory compliance and risks within Estates and Capital Services, NHS Fife.

These measures include:

- An NHS Fife estate wide Health, Safety & Risk Management Committee chaired by the Head of Estates who reports directly to the Director of Property and Asset Management
- A continual appraisal of staff training requirements through TURAS
- The employment of a specialist Health & Safety Advisor dedicated to compliance who has access to the expertise of Authorising Engineers and compliance audits

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

3.2.2 Where Are We Now?

NHS Fife has a reporting structure in place (Appendix C1). Through this structure the SCART risk and compliance status is reported on a regular basis.

Due to the Covid pandemic all face-to-face meetings have been cancelled. This impacted all meetings until new technology was rolled out to allow virtual meetings to take place.

SCART activity is a statutory agenda item at the Estates Managers Meetings, Estates Health and Safety Meetings and Risk Management Meetings. This ensures that senior managers and other relevant personnel are aware of any outstanding issues. A KPI matrix has been developed to monitor progress by tracking the monthly percentage compliance per site, the number and percentage of sites inspected, the number and percentage of action plans created and the overall NHS Fife percentage compliance score.

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

3.2.2.1 Responsibility for Statutory Compliance within NHS Fife

The Chief Executive of NHS Fife has the overall accountability to ensure that the organisational structure, arrangements and resources exist to implement the Health & Safety Policy, its objectives and associated plans to ensure the health, safety and welfare of staff employed by NHS Fife and all persons (eg patients, visitors, contractors etc) liable to be affected by the activities of NHS Fife.

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

The Director of Property & Asset Management has the responsibility to oversee health and safety within NHS Fife and will report any known significant organisational failings to the Chief Executive. Many of the duties arising from this responsibility are delegated to senior managers, line managers and to the Health and Safety Manager.

3.2.2.2 What Measures are in Place to Manage and Control Statutory Compliance Risks?

NHS Fife has various control measures in place to ensure compliance. These control measures include: use of the SCART tool, a dedicated Compliance Team, policies, procedures and audits of these control measures both internally and externally resourced.

Where a gap in statutory compliance has been identified NHS Fife has a risk register and a risk based action plan for each site in place. The risk register is reviewed bi-monthly at the Estate Managers Meeting and all risks with a risk rating of 15 or more are then reported to the Executive Directors Group through the Board Assurance Framework. See appendix C4 for an example of a SCART Action Plan, note this is not real data.

There is an on-going program of compliance audits for each site owned or operated by NHS Fife, See appendix C3. These audits are recorded and evidenced on SCART.

The dedicated compliance team has now been in place for two years, which consists of a Compliance Manager, a Compliance Officer, 2.5 wte Fire Advisors and an Administration Assistant. This has recently been expanded to include the Information Services Manager and two Information Services Officers. The compliance department has autonomy and reports directly to the Head of Estates.

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

There is also:

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

3.2.2.3 How can the Board Improve the Management of Statutory Compliance?

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

The following issues were identified in the financial year 2020/2021:

- Contracts are in place to ensure thorough inspections for pressure vessels are carried out, however, this could be improved to show NHS Ownership/control
- In general, new assets need to be recorded and logged in the CAFM system with asset numbers issued and preventative maintenance schedules altered accordingly
- Not all documentation, service reports, survey information are held in a central place where everyone, who requires, has access
- Estates Standard Operating Procedures require to be reviewed and trained out consistently
- Additional procedures require to be created to standardize operations across the estate
- Additional Authorised Persons are required to cover absence/ holidays etc
- Due to the Covid-19 pandemic, many appointments and training may have lapsed

3.2.2.4 Current SCART Scores

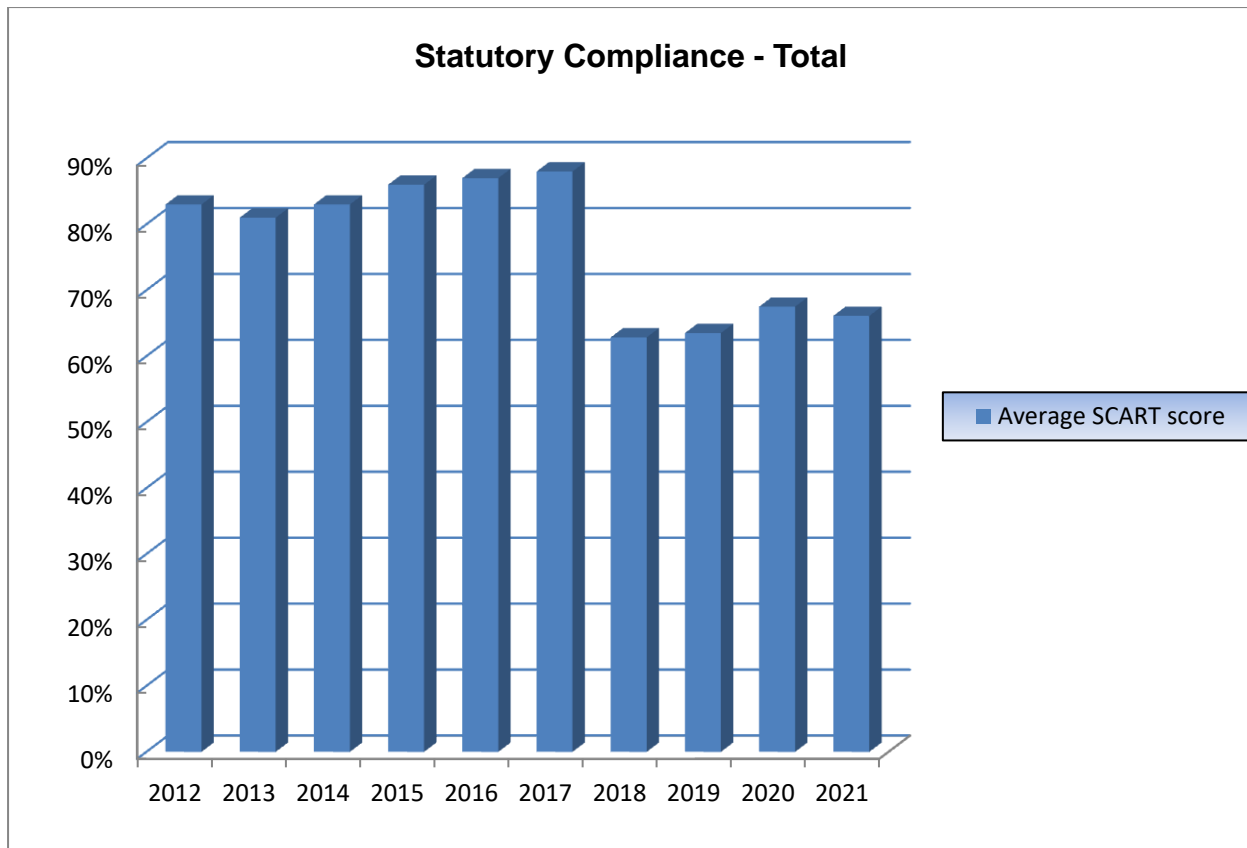
The current maximum risk score, average risk score and compliance % score for NHS Fife is:

	2019/20	2020/21	Difference
Maximum Risk	25	25	0
Average Risk	7.4	7.7	+0.3
Compliance %	69.3%	66.11%	-3.19%

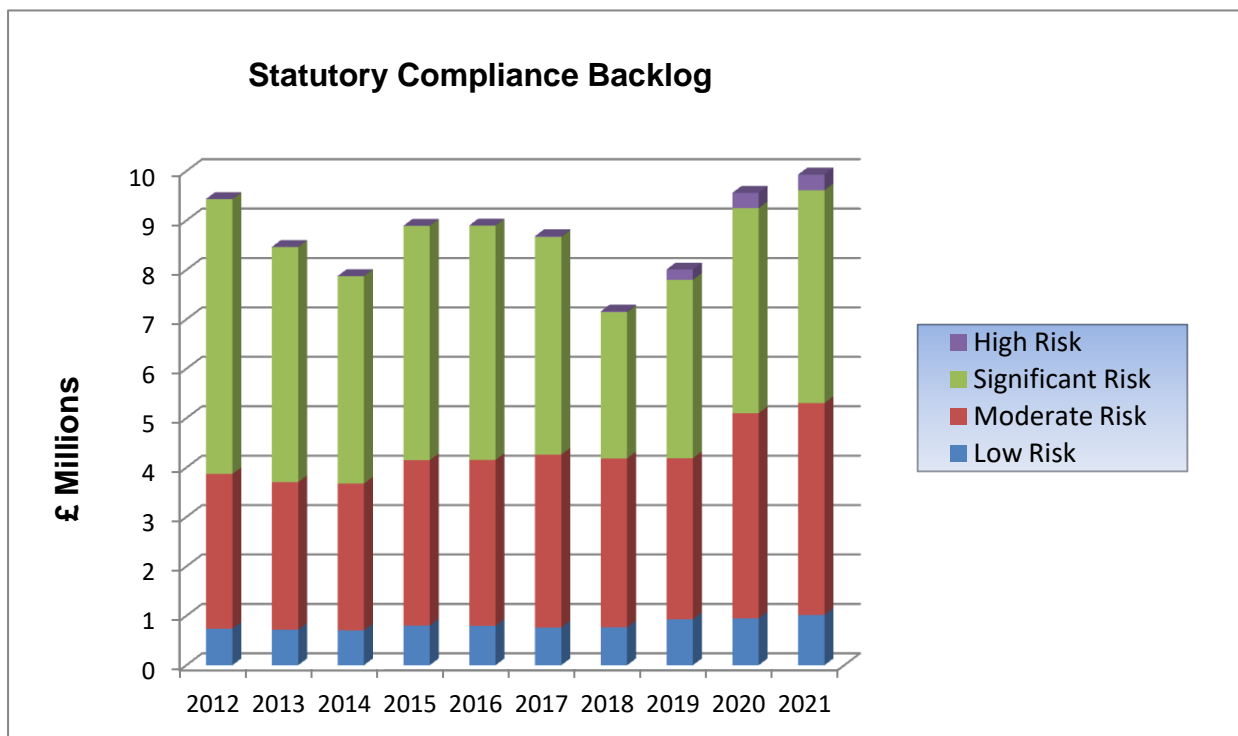
The small decrease in the compliance percentage score is due to the continuation of individual site audits being carried out and accurately recorded/evidenced in SCART. These are not yet fully complete, as some sites have been temporarily closed due to the Covid-19 pandemic and the score may still decrease when the sites are inspected and the scores added into SCART.

Previous audits input to SCART were 'sector' based audits and were generalized across the sector.

A detailed breakdown of the topics, risk and percentage compliance can be found in Appendix C2.



3.2.2.5 Statutory Compliance Backlog Maintenance Recorded in EAMS



3.2.2.6 How is this being Reviewed?

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

3.2.3 How do we get there?

NHS Fife continues to invest in achieving the required improvement in statutory compliance and aims to reduce, so far as reasonably practicable, all non-compliant items in essential properties. This target was originally set to be completed by 2020, however, due to the Covid pandemic this date has not been achieved and a new target will need to be set. A 75% compliance score was originally targeted by the Head of Estates, however, the individual site baseline audits are yet to be completed. Once these audits are complete, we will re-evaluate where best to invest resource.

3.2.3.1 What will need to Change to Further Improve Statutory Compliance?

- MiCAD will require to be developed to hold all the compliance & service information in a central location which will allow NHS Fife to show ownership and control
- An asset management procedure will require to be created and followed to ensure all assets are recorded and maintained in accordance with guidance
- Appoint all the required staff
- Procedures need to be updated/created and trained out across NHS Fife estates to ensure all sectors are working in the same way
- Staff suitably trained on the awareness of the implications of non-compliance
- A detailed working manual will require to be created to ensure all staff are aware of how to restore services in the event of loss.
- Zetasafe will require to be further developed to ensure water management compliance
- Staff training is up-to-date

3.2.3.2 SCART Audits

An audit program covering the 39 topics for all Estates owned sites has been carried out. This has identified good practices across the different sectors and allows these good practices to be rolled out across the other sector areas, thus ensuring consistency across NHS Fife. From these audits a baseline has now been established and identified the high risk and non-compliant topics.

From this baseline information, an annual audit program needs to be created and published.

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

all 39 compliance topics.

3.2.3.3 Action Plan

The first phase of the action plan was to identify all the actions to be taken and the priority of action to be taken. This has now been completed and we have moved on to the second phase. The second phase is to add resources and timeframes required to complete. Responsibility to manage the implementation of the action plan will also be added. Example of the action plan can be found in Appendix C4.

3.2.3.4 Training

The TURAS training tool is used across NHS Scotland. Each member of staff has a Personal Development Plan and as part of this tool we interview staff to identify staff training needs and agree future training requirements. Mandatory training is also identified on our Training Needs Analysis and is trained out as required by Scottish Health Technical Memorandum for the required staff. Staff training is also regularly reviewed at local level.

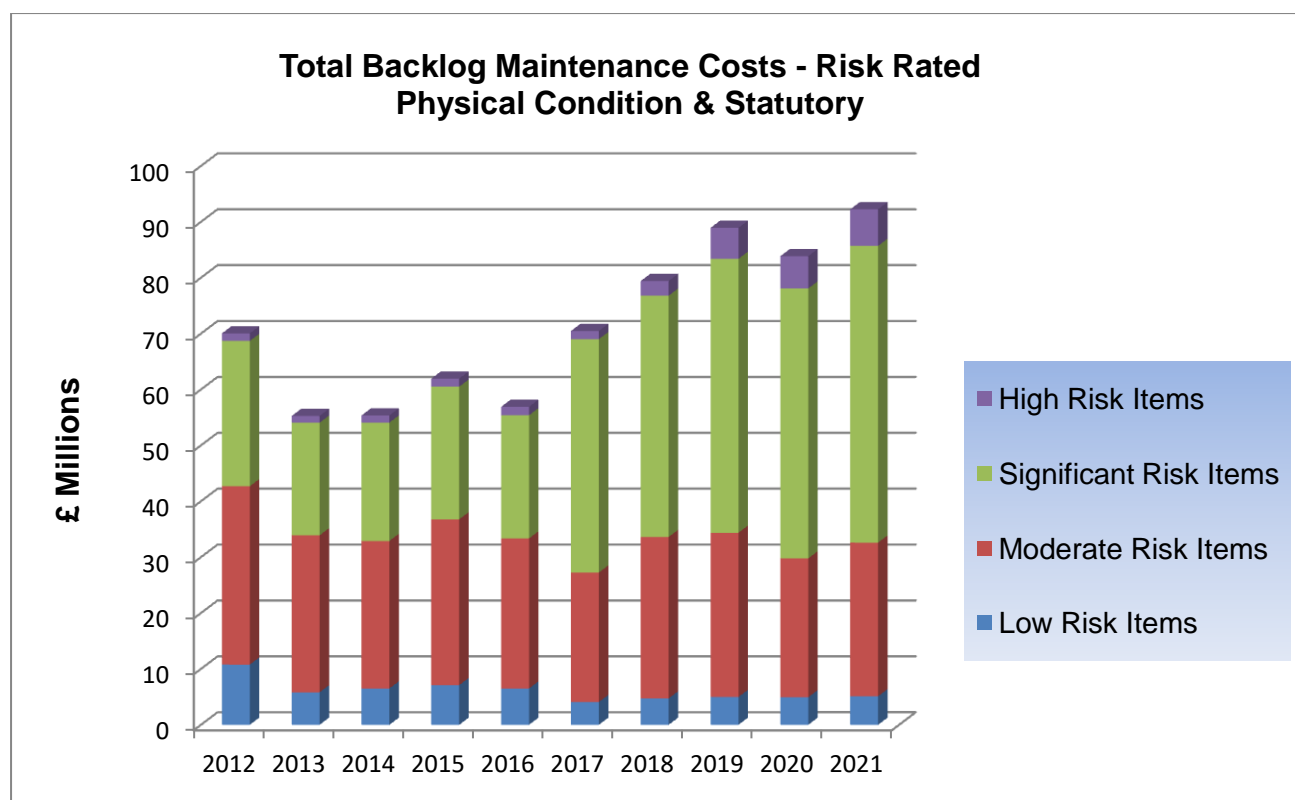
Examples of our Training Needs Analysis and Training Database can be found in Appendix C7.

3.3 Backlog Maintenance

The investment required to bring NHS Fife properties up to an acceptable physical condition is known as “backlog costs”. The guidance defines backlog costs as the costs required to bring an element up to an acceptable condition (ie A or B). The guidance also states that the backlog costs should be expressed as a works cost only. Additional costs are dependent upon the solution chosen. VAT, fees, decant, and temporary services are excluded from backlog costs, however, these are included within project costs brought forward for consideration.

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

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



74% of NHS Fife's total gross internal area of 275,840.42m² is now in excellent or satisfactory physical condition. Aspects of the physical condition of the estate which fall into an unsatisfactory category are risk rated relative to clinical service impact and are incorporated into NHS Fife Capital Plans.

The risk assessed backlog costs for NHS Fife are currently c£5.1m for Low Risk items, c£25.5m for Moderate Risk items, c£53.1m for Significant Risk items and c£6.54m for High Risk items.

This gives a total risk assessed backlog maintenance figure of £92.24m at 31 March 2021. Rationalisation of the use of NHS Fife Estate results in ongoing reductions in the level of backlog maintenance, however, this reduction can only be applied when the building or property is demolished or sold. If a building or property remains in the ownership of NHS Fife then the backlog maintenance burden also remains. These figures detailed reflect the position at a particular date and are therefore subject to change when buildings are reassessed and data updated.

Major changes to Backlog to note from 2019/20 to 2020/21 are increases of c£4.2m at VHK, c£0.6m at Stratheden Hospital, Cupar, c£0.6m at QMH, c£0.47m at Whyteman's Brae Hospital, Kirkcaldy. (This includes the aforementioned rise of 2.86%).

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

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
F004T	Fife College of Nursing & Midwifery	Non-Clinical	155,716.28	848,294.52	1,156,548.95	105,332.16	0	2,265,891.91
F013A	Matthew Street, 26	Non-Clinical	9,105.53	9,573.39	32,968.90	24,838.07	0	76,485.89
F016C	Dalgety Bay Health Centre	Clinical	31,017.54	137,365.29	22,331.15	17,474.68	0	208,188.66
F701H	Cameron Hospital	Clinical	53,022.85	440,393.09	916,896.06	733,554.61	0	2,143,866.61
F701H	Cameron Hospital	Non-Clinical	228,122.67	419,467.45	879,579.56	436,350.78	0	1,963,520.46
F704H	Victoria Hospital	Clinical	1,788,999.98	14,066,028.64	33,305,485.70	541,081.38	0	49,701,595.70
F704H	Victoria Hospital	Non-Clinical	157,071.60	1,732,763.93	1,113,963.56	1,118,519.69	0	4,122,318.78
F705B	Kennoway Health Centre	Clinical	0	0	23,644.99	0	0	23,644.99
F705C	Dovecot Clinic	Clinical	7,072.53	173,338.99	15,137.69	0	0	195,549.21
F706B	Kirkcaldy Health Centre	Clinical	33,989.64	123,877.71	0	0	0	157,867.35
F707B	Leven Health Centre	Clinical	0	0	8,866.85	0	0	8,866.85
F708B	Masterton Health Centre	Clinical	868.53	164,653.43	0	0	0	165,521.96
F708H	Adamson Hospital	Clinical	7,928.84	80,435.26	187,459.75	35,679.65	0	311,503.50
F708H	Adamson Hospital	Non-Clinical	4,351.63	1,132.68	73,624.65	0	0	79,108.96
F709B	Cupar Health Centre	Clinical	0	13,262.94	0	0	0	13,262.94
F710B	Pitteuchar Rothes Practice	Clinical	28,041.96	204,110.74	23,699.18	0	0	255,851.88
F710H	Randolph Wemyss Memorial Hospital	Clinical	29,378.61	128,632.99	109,870.70	35,679.65	0	303,561.95
F710H	Randolph Wemyss Memorial Hospital	Non-Clinical	20,349.02	154,230.74	1,240.79	0	0	175,820.55
F711B	Cardenden Health Centre	Clinical	2,955.60	4,433.42	20,541.58	0	0	27,930.60
F711H	Whytemans Brae Hospital	Clinical	146,045.22	1,587,089.57	3,549,426.40	265,615.09	0	5,548,176.28
F711H	Whytemans Brae Hospital	Non-Clinical	20,543.11	65,017.62	286,053.60	5,663.43	0	377,277.76
F712B	Kinghorn Health Centre	Clinical	1,488.95	134,254.01	10,050.43	0	0	145,793.39
F712C	Ladybank Clinic	Clinical	7,389.02	4,433.42	0	0	0	11,822.44
F712H	Stratheden Hospital	Clinical	105,888.87	428,909.72	252,711.51	0	0	787,510.10
F712H	Stratheden Hospital	Non-Clinical	751,184.46	1,458,163.73	4,714,571.71	34,546.95	0	6,958,466.85
F713C	Leslie Dental Access Centre	Clinical	0	1,477.80	87,190.85	0	0	88,668.65

Where are we now?

F714H	Weston Day Hospital	Clinical	5,911.22	0	36,945.25	0	0	42,856.47
F714H	Weston Day Hospital	Non-Clinical	14,778.09	13,300.29	382,566.93	0	0	410,645.31
F716H	Glenrothes Hospital	Clinical	23,973.76	888,834.16	586,009.64	185,443.81	0	1,684,261.37
F719C	Thornton Clinic Roths Practice	Clinical	2,344.88	35,167.80	6,880.65	6,006.92	0	50,400.25
F801B	Valleyfield Health Centre	Clinical	54,679.00	16,386.09	175,874.42	17,755.69	0	264,695.20
F802B	Kincardine Health Centre	Clinical	2,955.60	1,477.80	96,496.03	0	0	100,929.43
F804B	Oakley Health Centre	Clinical	10,344.64	25,122.79	313,892.44	0	0	349,359.87
F805B	Rosyth Health Centre	Clinical	35,467.43	4,433.42	55,979.04	0	0	95,879.89
F805H	Queen Margaret Hospital	Clinical	547,660.92	1,965,437.24	2,999,088.25	1,612,219.59	0	7,124,406.00
F805H	Queen Margaret Hospital	Non-Clinical	16,266.95	468,324.04	213,559.45	1,319,436.76	0	2,017,587.20
F806B	Kelty Health Centre	Clinical	2,955.60	43,885.12	62,896.43	1,423.58	0	111,160.73
F807B	Lochgelly Health Centre	Clinical	116,747.08	2,955.62	158,829.17	0	0	278,531.87
F810H	Lynebank Hospital	Clinical	432,834.88	1,136,984.44	573,625.82	2,265.38	0	2,145,710.52
F810H	Lynebank Hospital	Non-Clinical	229,994.96	465,544.36	306,641.60	3,085.80	0	1,005,266.72
F811B	Skeith Anstruther Medical Practice	Clinical	6,075.83	0	0	0	0	6,075.83
F811C	Rosewell Clinic	Clinical	8,866.82	16,255.92	165,293.79	0	0	190,416.53
F813C	Linburn Road Health Centre	Clinical	2,955.60	9,552.48	29,685.84	39,909.68	0	82,103.60
F815C	Gordon Cottage Clinic	Clinical	0	2,533.44	13,923.58	0	0	16,457.02
F827C	Cowdenbeath Clinic	Clinical	2,955.60	2,955.62	95,227.27	0	0	101,138.49
F838C	Cowdenbeath Dental Access Centre	Clinical	0	0	7,043.69	0	0	7,043.69
F841C	Linburn Road Dental Access Centre	Clinical	0	0	19,007.37	0	0	19,007.37
F842C	Cupar Dental Access Centre	Clinical	0	9,257.40	2,674.36	0	0	11,931.76
F843C	Kirkland Dental Access Centre	Clinical	0	7,389.04	0	0	0	7,389.04
F844C	Glenwood Dental Access Centre	Clinical	0	1,477.80	0	0	0	1,477.80
TOTALS			5,108,301.30	27,498,615.95	53,094,005.58	6,541,883.35	0	92,242,806.18

Where are we now?

Totals By Use	Low	Moderate	Significant	High	Unreported	Total
Clinical	3,500,817.00	21,862,803.20	43,932,685.88	3,494,109.71	0	72,790,415.79
Non-Clinical	1,607,484.30	5,635,812.75	9,161,319.70	3,047,773.64	0	19,452,390.39
TOTALS	5,108,301.30	27,498,615.95	53,094,005.58	6,541,883.35	0	92,242,806.18

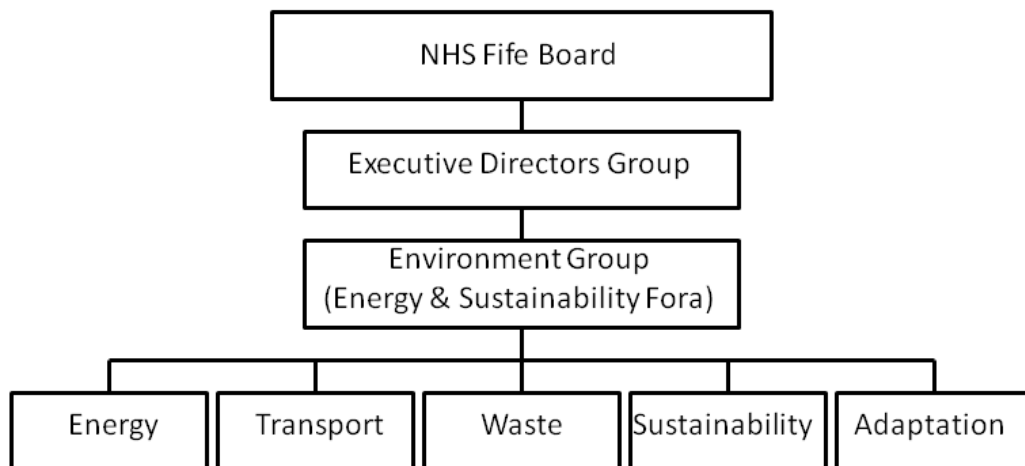
3.4 Environmental Management Strategy

3.4.1 Overview

NHS Fife in common with other Boards, has a clear commitment to operating and developing sustainable practices. The Sustainability Group is chaired by the Director of Property & Asset Management/the Estates Officer – Sustainability and meets at quarterly intervals assisting the Board's work in delivering its sustainability targets.

A Sustainability Officer has recently been appointed together with an Administration Assistant who will work alongside the existing Estates Officer - Sustainability.

Energy, Water and Waste sub-groups also meet regularly and report back to the Sustainability Group. The latter group monitors progress towards meeting revised energy reduction, carbon reduction and other targets:



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

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

All Boards were assessed on their responses to a 280 questions set to cover the modules and themes. The results were issued in March 2019. NHS Fife scored joint eighth out of 22, achieving Bronze Award Status (only one Board, NHS Ayrshire & Arran, was awarded silver, whilst three Boards did not achieve Bronze status). In 2019 a web-based toolkit (pre-populated with the benchmarking results) was used but abandoned. In 2019-2020 this assessment was repeated and the results were unable to be validated due to non-return of evidence from managers due to the on-going pressures of the Covid-19 pandemic on services.

NHS Scotland has split these in to the following groups:

- Governance & Policy
- Transport
- Green Space
- Capital Projects
- Nature & Biodiversity
- Active Travel
- Sustainable Care
- Ethics
- Welfare
- Communities
- Awareness
- Procurement
- Greenhouse Gases
- Adaption
- Waste
- Environmental Management

These actions are assessed by the National Sustainability Assessment Tool which assesses each Board's sustainable actions.

An initial review suggests NHS Fife has fared well in active travel and transport. A dedicated Waste Officer is also in post so we have progressed well in this area too.

Our NHS values identify a need to integrate sustainability with health teams and a revision of funding and support to procurement, sustainability, green space and biodiversity will be welcome.

From next year, the required evidence will be submitted in order for the Board to gain a validated score via the National Sustainability Assessment tool (NSAT). NHS Fife intend to continue to align our goals with these questions and to follow the Strategic Framework.

The COVID pandemic has highlighted the need for change. NHS Fife should not only be dealing with the consequences of the pandemic; we also need to broaden our focus to confront other urgent issues, such as the climate crisis. We need to consider how we can build towards a greener society and a more sustainable healthcare system. Active and sustainable travel also plays a key part.

NHS Fife will follow the National Performance Framework.

NHS Fife has set the following goals:

- Zero emissions by 2045 by meeting 5-yearly targets and one-yearly reductions
- Sustainable care embedded into our health care system
- Improve biodiversity on our sites with increased expertise
- Updated plans in place for climate change risk reduction
- Include UN sustainable development goals into our plans
- Sustainability will continue to be incorporated into our health and wellbeing goals
- Increased fleet electrification
- NHS Fife will generate 10% of its heat onsite and 20% of its electricity onsite by low carbon means by 2030
- Reduce unnecessary water consumption
- Continue to update our building stock

Staff have been encouraged to participate in as many feasible sustainable efforts as possible, with the Zero Waste Scotland Campaign calendar having been communicated to all staff.

3.4.2 Strategy

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

- Electricity kWh/m² - this figure includes electricity supplied from the grid, self-generated by CHP units and renewable electricity from PV solar panels etc
- Fossil & Other kWh/m² - this figure includes all natural gas consumed, oil, biomass and other sources of renewable heat supplied to NHS Fife buildings including ground source heating etc
- Energy kWh/m² - this is a sum of the electricity, fossil and other figures
- Electricity kg/m² - this figure converts the energy consumed from the electricity sources to kg of CO₂ using appropriate factors
- Fossil & Other kg/m² - this figure converts the energy consumed from the electricity sources to kg of CO₂ using appropriate factors
- Energy kg/m² - this is a sum of the electricity, fossil and other figures

The tables (refer to Appendix E) summarise the targets which replaced the previous HEAT targets used up until 2014. The Actual and Forecast figures show the actual and potential consumption of energy based on amount of energy, kWh, consumed per m² of gross internal area up to 2020/21.

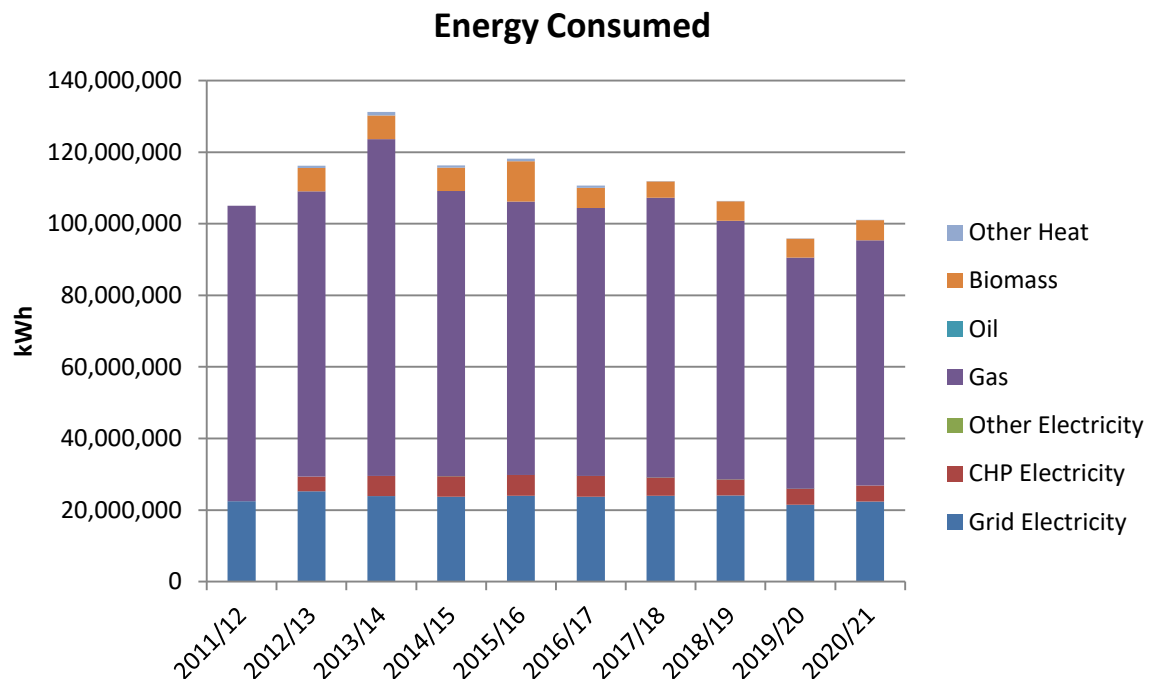
3.4.3 Basic Target

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

The forecast for the consumption of fossil and other fuels is that they will exceed the Basic Target. The consumption of electricity will, however, increase and will not meet the Basic Target. 2020/21 saw the significant increase in Vaccination Centres and related properties.

The forecast for the consumption of both electricity and other fuels is that they have met the building related target due to increase in consumption from electrification of transport which was not separately metered in 2020.

Future projects being considered to improve the environmental performance of NHS Fife include those that are agreed via the NDEE Framework. This should result in significant yearly savings in money and carbon.

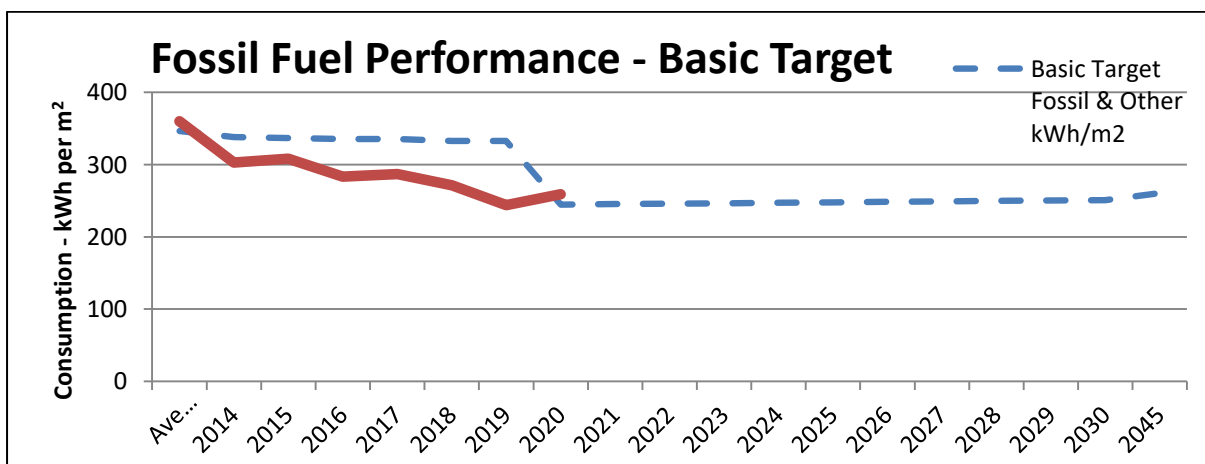
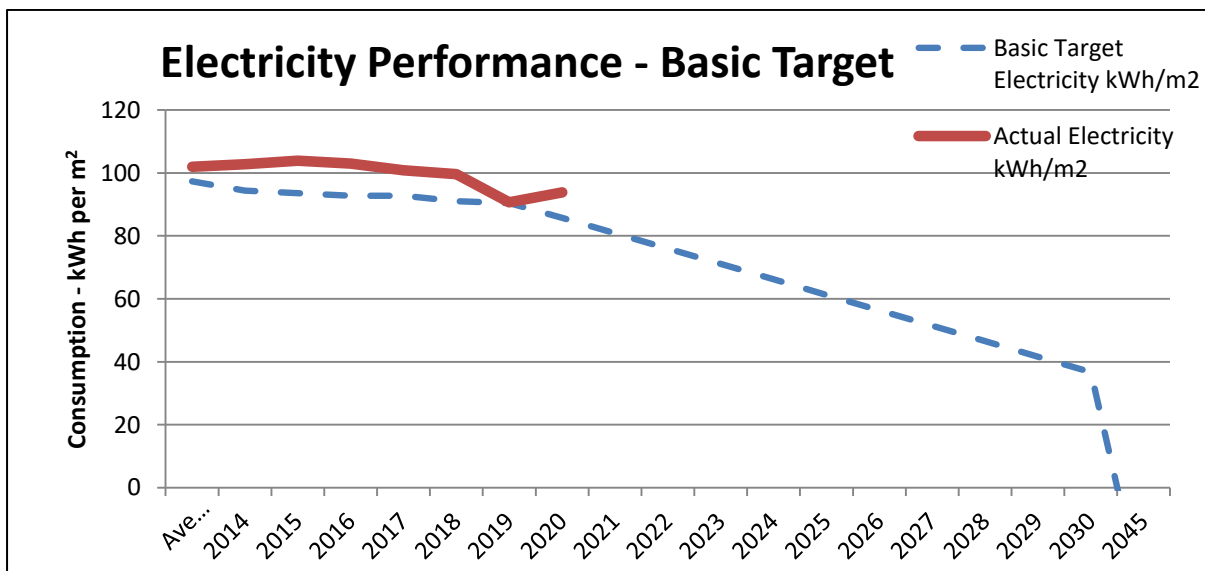
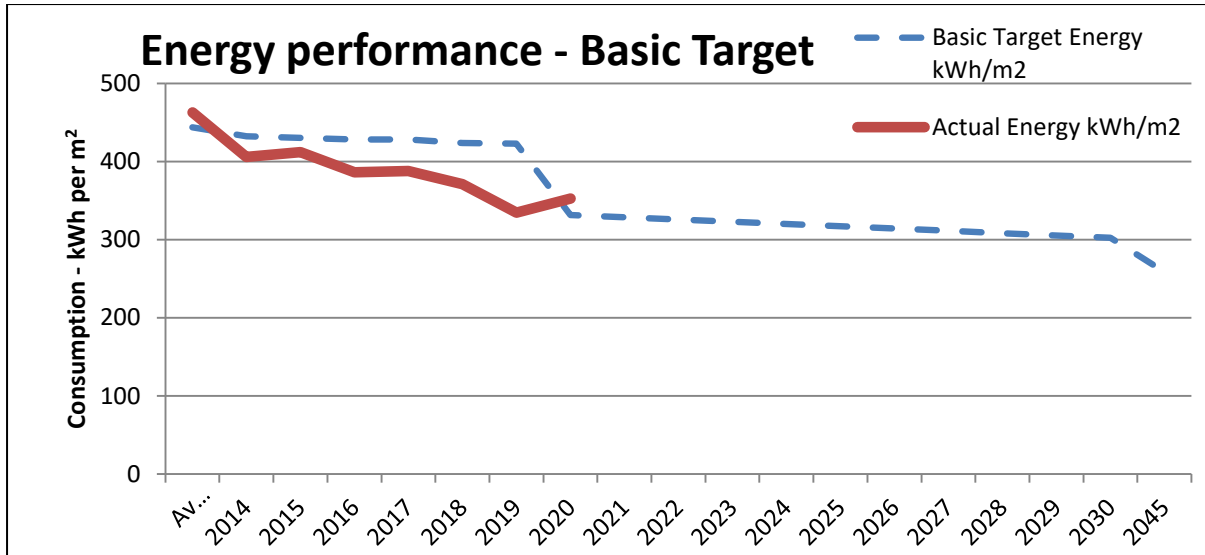


For the 2020/21 period, NHS Fife consumed 5.4% more energy than in the 2019-20 reporting year. This was due to colder weather and increased consumption due to Covid-19 related measures. With transportation being included in electricity consumption figures, this is helping towards overall emissions over the reporting period. The number of heating degree days (HDD) for the reporting year was 3,440 compared to 3,429 for the previous year.

3.4.4 Environmental Management

Energy performance targets have been established in line with the requirements of Health Facilities Scotland for a basic, stretch energy and CO₂ reduction targets. NHS Boards are expected to set their own targets on the basis of potential investments in properties. The target figures are assessed against an average consumption over a 3 year period, from 2011/12 to 2013/14. The Climate Change (Emissions Reduction Targets) (Scotland) Act 2019 which amends the Climate Change (Scotland) Act 2009 sets targets to reduce Scotland's emissions of all greenhouse gases to net-zero by 2045 at the latest, with interim targets for reductions of at least 56% by 2020, 75% by 2030, 90% by 2040. These are now seen as the target figures for the NHS Fife Board and include not only building related but all reasonably measurable emissions.

Criteria	NHS Fife: Energy & GHG Reduction Targets for 2020/21 (against a 3-year average baseline 2011/12, 2012/13 and 2013/14)			
	Basic		Stretch	
Energy Consumption (kWh/m ²)	Electricity	Fossil Fuel	Electricity	Fossil Fuel
	-11.85%	-29.42%	-29.32%	-18.97%
	Combined -25.27%		Combined -21.43%	
Greenhouse Gas Emissions (kgCO ₂ e/m ²)	-38.04%		-33.83%	
Criteria	NHS Fife: Percentage of Total Energy Consumption from Renewable Energy Sources			
	Basic		Stretch	
% of heat consumption from renewable energy sources	7.04%		15.22%	
% of electricity consumption from renewable energy sources	0.11%		2.29%	
% of total consumption from renewable energy sources	5.30%		11.97%	



With regard to the percentages of energy due to renewable sources, the respective values for heat, electricity and overall energy are 7.04%, 0.11% and 5.3% for the

reporting year. There has been a move away from fossil to electrical energy in fleet emissions that has raised the building related emissions in conjunction with the colder year. The above plot incorporates larger use of electricity for transport, not yet separately metered.

3.4.5 Strategy Summary

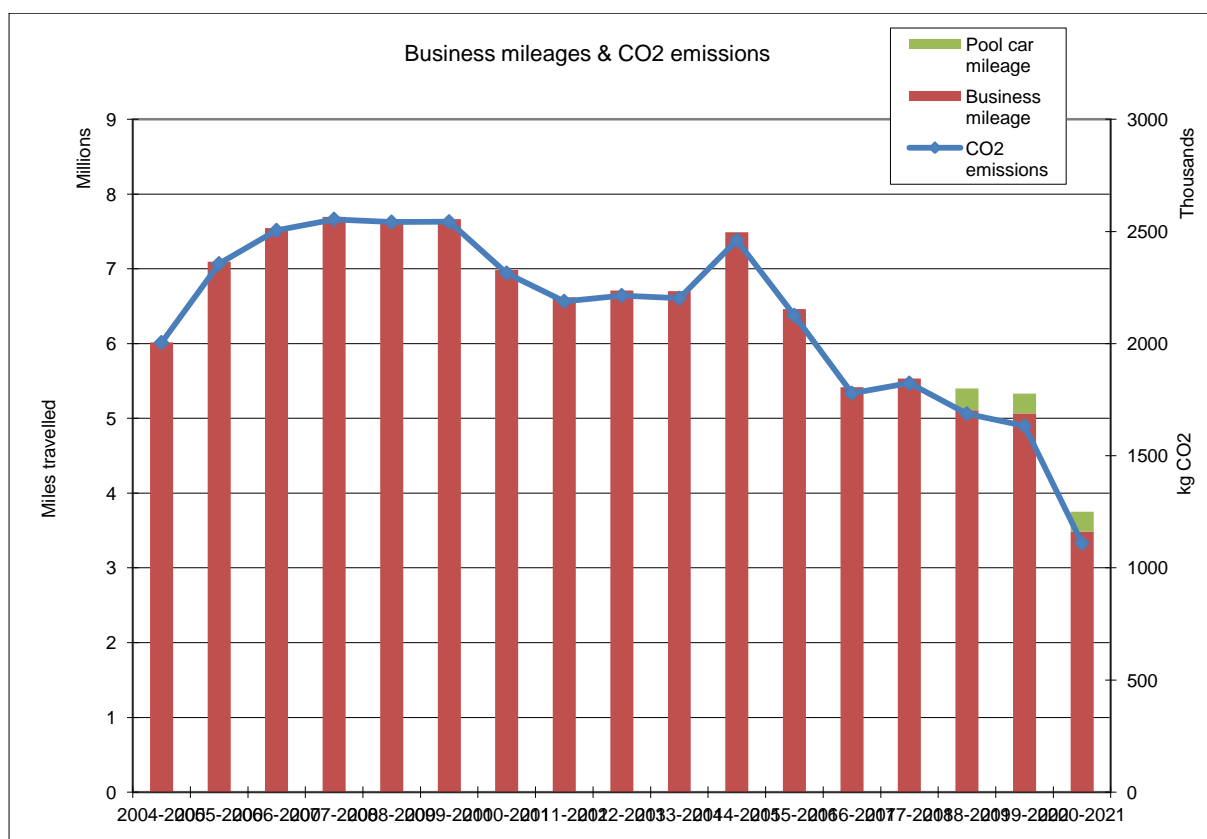
The critical actions NHS Fife Board will require to consider over the next 5 years are:

- Potential expansion of the Sustainability team
- A range of heating options implemented, gas boiler network decarbonisation and retrofit, heat pump installation and heat recovery for smaller sites
- Investigation of alternative fuels and implementation
- Working with suppliers to purchase locally and sustainably in terms of packaging and smartly in relation to long-term goals and finances
- Outdoor spaces require a sustainable strategy. With the enactors implementing measures from a financial budget supported by biodiversity expertise
- More environmentally friendly vegetarian options in dining rooms and for patients, with food waste being utilised or resused for other purposes
- A review of controls for HVAC systems and items
- Gradual sale of older properties, implementation of best practice for new buildings
- Provision of native trees on site boundaries with benefits to nature, sheltering for buildings and carbon offsetting and capture or within spaces unlikely to be developed or used for service utilities
- Possible purchasing of land or forming a contract for replanting and carbon offsetting for patient and community use
- Increased implementation of solar and wind technologies, where appropriate
- Follow the Reuse of Cutlery Policy whereby individuals are required to bring their own or keep in areas of hospital for reuse with no single use plastics in catering
- Inclusion and adaptation of the Sustainability Policy and Framework in all areas of care overseen by a sustainability responsible person
- Improved sustainability communication
- Pipework insulation, fabric improvement, controls and BEMS system upgrades and solar pv installations within the retained estate

3.4.6 Grey Fleet - CO₂ Emissions

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

The following graph shows the business mileage (and associated CO₂ emissions) attributable to NHS Fife activity in the period 2004-2020. With some exceptions, there has generally been a gradual reduction in business mileage, mainly due to increasing adoption of telephone and/or video conferencing between sites. The introduction of pool cars in 2020 has seen an improved reduction in CO₂ emissions due to the pool car fleet achieving 35 mpg on average during their use over 259k miles in the reporting period.



3.5 State of the Board's Office Accommodation

Although stand alone offices are rare, NHS Fife is looking to reduce the office accommodation footprint, in particular rented office accommodation. As part of the learning from the pattern of working during the Covid-19 pandemic, NHS Fife intends to capitalise on the agile nature of working and it is hoped that work will soon come to fruition which will formalise agile working department by department. Leading from these measures, the non-renewal of a lease for accommodation, currently used by the Finance Department, should follow.

Full details of our strategy are given in section 8.3.4.

A recent feature of space management for administrative bases within hospital buildings, again attributable to the Covid-19 pandemic has been the critical review of which departments should be based within a hospital setting. This has allowed small improvements in the functional suitability of the available space used.

3.6 State of the Board's Medical Equipment

3.6.1 Current Arrangements

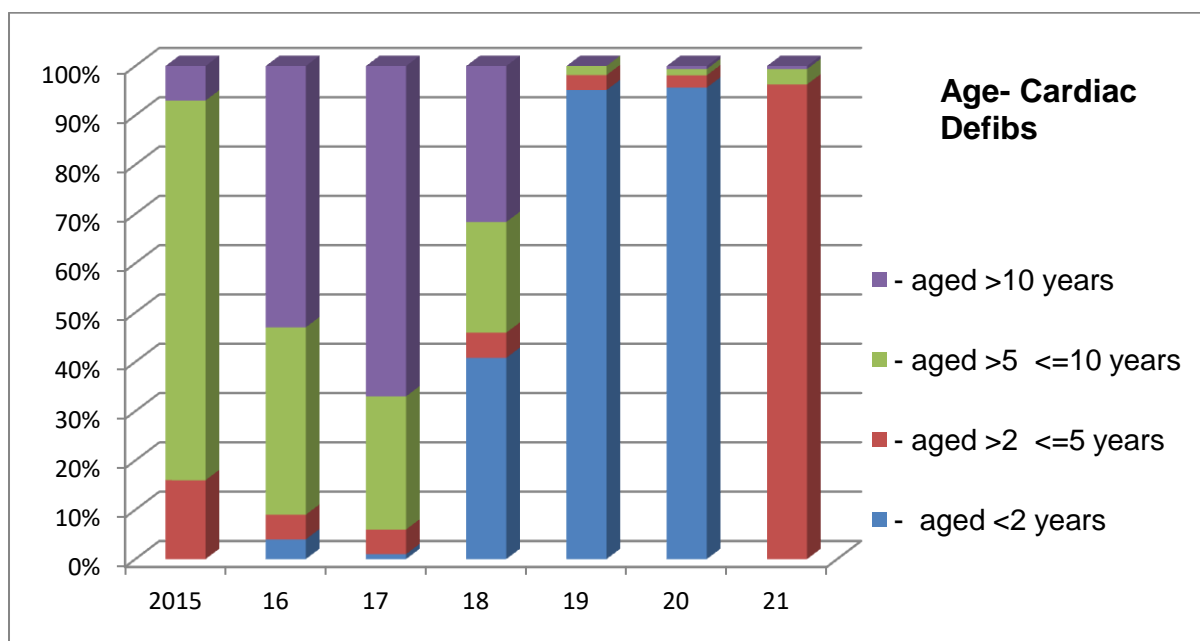
In 2020/21, NHS Fife committed £10.314m to new and replacement equipment with the major items being the Robot purchased for VHK (£2.154m), MRI Unit for QMH (£1.461m), Endoscopy Storage Cabinets (£192k) and an Ophthalmology Microscope (£114k). The breakdown is shown in Appendix F.

3.6.2 Condition & Performance

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

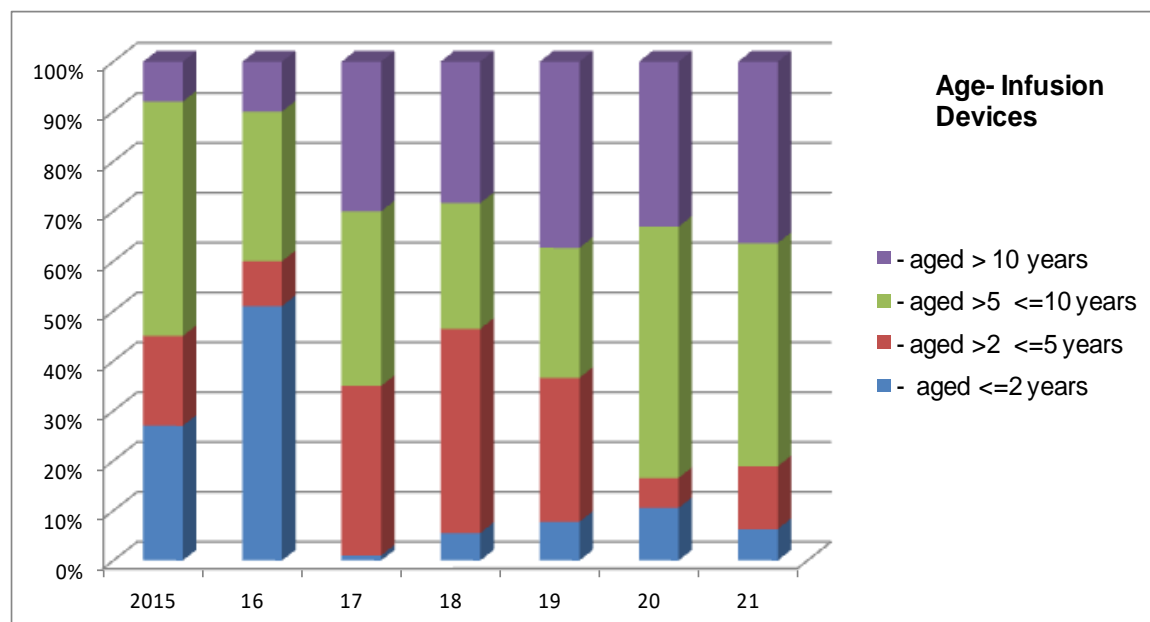
The charts below give indication of the age profile for some of the Boards most significant pieces of medical equipment

3.6.2.1 Cardiac Defibrillators (164 units)



Following a large scale replacement programme which finished in 2018 there should be no requirement for further significant expenditure on defibrillators until financial year 2025-26.

3.6.2.2 Infusion Devices (842 units)



350 B Braun Infusomat Volumetric Infusion pumps have been purchased at the end of FY 2020-21 to replace aging and unsupported Baxter Colleague devices. Roll out of the new devices is still at the planning stage and will incorporate the Drug Library option available to reduce potential dose errors.

The replacement of aged Asena Syringe Pumps within the Special Care Baby Unit was completed in March 2021 which, together with the programme mentioned in the previous paragraph, will see this unit with a full fleet of new infusion devices.

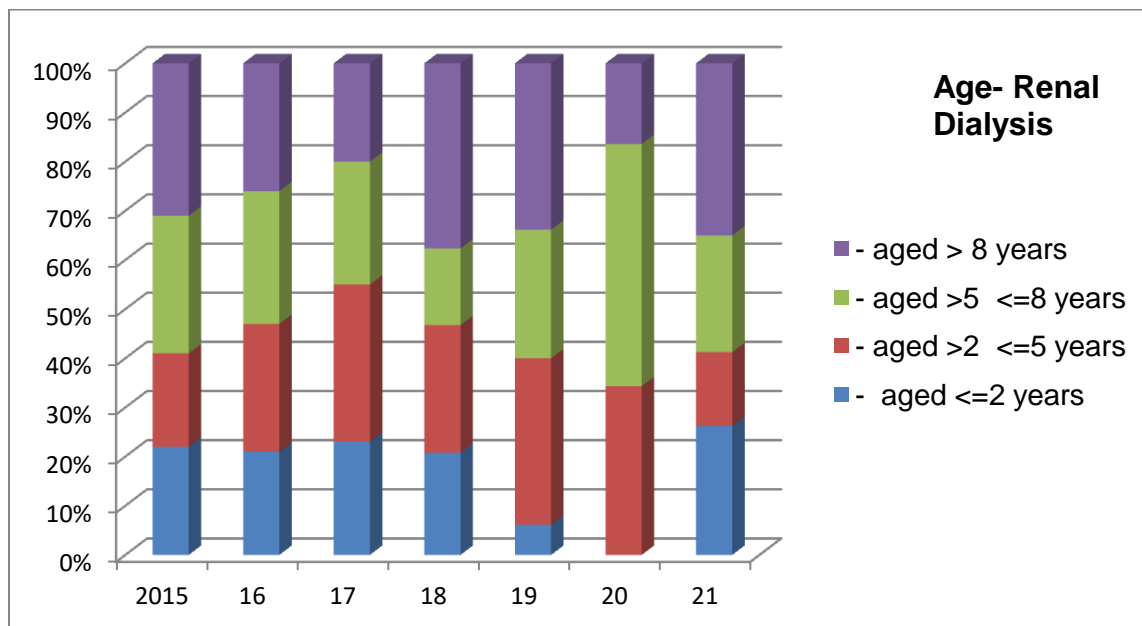
Available infusion device numbers have been increased by 110 through provision of devices from NSS as part of Covid-19 pandemic response.

3.6.2.3 Imaging Equipment

The imaging equipment replacement plan will continue via the Capital Equipment Management Group. This will allow the lowest dose and best quality imaging available in order to comply with the Health and Safety Act IR(ME)R and IRR99.

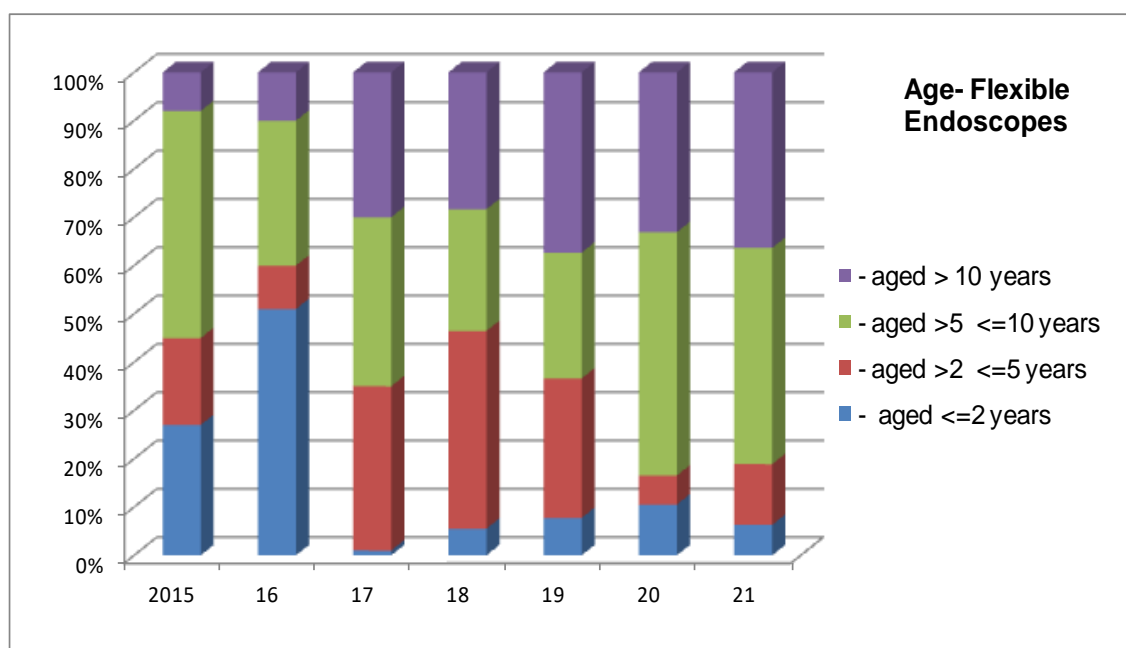
MRI replacement at VHK in 2019 has been followed by the same operation at QMH in March 2021.

3.6.2.4 Renal Dialysis (65 units)



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

3.6.2.5 Flexible Endoscopes (142 units)



The majority of endoscopes and endoscopy equipment are supplied from one company which allows for service contracts to attract a higher discount by negotiating over a 4-year contract. Over the next 7 years, many endoscopes and endoscopy equipment will no longer be covered by these contracts. NHS Fife must develop a robust Endoscope and Endoscopy Equipment Replacement Plan in order to ensure that an endoscopy service for patients continues.

The phased withdrawal of service contracts from endoscopes and endoscopy equipment means that NHS Fife will replace the endoscopes and endoscopy equipment and this will be planned via the Equipment Management Group. The replacement equipment will be supplied from the same company.

3.6.3 Management Arrangements

3.6.3.1 General

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

- Medical equipment is essential to patient care
- The correct equipment requires to be available in the right place at the right time
- Properly trained staff must be available to use the equipment
- The need for NHS organisations to have adequate systems in place to manage their equipment
- The importance of these issues with the establishment of a formal duty of clinical governance

- Given the strategic importance of medical equipment overall responsibility needs to be taken at Board level

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

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

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

3.6.3.2 Policies & Procedures

Compliance with CEL 35 (2010) require:

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

Policy GP/E4 – The Electro-Medical Equipment Management Policy was previously revised and renamed the Medical Equipment Management Policy to, as closely as possible, reflect the then most current MHRA guidance document Managing Medical Devices - Guidance for healthcare and social services organisations, dated April 2014. It is due for review and the review will require taking into account the latest UK Medical Device legislation and guidance.

This policy is supported by:

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

E14.1 was re-written late 2018, and work continues on revision of the remainder before re-issue or incorporation as Appendices to the main GP/E4 Policy.

3.6.3.3 Safety Action Notices

NHS Fife now uses the Datix System as the distribution system for the dissemination of all safety warnings received. This work is undertaken by Corporate Services supported by the Medical Physics Manager in their additional role as Incidents & Alerts Safety Officer.

3.6.3.4 Equipment Incidents

All reportable incidents in NHS Fife are recorded using Datix. In a recent change to procedure, the reviewers of incidents are required to inform the Capital Equipment Management Group of any reports that have significant equipment related risk that require purchase of capital equipment to mitigate those risks.

3.6.3.5 Medical Equipment Management Group

See section 10.1.4 for Terms of Reference.

3.6.3.6 Department Equipment Controllers

Each ward or department formally nominates a person to carry out the duties of the Department Equipment Controller (DEC). Overall responsibility for equipment control lies with the Line Manager/Charge Nurse.

The duties of the DEC include:

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

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

3.6.3.7 Inventories

In NHS Fife, a comprehensive Asset & Maintenance Register is managed by the Estates Department utilising MiCAD; a Commercial Asset Management database. All new equipment is given an electronic asset tag and is logged by the Estates Department and also locally by the Department Equipment Controller. This allows

Where are we now?

for an accurate record to be kept on all equipment together with up-to-date service history information.

3.6.3.8 Procurement of Medical Equipment

The process for procuring medical equipment is included in the Equipment Procurement Policy and NHS Fife Board's Financial Operating Procedures.

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

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

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

3.6.4 Current Challenges & Future Strategy

Three major improvement projects are under considered:

- Following on from replacement of Anaesthetic machines at QMH as reported in the previous PAMS document, replacement of 15 Primus machines, nearing 14 years old, has been approved and should be in place by the end of this financial year.
- Building of a new Fife Elective Orthopaedic Centre on the Victoria Hospital site will add a third operating theatre to the number available now together with associated increases in recovery areas and a supporting ward. There will also be increased outpatient facilities. Extra equipment will require to be supplied with ongoing maintenance costs.
- Manufacturer's notification of End of Life status has been received for twenty two ECG Recorders currently in use in both acute hospital sites. All but two of these are at least 13 years old. A replacement strategy will be required.

There will be challenges meeting servicing requirements for £1.7m of extra equipment in response to the Covid-19 pandemic and doing so from within existing resources.

3.6.5 Investment Needs

An outline of the Boards 5-year equipment procurement plan, including cyclical replacement, is set out in Appendix F. Current budgets of c£2m per annum need raised significantly if equipment condition is to be maintained.

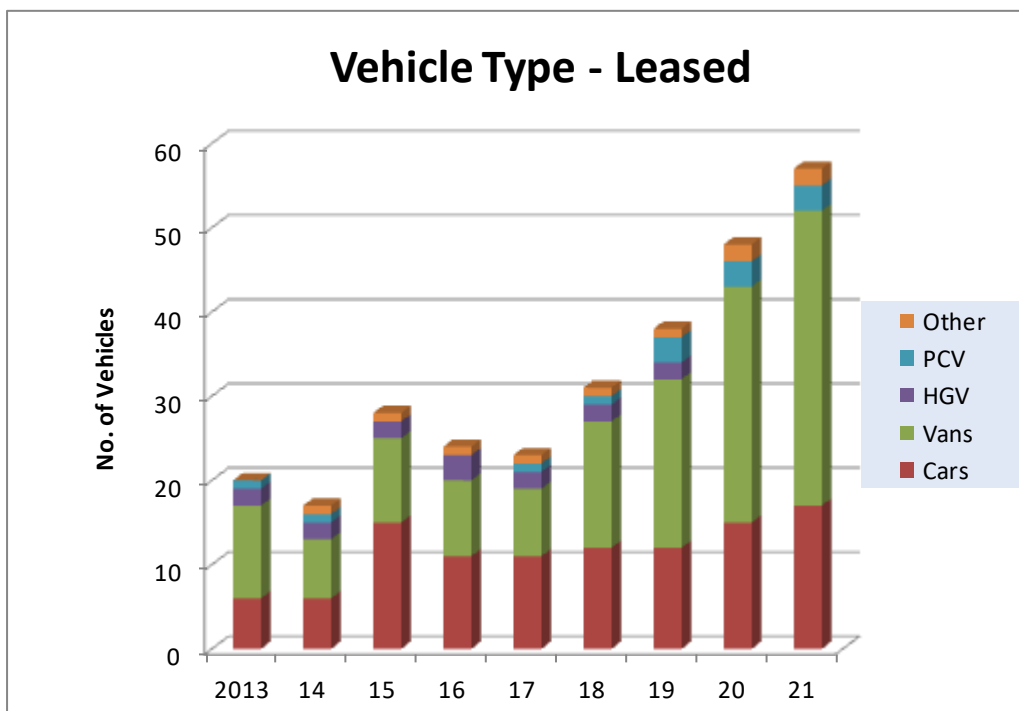
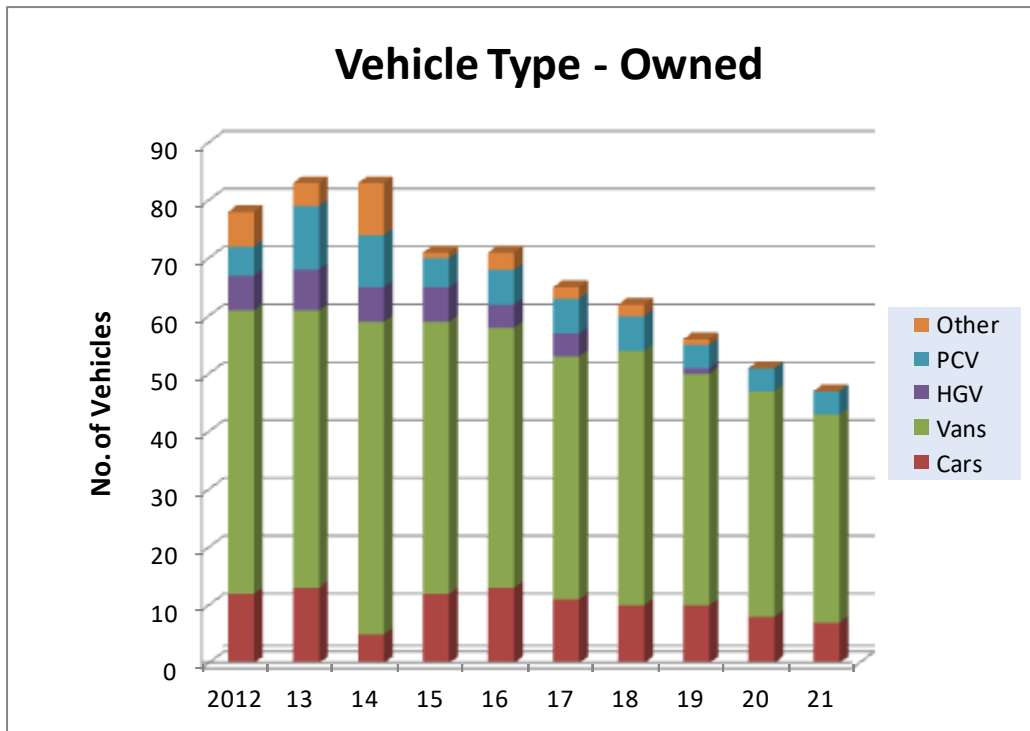
3.7 State of the Board's Vehicular Fleet

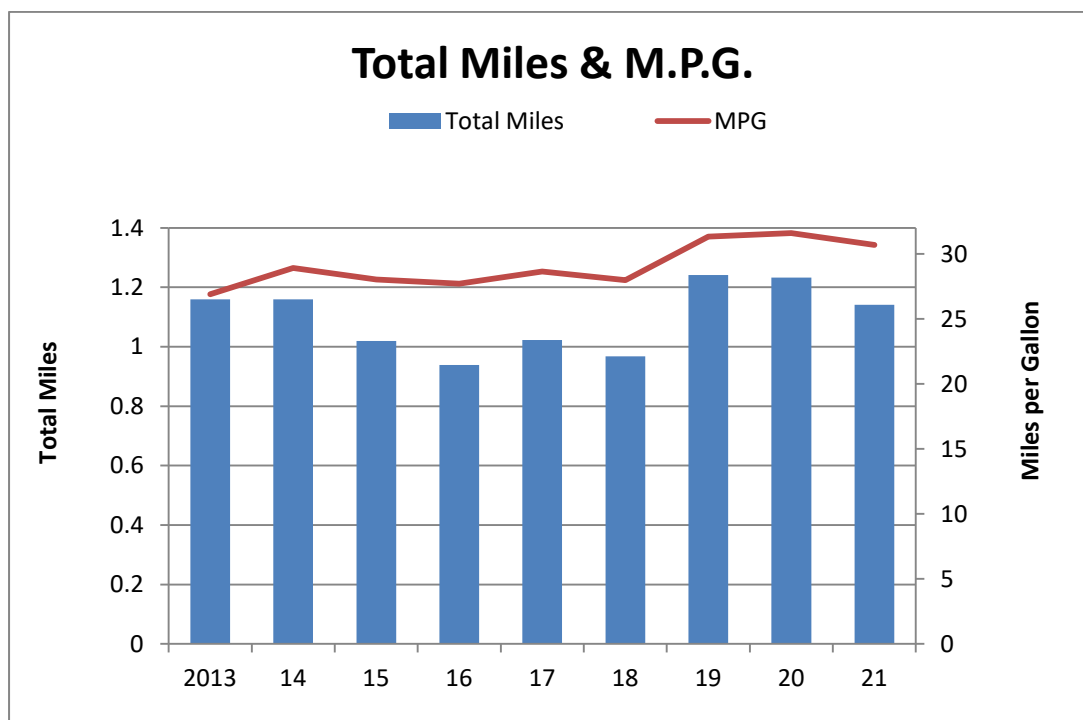
3.7.1 Transport Assets

The total number of vehicles within NHS Fife has increased and there are plans to reduce numbers in the near future back to previously held levels, however, more than 93% of the vehicles owned by NHS Fife are in excess of 5 years old. The replacement of owned vehicles as part of NHS Fife Capital Investment Plans will be addressed as funding allows. 45% of vehicles are owned by the Board and 54% leased on a 3, 4 or 5 year basis as determined by the National Procurement contract through which they were procured.

The percentage number of vehicles being leased has increased and this will help address future replacement plans.

	2016/17	2017/18	2018/19	2020/2021
Owned	65	62	56	47
Leased	23	31	38	57
Staff Car Scheme	184	154	146	150
Long-term hire (Enterprise)	4	30	30	44
Total	276	277	270	298
Age (% less than 5 years old)				
All Vehicles:	43	83.3	100	100
Mileage (average per vehicle)				
Owned	10473	9971	9083	9443
Leased	14842	8948	11917	6900
Staff Car Scheme	8186	12897	13037	885
Fuel Type (percentage)				
Petrol	15	46	14	35
Diesel	82	52	76	52
Alternative (state type(s)): Electric	3	3	2	13





While the total mileage for NHS Fife fleet vehicles has increased, the efficiency of vehicles in terms of miles travelled per gallon of fuel consumed has also increased.

Also, 270,071 miles included as a result of using the Enterprise Car Club vehicles, will see a corresponding reduction in staff using their own personal cars for NHS business.

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

3.7.2 Condition & Performance

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

3.7.3 Financial Consequences

There is an ongoing replacement of the leased fleet with the lease costs generally being similar to current costs. The Board spends £150k on current leases per annum. Routine maintenance of this fleet is included within the lease costs. The replacement cost for the owned fleet of vehicles is in excess of £862k. During the year a capital investment of £50k per annum was made available for owned fleet replacement.

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

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

3.7.4 Fleet Complement

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

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

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

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

3.7.5 Recent Initiatives

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

- A reduction in large vehicles

- Improved fleet utilisation with corresponding reductions in miles travelled by the fleet vehicles
- Review of latest technology and vehicle improvements, incorporating national targets and industry KPIs
- Use of tracking, speed limiters and fuel saving equipment, providing reduced fuel consumption
- Implementation of multipurpose vehicles to further increase utilisation
- The new nationally Managed Fleet Management System has been introduced and is being developed
- A Transport Supervisor has been appointed in 2018 to aid operational improvement and rationalisation of duties and our Fleet Manager is now employed direct on a part-time basis
- The Covid-19 outbreak has resulted in the long-term hire of more vehicles for various departments to fight the pandemic
- Revised working practices as a result of the pandemic have impacted passenger carrying vehicle capacities

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

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

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

3.8 State of the Board's IM&T Assets

3.8.1 Current Arrangements

NHS Fife's Digital Strategy & IM&T assets offer the opportunity for Digital & Information to be a real enabler in order to improve the quality of healthcare delivery through the introduction and use of modern technology to both healthcare professionals and patients.

NHS Fife has made steady progress improving the 'foundation state' of IM&T over the past 4 years. The core infrastructure has received investment to bring it up to date, improve resilience and ensure that most hardware and software is within a support lifecycle:

- The GP server estate has been refreshed and centralised backup has removed legacy tape solutions
- Significant investment continues to be made in the endpoint estate working towards a 4-5 year refresh cycle
- The rollout of Windows 10 is 100% complete save an exceptions list of just over 100 units running and application reliant upon Windows 7
- Significant progress has been made to improve the Cyber Resilience Posture in Fife with additional security tools and allocation of skills and resources
- There has been ongoing release management with TrakCare PMS which has kept NHS Fife leading the way regarding 'Scottish Edition' alignment and running the latest TrakCare releases
- The TrakCare infrastructure is approaching 6 years into its 6-year life and due for replacement in 2021/22
- The Telephony infrastructure is 5 years into its 5-year life and the core servers are due for replacement in 2021/22
- The core server farm and storage infrastructure is also 4 years into its 5-year life and due for replacement in 2022/23

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

NHS Board: FIFE	Number (of units, systems, outlets, etc)	Replacement Value	Net Book Value	Ownership (%)		Age Profile (%)			
				(approx. % of replacement value)		(approx. % of replacement value)			
		(£'000's)	(£'000's)	NHS owned	Non-NHS owned (e.g. Leased)	Over 7 years old	5 - 7 years old	3 - 4 years old	Up to 3 years old
Cabling Networks (Wired outlets)	40240	2830	432	75%	25%	60%	14%	12%	14%
Cabling Networks (Wireless access points)	1401	490	147	100%	0%	70%	15%	13%	2%
Network Server Infrastructure (circuits, switches, routers etc)	650	2,333	652	100%	0%	35%	30%	25%	10%
Network / Cyber Security Appliances	70	350	90	100%	0%	0%	10%	30%	60%
Virtual Server Platforms	400	205	n/a	100%	0%	0%	0%	0%	100%
Data Storage	500 TB	705	520	100%	0%	90%	0%	0%	10%
Physical Servers	112	811	577	100%	0%	20%	25%	45%	10%
Communication Platforms (Telephony)	40	2,290	1,145	100%	0%	2%	45%	50%	4%
Handsets, Smartphones & Deskphones	8252	905	701	100%	0%	0%	3%	69%	18%
Desktops / Laptops	9879	3743	2,066	99%	1%	0%	1%	44%	55%
Mobile Devices	1200	306	138	100%	0	0%	0%	35%	65%
TOTAL	62,244	14,968	5,878						

3.8.2 Condition & Performance

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

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

- Data Networks - Networking and IP Telephony technology investment has not been on a permanent replacement cycle and 7+ year old kit exists. We need to replace the outstanding ageing kit and maintain the 6 year supportable asset horizon and there is a long list of network switches due for replacement should funds become available. The Wide Area Network requires some investment to improve performance at some sites which are experiencing Network saturation and currently will not be able to absorb the additional demands of O365.
- Standalone Servers - The server estate is on a 5-7 year replacement cycle and standalone servers are consolidated onto Virtual Server Farms where possible. Any servers with local storage are also consolidated into SAN as the refresh cycle allows. Improvements are being made slowly as funding becomes available. The GP estate has recently received significant investment in hardware keeping it current and this will be due for replacement in 2023/24, assuming that GPIT re-provisioning doesn't remove the need for local servers in GP practices. There is an ongoing challenge to maintain a robust and supported estate which does not have legacy infrastructure contributing to Cyber Security vulnerabilities.
- Core Enterprise Server Technology - Is generally where critical platforms are hosted and a 5 year replacement cycle is maintained where funding allows. The ultimate aim is to maintain all critical platforms within a 6 year age limit. Significant investment continues to be made in order to maintain a current and support estate. This is advancement from a previous normality filled with regular outages, fragmented technologies and widespread end of life or out of support hardware. We now need to maintain the 6 year supportable asset horizon.

- Endpoint Infrastructure - NHS Fife has just completed an 18 month programme to upgrade from Windows 7 to Windows 10. This programme is also replacing all personal computers older than 5 years and upgrading to solid state disks and increasing memory where appropriate. Annual investment in the PC estate is required to maintain a 5 year cycle. NHS Fife is a leader in this space compared to other NHS Scotland organisations. Due to Covid-19 and the demand for remote working, NHS Fife's ratio between laptops: desktops changed from 1:5 to 2:5.
- Software - In terms of software, perpetual licensing (especially amongst the large software and enterprise vendors) is being phased out and as software is moving towards being licensed on a subscription basis, meaning NHS Fife (and all other health boards) will not own any licences in the future. The severe ongoing revenue impacts of this have began this year with a National Microsoft EA subscription for Windows 10 and Office 365 licences.

The modernisation of IM&T means that NHS Fife and other NHS Scotland organisations are considering all the options when refreshing ageing 'on-premise' platforms. This means considering the 'once for Scotland', regional solutions and other joint ventures with attractive economy of scale. A prelude to this will be movement towards a Regional IT Service Desk with Lothian and Borders. Aligning out IT Service Management process and toolset will path the way to adopting other means of modernisation.

3.8.3 Financial Consequence

D&I is currently reviewing and improving IM&T 'contract alignment' so that support and maintenance costs will be assigned to infrastructure/services. This work was delayed due to COVID 19 and not available at this time.

D&I do not currently measure incidental running costs such as electricity, cooling, premises etc.

3.8.4 Current Challenges and Future Performance

NHS Fife is working towards a fully supported and within lifecycle IM&T estate to enable a solid foundation for delivery of our 2019 – 2024 Information and Digital Technology Strategy. Delivery of this strategy will enable and empower service users to utilise digital to engage with their healthcare and will support our workforce to provide the most efficient health and care services possible through exploitation of technology. Considerations will be made on up and coming core infrastructure refreshes whether they should remain on premise, move to cloud or shared with other NHS Boards via Regional or National working. The response to COVID has increased the number of Endpoints substantially as we purchased more laptops for mobility and iPads for the Vaccination Programme. Enormous challenges remain regarding the lead times for components and this is a worldwide issue across all sectors.

3.8.5 Investment Needs

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

3.9 State of Independent Facilities

3.9.1 Current Arrangements

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

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

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

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

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

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

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

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

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

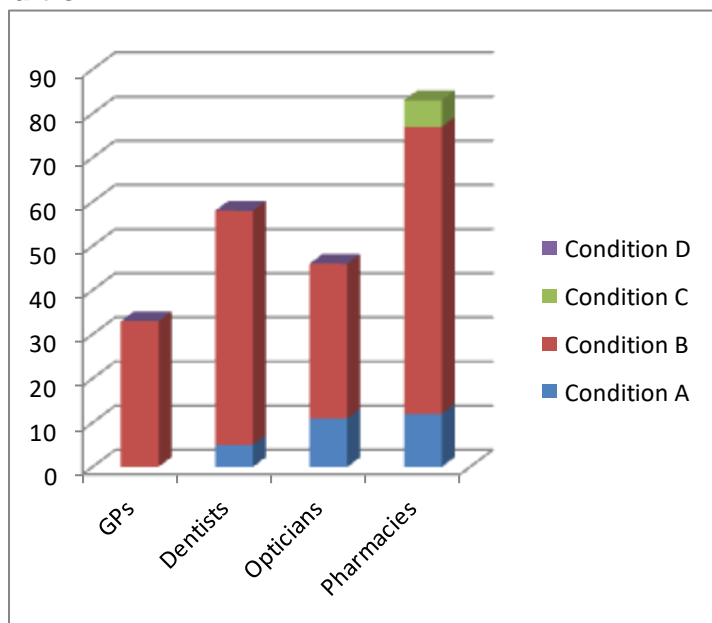
- Play its part in undertaking the survey of GP premises
- Accept, carry out due diligence and administer applications to join the Register
- Accept, carry out due diligence and administer applications for loans under the Code and account for these in its financial processes.

The Code also defines the actions that GP contractors who no longer wish to lease their premises from private landlords must take to allow Health Boards to take on that responsibility.

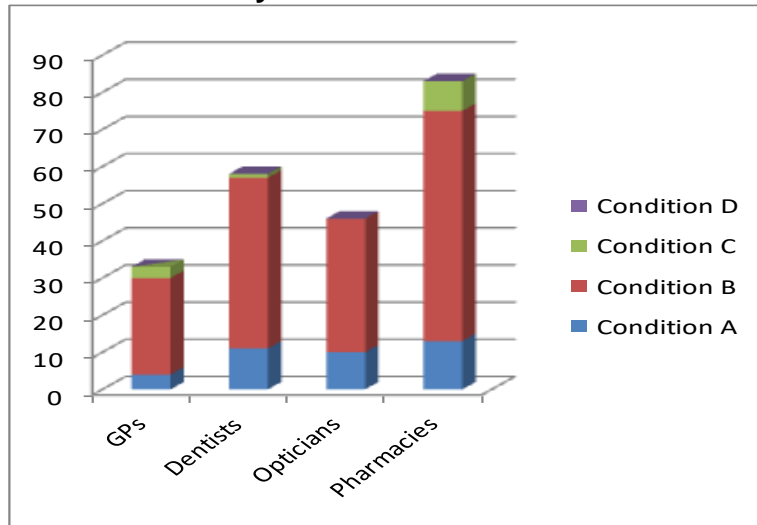
3.9.2 Condition and Performance of Independent Facilities

Surveys of independent GP premises were commissioned by HFS Scotland in 2019 and the results uploaded to our Estates EAMS system. No annual reviews are carried out however and there are currently no formal conditional surveys carried out in independent dental, pharmaceutical or Optician premises as this is not funded. A desktop review of condition, functional suitability, space utilisation and quality was carried out in late 2017 confirming these premises, although aging, are generally in good order. A detailed synopsis is provided in Appendix G.

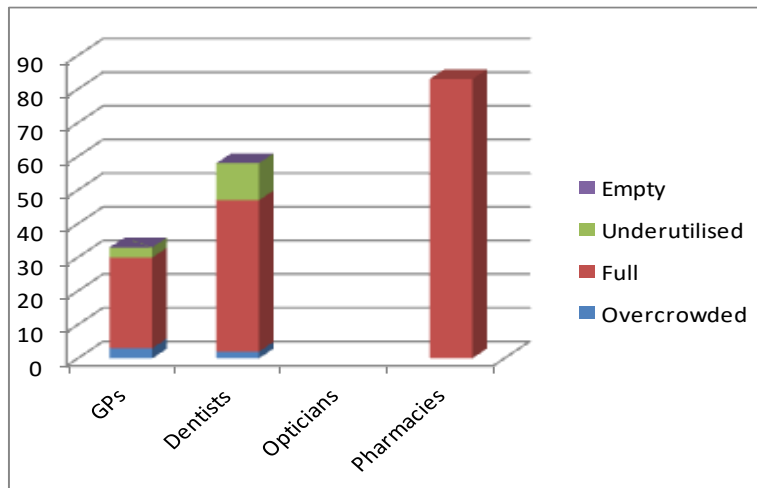
Condition



Functional Suitability

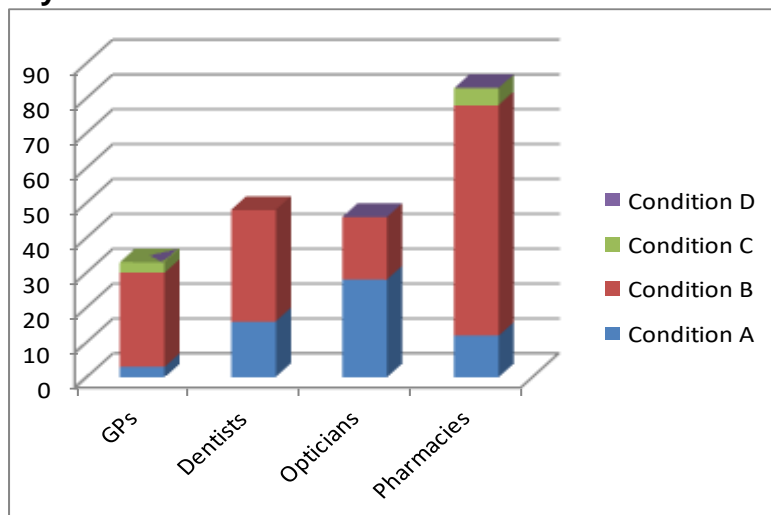


Space Utilisation



(No information is available for Optician and Pharmacy - data is incomplete)

Quality



3.9.3 Current Challenges and Future Strategies

These premises are not owned by NHS Fife but deliver services on behalf of NHS Fife. At the present time, the 33 GP Practices occupy 14231 m² and 57 Dental Practices occupy 5910m². The areas occupied by Optometrists and Pharmacies have not yet been collected.

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

Support and Prioritisation

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

GP Support Accommodation

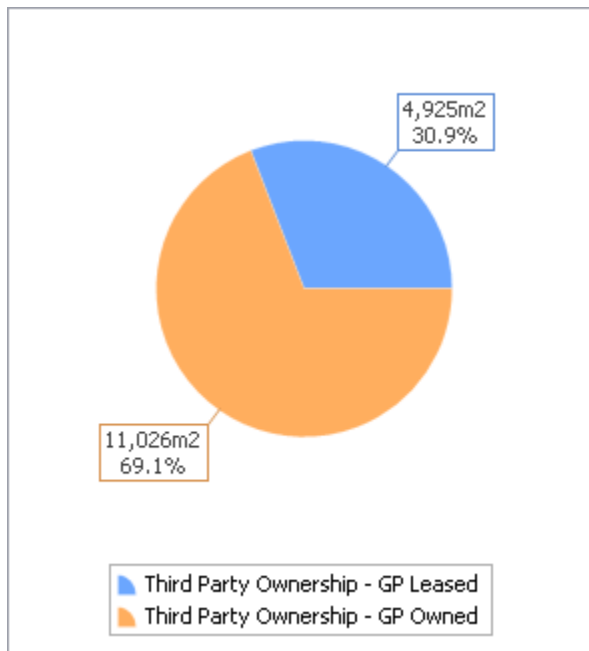
Facilities are working with the implementation team for the new GMS contract to secure additional space for the clinical support which will be given to GPs as part of the new contract. This includes additional Phlebotomists, Pharmacists, ANPs, First Contact Physiotherapists, CAHMs Immunisation teams etc. In some cases this may mean simple rearranging of the site users, in others we are looking at who can be moved elsewhere eg: centralising Health Visitors and/or School Nurses, and for some, significant amounts of capital may be required but this is as yet at an early stage and no real estimates are yet available. There are also plans to develop Pharmacy “hubs” with remote access to GP practices, to accommodate the significant increase in pharmacy staff and to support delivery on the non patient facing elements of the GP contract.

Vaccine Transformation Programme

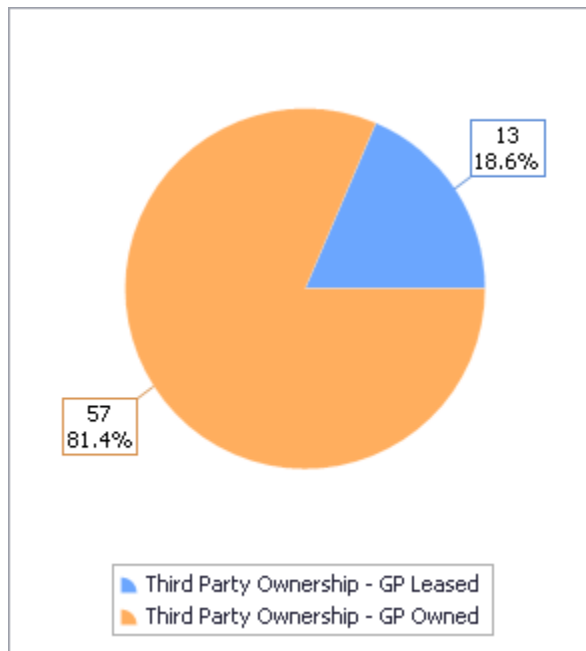
Fife Health and Social Care Partnership (HSCP) will be undertaking immunisation of the whole Fife population as part of the changes outlined in the GMS contract. These changes will have very significant impact on the number of vaccines that will require to be supplied from NHS Fife Pharmacy Vaccine Holding Centre (VHC) at Queen Margaret Hospital, how these vaccines are stored and transported. Significant structural change to the whole vaccine cold chain will also be required to ensure the vaccines required for all programmes and stored and transported within a robust vaccine cold chain.

NHS Scotland - Independent GP Premises - Board Report NHS Fife

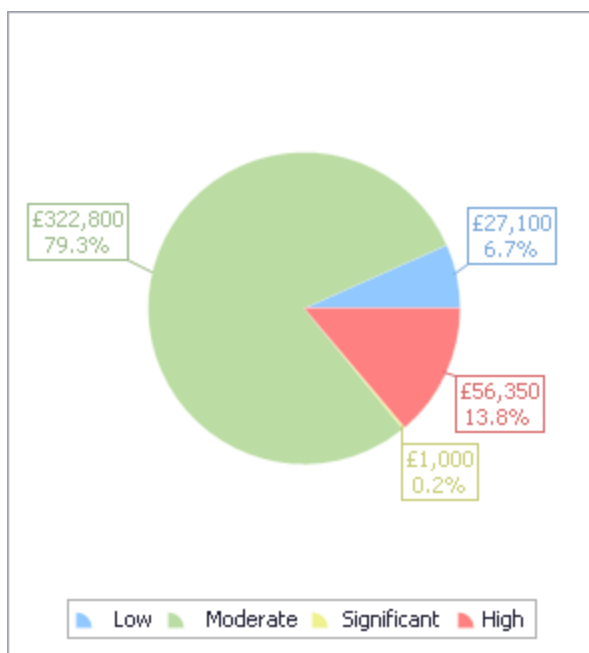
Tenure by GIA (m²)



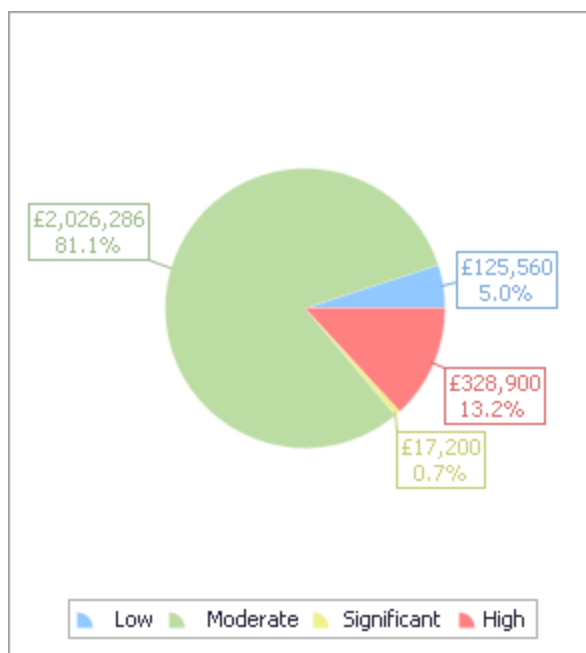
Tenure by Number of Blocks



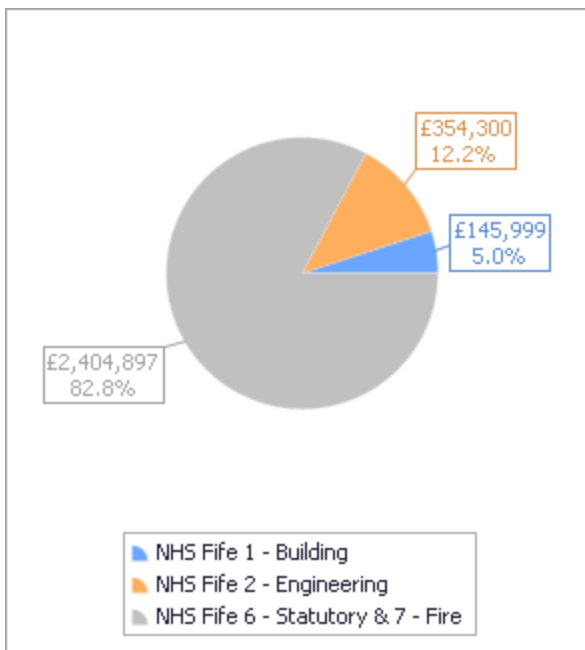
**Backlog Cost By Risk:
Third Party Ownership – GP**



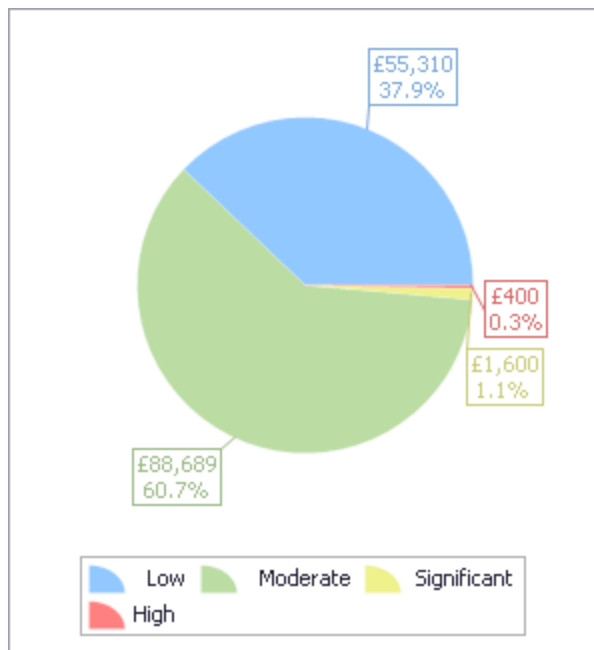
**Backlog Cost by Risk:
Third Party Ownership – GP**



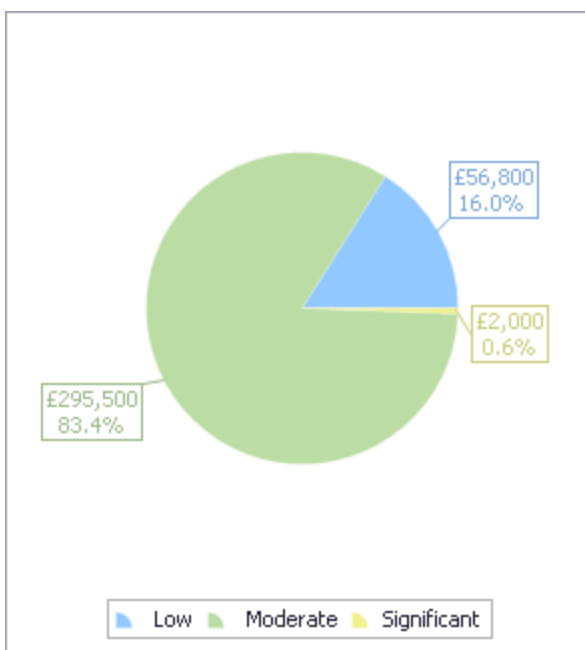
Backlog Cost by Facet



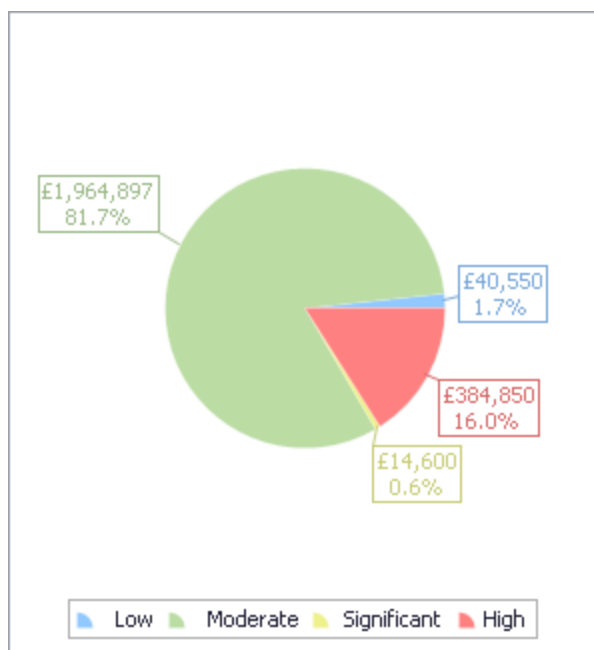
Building Facet by Risk



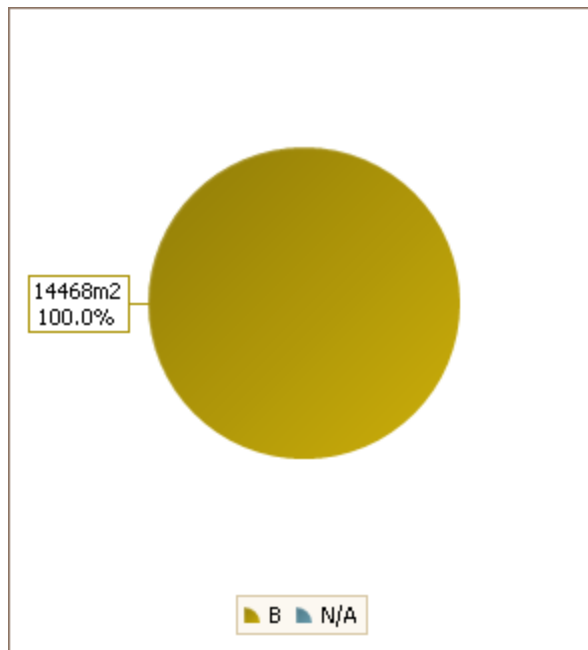
Engineering Facet by Risk



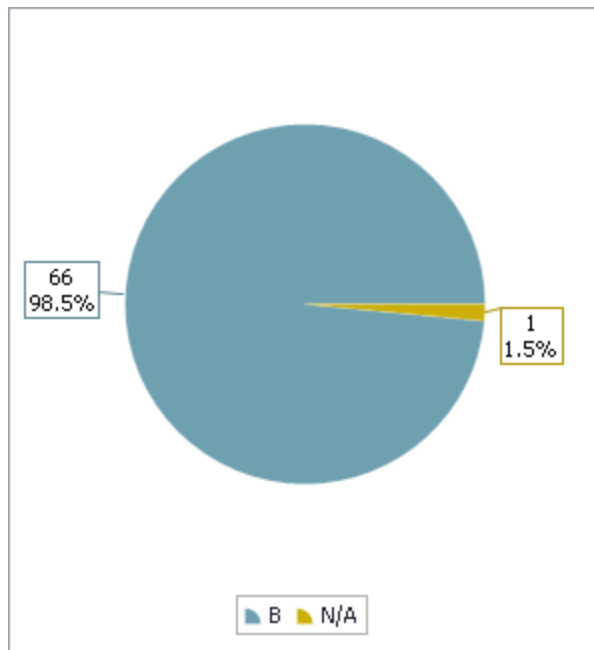
Statutory & Fire Facets by Risk



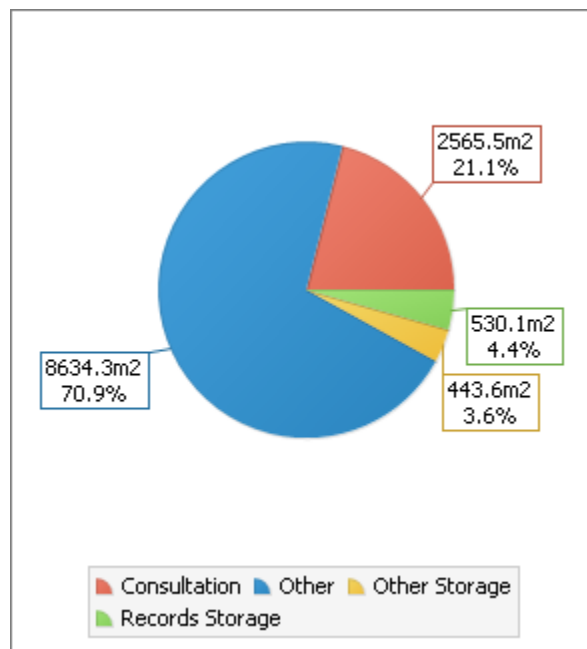
**Physical Condition:
Overall Block Condition by
GIA(m²)**



**Physical Condition:
Overall Block Condition by Count of
Blocks**



Space Use – Floor Area (m²)



4.0 Competing Asset Based Investment Needs

4.1 Local Competing Asset Based Investment Needs

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

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

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

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

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

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

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

4.1.1 Backlog Maintenance

The 2021/22 proposals for backlog maintenance drawn from our conditional surveys, SCART and Datix sources and listed in order of risk priority are tabled in Section 9. £3.5m has been allocated this year in order to deal with top priorities. Funding is allocated primarily in risk order in conjunction with consideration of clinical and estates strategies but it should be noted that this level of funding will in no way maintain the estate at condition B. In context, it should be noted that the current significant and high risk Backlog (elemental figures excluding fees, decant, VAT etc) total some £51m.

4.1.2 Equipment

The Capital Equipment Management group has identified a 5-year investment plan as detailed in Section 9. Ideally, £2.126m has been allowed per annum in the 10-year Capital plan.

The trend below identifies the current figures for replacement in the coming years - these figures will be subject to change as the years progress as the replacement programme is constantly updated and funding shortfalls push unfunded equipment into future years.

Year	21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000
Total Investment Envisaged (£)	£5,363	£3,108	£1,440	£912	£1,551

4.1.3 IM&T

The capital plan for the next 5 years is underfunded (recent Scottish Government funding has been £1.1M pa) so is subject to constant re-prioritisation, individual business cases and modernisation. The D&I department is not adverse to receiving donations of kit from other public sectors organisations to replace ageing equipment and will rely upon ADEL funding and other opportunities in order to make up the shortfall. There is a risk that some assets will need to be 'sweated' and legacy equipment retained if full funding is not able to be sourced. This may result in less than optimal Production environments, affordable performance regarding availability and NHS Fife slipping in and out of compliance with the Cyber Security Framework (due the additional security vulnerabilities running legacy assets may afflict).

A Summary of the 5-Year capital plan is below:

Year	21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000
Total Investment Envisaged (£)	£2,174.2	£3,503.5	£3,600	£1,727.5	TBC

4.1.4 Transport

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

Year	21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000	26/27 £'000
Total Investment Envisaged (£)	£617	£131.6	£18	£11	£11	£50.4

(In terms of leased vehicles, we currently require £228k of revenue funding annually to maintain the current fleet).

4.2 Regional Working and Competing Investment Needs

4.2.1 National Approach

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

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

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

4.2.2 East Region Approach

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

4.2.3 Development of East Regional Asset Management Plan

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

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

- Catering Services
- Fleet Management
- Decontamination
- Laundry Services
- PAMS
- Public Private Partnerships (PPP)

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

4.2.3.1 Regional Catering Services - Project

NHS Scotland National Catering Production Strategy developed in 2016 proposed that NHS Boards move over time to larger scale “cook freeze “ central production units (CFPUs) with potentially 4 purpose built units servicing the needs of NHS Scotland.

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

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

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

For 4 sites in NHS Fife (which service approximately 60% of the inpatient numbers) a delivered meal service is used. A delivered meal service is where the bulk of the

food is purchased ready-made. Notably this system delivers consistency and NHS Fife has the highest patient satisfaction and lowest food cost within the region. Cost is not the only driver for change. There are other organisational risks in catering production and having a standardised menu which complies with all current legislation and best practices will help minimise these risks. This will reduce reliance on local resources and may reduce risk from allergen mismanagement.

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

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

4.2.3.2.1 Regional Fleet Management Opportunities

Due to the Covid-19 pandemic there has been no progress in the regional fleet work outlined in the previous PAMS.

4.2.3.2.2 Regional Decontamination Project

A National Initiative, the Decontamination Collaborative Programme (DCP) has been set up to review the current and future requirements for decontamination in Scotland.

The aim of the DCP is to produce a draft National Strategy and Business Case to the Strategic Facilities Group to develop Central Decontamination Units (CDUs) in order to meet strategic objectives:

- decontamination capacity to meet the demand of 2035
- development of national contingency arrangements

The Programme will improve the sustainability and resilience of the services through capital investment in capacity and improved contingency arrangements between CDUs, with the following outcomes:

- NHS Scotland's decontamination services will provide a resilient, sustainable and effective service fit to meet the increasing healthcare needs of the population to 2035
- NHS Scotland's decontamination services will operate in the most efficient and effective way
- NHS Scotland decontamination services will have arrangements in place and spare usable capacity available sufficient to support full contingency efforts in the event of the unplanned shutdown of a CDU, with minimal impact on services to hospital theatres

4.2.3.2.3 National Laundry Consolidation Project – Regional Aspect

In 2014 the Programme began investigating ways to improve efficiencies and value for money in the NHS Scotland laundries. A Laundry Strategic Review Group (LSRG) was formed to take this forward. The group included a Programme Director, representatives from each of the NHS Scotland territorial Health Boards, Laundry/Linen Services Management, Trade Union representatives, NHS Scotland Strategic Facilities Group, National Services Scotland (NSS) Finance, territorial Health Boards Finance and NSS Project Management and Administration. The LSRG quickly decided that it was necessary to develop an Outline Business Case (OBC). In the absence of territorial Health Board resources being available it was agreed to engage external consultants Capita to work with NHS Scotland to produce the OBC. This outline business case was considered, however the affects of the Covid-19 pandemic on NHS Scotland laundries included:

- a very steep increase in laundry to be treated as infected (rather than simply used), resulting in a slower processing time
- an increase in the quantity of laundry processed
- a requirement for re-usable PPE to be sourced and processed
- increased demand for items such as scrub suits
- an increase in demand for processing of uniforms (for both uniformed and previously un-uniformed staff)

The result of this increased expectation of our in-house laundries along with the ongoing development of a truly workable contingency for major disruption of production has resulted, at this point, in a different approach. This approach is summarised in the OBC update extract below. As a consequence, there is no current change in in-house laundry or the consequent accommodation occupied by NHS Fife's laundry.

These main findings re-affirm some of the original LBC recommendations and current understanding of the challenges facing NHSS Laundry Services and introduce some new dimensions in respect of the case for change. They remain aligned, however, to the key benefits, investment objectives and operating principles of the LBC. The findings are listed as follows:

NHS Scotland should prioritise the Capital Investment Programme identified in the original Business Case as a matter of urgency with particular emphasis on CBTW replacement. Since 2019, spend to date has been modest and £3.1m (on CBWs that provide washing capacity) should be spent immediately to avoid risk to resilience of those laundries needing replacements:

- NHS Scotland should establish logistical (ie transport) contingencies to provide for maximum flexibility in the event of service failure in one area (moving soiled linen to alternative LPU's should one become inoperative for a period of time)
- NHS Scotland should consider standardising the manner in which textiles are finished across all LPU's
- NHS Scotland should consider environmental impacts such as the use of disposable PPE and a potential move to reusable PPE

- NHS Scotland should ensure that the regular liaison between LPU's and the service users provide as much standardisation of textile use policy eg the designation of infected linen, to support the LPU's operation
- NHS Scotland should consider investing in the implementation the BS EN 14065:2016 Bio-contamination Control System across all LPU's. The BS EN 14065:2016 Bio-contamination Control System supports best practice and governance by providing a visible and monitorable demonstration of safe systems and processes
- NHS Scotland and its LPU's should ensure that they invest in training and development to ensure Management and operational succession requirements are met

4.2.4 Regional Prioritisation

In addition to an internal prioritisation process, NHS Fife is working in partnership with NHS Lothian and NHS Borders to develop a regional approach to property, asset management and capital planning in the East of Scotland

PART B: Where do we want to be?

Overview

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

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

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

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

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

5.0 Context for Service Change

5.1 National Context for Service Change

Population

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

Multi-morbidity in Scotland

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

Strategic Overview

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

Building on the progress made in implementing the Quality Strategy, a vision for healthcare services in Scotland was introduced to provide a focus and impetus in developing these health services. To deliver patient centred, safe and clinically effective care, the 2020 Vision proposes that;

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

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

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

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

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

5.2 Regional Context for Service Change – H&SC Plan

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

Our 5 objectives in the East of Scotland are to:

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

5.2.1 A Plan for Scotland

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

5.2.2 A Plan for the East of Scotland

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

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

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

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

5.2.3 Key Propositions

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

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

Next Steps

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

6.0 Local Context for Service Change

6.1 The NHS Fife Health and Wellbeing Strategy

The Covid pandemic has significantly impacted on performance and transformation in NHS Fife. As a result of the Covid pandemic measures and the Covid-19 pandemic activity surges experienced throughout last year, the performance management framework has been replaced by performance against projected activity. This activity is based on capacity which has been reduced due to the 2 metre restrictions. NHS Fife approached remobilisation of services in a safe and phased way which meant that capacity significantly reduced during periods of surge.

During the last year, the transformation programme was paused as services and staff focussed on the Covid-19 pandemic effort and the consequent national priority programmes such as the seasonal flu and Covid Test and Protect programmes. Transformation has, however, moved at pace particularly in the field of digital and information where virtual consultations have increased significantly.

During the Covid-19 pandemic period, NHS Fife submitted an integrated mobilisation plan in March 2020, a remobilisation plan in June/July 2020 and a further remobilisation plan in February 2021 to the Scottish Government. These plans replaced the Annual Operational Plan for 2020/21 with the third plan submitted in February outlining actions and activity performance for 2021/22. These plans outline how NHS Fife and Fife Health and Social Care Partnership will remobilise services following the Scottish Government Framework for NHS Scotland in respect of Remobilise, Recover, and Redesign.

During 2020/21, the Strategic Planning and Resource Allocation (SPRA) process was introduced to support financial and organisational planning and this has supported the development of the financial plan for 2021/22.

The SPRA guiding principles ensure alignment of workforce, financial and operational planning. There is also a key focus on digital and the opportunities it brings to service redesign and delivery. Our SPRA process is committed to delivering services as safely, effectively and efficiently as possible and will enhance our strategic planning with an initial focus on developing a 3-year medium term plan.

The process will recognise and prioritise both investment and disinvestment to support the delivery of our objectives. Disinvestment requires the development of plans to release cash savings and productive opportunities. We are also planning to develop the capacity and capability of our Corporate PMO arrangements to support service transformation.

The focus now is on remobilisation, recovery, and redesign of services; and to deliver a recurring balanced position over the medium-term.

NHS Fife is now actively developing a wider Population Health and Wellbeing Strategy in an integrated approach to replace the Clinical Strategy which has come to the end of its term.

A Population Health and Wellbeing Programme (PHWP) Board is being established to deliver the co-ordination of the emerging strategy. It will also enable senior leadership to successfully deliver the entire range of programmes, projects and other related activities across Fife on an ongoing basis.

Portfolio Approach to Population Health and Wellbeing

This approach will align existing programmes of work alongside the development of the Population Health and Wellbeing Strategy as well as providing leadership to new prioritised programmes of work. A PHWP Board is being established to provide leadership and oversight of the programmes across health. The first meeting of this Board is planned for September 2021.

Alignment of Strategy and Portfolio to Care Programmes

The PHWP will align the existing key programmes and projects to the 4 National Care Programmes: Integrated Unscheduled Care, Integrated Planned Care, Place and Wellbeing and Preventative and Proactive Care. In addition, the Fife PHW Strategic Framework will be designed using the 4 National Care and Wellbeing Programmes and strategic direction will focus on these areas. Existing programmes in Fife will be aligned to these.

Strategy Development

A detailed Programme Plan is currently being drafted for the development and delivery of the 5-year Strategy. Given the current COVID restrictions, it is proposed to engage with staff virtually to develop the strategic framework initially to gather the current service position. Once the information is gathered, analysed, and themed, the group will convene to agree gaps and recommendations.

6.2 The NHS Fife Remobilisation Plan (RMP3) 2021/2 (Formerly the Annual Operational Plan (AOP))

In order to capture and make sustainable the changes that have taken place and to protect the new ways of working and prioritisation, a methodology was adopted to ensure NHS Fife and the Fife HSCP provides safe and resilient services going forward. This is aligned to the guiding principles which are whole system, safe and person-centred care, clinical prioritisation, agile, flexible and responsive, realistic medicine/care, protecting our workforce, digitally enabled and data enabled.

The national roadmap Re-mobilise, Recover, Re-design: The Framework for NHS Scotland describes the aims of the framework and has 7 principles for remobilising clinical services. As we come out of the third wave of the pandemic, the initial focus will be to allow staff to rest and recover before planning the remobilisation of services.

We are implementing a refreshed approach to strategic planning over the coming months and this will develop in parallel with further development of our immediate plans as described in this Remobilisation Plan for 2021/22. The Remobilisation Plan 3 included our intention to develop a refreshed clinical strategy - a population health and wellbeing strategy - by March 2022 to drive forward the redesign of health and healthcare for the population of Fife over the next 5-10 years. An approach that seeks to maximise value for the population, to promote reform, to build capability, to learn from best practice, and to truly embed improvement and innovation in everything we do will be adopted.

Planning Assumptions

Following on from the approach and methodology taken by NHS Fife, the high-level planning assumptions for the delivery of this plan are:

- Test and Protect service in place to prevent the spread of Covid by tracing and isolating any community transmission and community asymptomatic community testing
- Continuation of testing of staff and patients in health and social care as well as care homes
- Vaccination programme will be well underway into 2021/22 with the aim of vast vaccination of the population of Fife
- Contingency plans in place to mobilise inpatient areas and clinical services if faced with a second Covid surge including ITU capacity
- There is evidence to suggest greater health inequalities as a result of the Covid-19 pandemic in terms of Long Covid and mental health
- There continues to be demand and supply challenges (demographics of current workforce, impact of pensions, retirement numbers increasing etc)
- Any changes that will affect health and care service have been identified and will form part of the national and local risk register
- The specific Covid-19 pandemic planning assumptions in RMP3 are included but these will be revised as guidance changes

- Future planning will assume a level of Covid-19 vaccination across the population in 2021/22
- Physical distancing will remain in place and redesign of services will account for this. Clinical capacity will be reduced as a result of physical distancing and clinical services will be prioritised
- Pathways for shielded patients will be included in any redesign work
- Contingency plans are in place, if faced with future Covid-19 surges, including ITU capacity
- Covid workforce impacts will be captured separately and reported through the Interim Workforce Plan 2021/22
- Covid-19 costs will continue to be captured separately and reported through the Covid Financial Mobilisation Return

An Action Tracker was created following approval from Scottish Government of RMP3 with regular 2 monthly updates being provided by services. The Fife Remobilisation Plan Forum was re-established to review and regular updates. Reports to EDG, Committees and Board were by exception only.

Financial Planning

- The financial plan for 2021/22 has been developed using a confirmed baseline funding uplift of 1.5% plus £1.9m funding in support of NRAC parity.
- Assumption of £9.75m funding from Scottish Government to support a move toward achievement of waiting times targets in 2021/22
- The Strategic Planning and Resource Allocation (SPRA) process rolled out in autumn 2020 captured the key cost pressures and confirmed areas of priority for 2021/22. Through this prioritisation, additional investment has been supported across the following areas: safe staffing within the Acute Services Division; specific Acute Medicines increase; and the expansion of both Governance and Corporate PMO arrangements.
- The financial plan assumes the continuation of SG funding for Covid-19 costs on a non-recurring basis (funding to be confirmed). This extends to include Public Health expansion costs for 2021/22 with the recognition that recurring commitment is required over the medium term.
- Whilst the focus last year was responding to the Covid-19 pandemic; and unmet savings for Health and Social Care were fully funded; we have highlighted to Scottish Government our requirement for funding for 'long Covid' historic efficiency savings for 2021/22. A key focus on the medium term plan to deliver carry forward savings remains extant, with the PMO expertise critical to the assessment of options and delivery.
- Our financial plan shows an overall savings requirement of £21.8m for Health Board retained comprising of an unmet savings target for 2021/22 of £13.6m (1.9% of baseline) and assumes £8.2m of savings can be met (1.2% of baseline)
- There continues to be significant uncertainty about the financial impact of the Covid-19 pandemic in both the short and longer-term, and what this will mean both for service delivery and associated financial plans
- We are working in partnership with the Local Authority and the IJB in respect of the HSCP Health Delegated Budget. The creation of the IJB earmarked reserves

in 2020/21 allows some flexibility which has been used to meet legacy and in-year savings, which allows a balanced opening budget position for 2021/22.

6.3 Local Priorities

6.3.1 Acute Services Transformation Programme

The focus of the Acute Services Transformation Programme (ASTP) for 2021/22 will be the development of a Whole System Programme covering both urgent and elective care pathways working across Health & Social Care and Acute Services.

6.3.2 Primary Care

There is a need to develop modern fit for purpose facilities that reflect the changing nature of primary care services through the changes to the GMS Contract.

6.3.3 Mental Health Redesign

Following publication of the national Mental Health Strategy which was launched in March 2018, NHS Fife has refreshed the local mental health strategy. This included a comprehensive engagement and consultation process and resulted in a new Mental Health Strategy for Fife “Lets Really Raise the Bar”.

The Strategy reinforces NHS Fife’s commitment to embrace an ethos of recovery, focussing on maximising opportunities for people experiencing mental ill health and mental illness and embedding values-based practice into service delivery. The implementation of the Strategy will ensure an equality of access to support across Fife’s localities, tailored to meet local needs, which will be co-ordinated with the person at the centre. The Strategy commits to the principles of personalisation, where people can build a meaningful and satisfying life.

Following approval of the strategy through the Integration Joint Board, the delivery plan will enable phased implementation to evidence outcomes and delivery of the commitments within the strategy. Implementation will be monitored through the Integrated Transformation Board.

Inpatient re-design is underway with an Initial Agreement anticipated around April 2022. Mental health in the community will be taken forward as a separate but interlinked work stream ensuring that there is a robust correlation between community and inpatient care.

6.3.4 Accommodation for the Pharmacy Workforce

Accommodation in GP practices remains crucial for medicines efficiencies as well as Pharmacotherapy delivery which directly enhances patient care and is in line with local and national strategic goals.

Significant space in practices is required to deliver Pharmacotherapy. Pharmacy is one of several priorities in this area and clinical space is necessary for direct patient care, as well as delivering GMS contract commitments. This requirement is likely to increase across the GMS programme following agreement of year 4 funding in the coming months. The most recent agreement between Scottish Government and the BMA specifically notes the patient facing clinical role of the Pharmacy service.

As we develop a sustainable Pharmacy model (including Pharmacotherapy and other integrated services), a number of moderately sized spaces are required within clusters to develop an integrated approach to delivery of elements of level one pharmacotherapy, medicines efficiencies, as well as other priorities such as support for prescribing in care homes. The current site within Lynebank is an example of this, however, there is a requirement to enhance provision and provide long-term, sustainable accommodation across Fife.

There will be a Board-wide focus on high-risk pain medicines, which has been supported by EDG. Work is underway to scope this, but it is almost certain that there will be an increased requirement for clinical space to undertake reviews in the primary care and acute settings.

7.0 Competing Service Based Investment Needs

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

7.1 Local Competing Service Based Investment Needs

7.1.1 Primary Care

Outline Business Cases are being developed initially for the Kincardine & Lochgelly Health & Wellbeing Centres as a blueprint for future investment. A review of Primary Care Premises will identify other priority areas for investment which relate to the changing population and demographics together with the condition and capacity of the existing primary care estate. This is likely to take the form of a programme which would allow finances to be identified and spread over a number of years in a pro-active way.

7.1.2 Mental Health Redesign

Development of the Mental Health Inpatient Redesign, as described above, is still at an early stage and project costs are still in the process of being developed. £40m was identified at the Strategic Assessment stage, however, this is now being tested against a notional schedule of accommodation within the Initial Agreement. The capital requirement for the Mental Health Inpatient Redesign is anticipated to be considerable; however, there may be opportunities to spread the cost via a programme of projects.

7.1.3 Automation of the Pharmaceutical Supply Chain in Fife

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

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

The key expenditure points are:

- Centralisation of the pharmacy stores into a single pharmacy site at VHK with a satellite pharmacy at QMH which will require the introduction of pharmacy automation and both sites for labelled and unlabelled medicine supplies including controlled drugs (storage and electronic register) and refrigerated products
- The VHK location must be able to house a significantly larger cold store to house automation and manage vaccines as well as other medicines, be able to facilitate goods in and out for up to 18T vehicles and be easily accessible for patients
- The QMH location must be supported by automation for labelled supplies and use of electronic CD register and must be able to facilitate goods in and out (small vans) and be easily accessible for patients
- Introduction of automated medicine storage cabinets in all NHS Fife hospitals where significant quantities of medicines are stored eg wards, theatres

Work to establish a programme board will progress in 2021. The full cost is estimated to be £5-6m and was submitted to SGHSCD in 2020. Development of an outline business case is now a core part of NHS Fife's Corporate Objectives for 21/22.

7.1.4 HEPMA Project (Hospital Electronic Prescribing & Medicines Administration)

Hospital Electronic Prescribing Medicines Administration (HEPMA) is currently being implemented across NHS Scotland. NHS Fife Outline Business Case was approved by the board in November 2019. The Full Business Case will be submitted to the board for approval in July 2020.

The primary aim of (HEPMA) is to remove paper-based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve our medicines management processes and enhance medicines optimisation. This will enable greater control over what is prescribed, how it is prescribed and how it is administered. This will enable monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality. A National Business Case was developed in 2016, agreement was reached that HEPMA would be available as a National Framework with NHS Boards calling off the agreed framework.

There will be infrastructure requirements which continue to be scoped with the supplier, including disaster recovery IT not reliant on power supply on each site, (multiple instances will be required on larger sites).

7.2 Regional Service Based Investment Needs

Regional key priorities for 2020/21 are highlighted below:

7.2.1 Laboratory Information Management System

A national Business Case has been prepared by external consultants for 11 Boards across Scotland. Each Board will review their share of the Business Case at local level to include savings and costs.

7.2.2 Cancer Services

Opportunities presented during 2020/21 and beyond are being taken into account to develop a more regional approach to addressing access and workforce challenges. Well established regional cancer network arrangements and collaboration on the development of a new regional Cancer Centre will also be utilised.

PART C: How do we get there?

8.0 The Strategic Asset Plan

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

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

A number of facets help us to develop the Strategic Asset Plan from Clinical Strategy. The following section highlights asset related activities completed during 2021/22 and on-going system improvements which will assist in developing a robust PAMS document.

8.1 Property Management & Data Update

Property Review and Capital Plans

To retain and maintain adequate Estate to meet clinical need

Item	Objective	Action	Lead	Status %	Timescale
1	Continue Property reviews.	Continue review of property performance and selected disposal	Director of Property & Asset Management	100%	Next review 12 Months
2	Create Site Master plans for Stratheden, VHK and Cameron	Property advisor appointed, considerations being given to each site	Director of Property & Asset Management	50%	Ongoing
3	Replacement Kincardine & Lochgelly Health Centres.	OBC Stage	Director of Public Health	25%	Ongoing
4	Elective Orthopaedic Unit - VHK	FBC approved, construction started February 2021	Director of Nursing	60%	Ongoing

EAMS Condition Survey Reviews

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

Item	Objective	Action	Lead	Status %	Timescale
1	Standardise EAMS Property data across Fife	Review all EAMS Property data in Acute and Primary Care to ensure consistency across Fife in terms of identification and measurement	Capital Planning Manager	100%	Dec-20
2	Standardise CAD data across Fife	Review all NHSF owned property CAD plans, standardize format and polyline to determine address system/room numbering and exact Gross Internal Areas on which all NHSF data is reported	Capital Planning Manager	100%	Apr-20

Other Property Data Updates

Item	Objective	Action	Lead	Status %	Timescale
1	Complete SCART 2 question set	Complete revision of SCART 2 Question set for Fife	Compliance Manager	95%	Mar-22
2	Asbestos register update	Utilize new CAD drawings and room numbering to more accurately record position and develop software. New management surveys complete and minor drawing corrections ongoing	Estates Managers	60%	Ongoing
			Compliance Manager		
3	Estates Terrier	Consider development of data into Estates Terrier	TBC	0%	Ongoing
4	EAMS Risk Manager - Fire	Move to V10 Risk Manager to link Fire data – (awaiting HFS software update)	Compliance Manager	0%	Awaiting HFS

5	MiCAD	Review all existing NHS Fife asset data to improve confidence in statutory maintenance requirements and accurate reporting	Compliance Manager	0%	Ongoing
6	Zetasafe	Review all existing NHS Fife asset data to improve confidence in statutory requirements and accurate reporting	Compliance Manager	5%	Ongoing
7	MiCAD	Utilize the compliance module to provide a Fife wide dashboard of current statutory compliance	Compliance Manager	0%	Not Started

8.2 Master Planning

A long-term estate Master Plan is underway in respect of establishing an understanding of our estate in terms of geography and condition. This information will then be cross-checked against NHS Fife's Clinical Strategy (due in March 2022) and the Fife Health & Social Care Partnerships Strategy (due in 2022) to create a high-level Master Plan for the following services:

- Acute
- Community Care
- Mental Health
- Primary Care

With a clear understanding of long-term clinical requirements and a wider appreciation of the existing estate, there is an excellent opportunity to improve care arrangements in Fife whilst rationalising the existing estate sustainably for future generations.

Several Sub-strategies and Frameworks include:

- A mental health inpatient re-design business case is being progressed
- A primary care strategy focussing on asset condition, location and use is due to be commissioned
- Discussions regarding acute provision (particularly in respect to Victoria Hospital) are underway at a senior level
- A community care strategy had previously been progressed but was subsequently paused – this work requires to be remobilised by the FH&SCP

NHS Fife's Estate, Facilities & Capital Services directorate are aware the following sites require prioritisation and are linked into the Clinical Strategies noted above:

- VHK
- QMH
- Stratheden Hospital, Cupar
- Cameron Hospital, Windygates
- Lynebank Hospital, Dunfermline

Discussions with senior staff are ongoing regarding long-term changes at the Victoria Site. Currently, there are several deteriorating assets with limited viability to develop any further due to space constraints. Recognising these challenges, the following assets are under consideration:

Asset	Comments
Phase 2 Tower Block	Two floors of the Tower Block will become vacant once the Elective Orthopaedic Centre is delivered towards the end of 2022. This would afford an opportunity to create decant space to facilitate a rolling programme of refurbishment within the building. There has also been discussion about the long-term viability of the building due to external concrete defects and limited clinical functionality internally. A feasibility study has been commissioned to report on these matters and provide a recommendation.
Phase 1	With the creation of an Estate Workshop within the old Boiler House and the potential displacement of the Pharmacy within the building, a decision will be reached on how this may be used more coherently in the future.
Pharmacy	Work has been commissioned to investigate how robotics may be introduced into the Pharmacy. This will allow options to be developed for consideration in the future.
North Labs	This North Labs are in a poor state of repair and consideration is required in respect of long-term viability. A feasibility study has been commissioned to report of this and provide a recommendation.
Hayfield House	This asset is currently used for office space. Given the possible refurbishment of the Phase 2 Tower Block to create efficient modern office accommodation, there may be an opportunity to decant from this facility. A feasibility study has been commissioned to report on long-term viability taking into account its relatively poor condition and some reported structural settlement.
Laundry	The laundry facility is subject to a substantial back-log of roof and roof-light repairs which will be extremely difficult to resolve from a logistical perspective given the high use and operational demand of the facility. A feasibility study will be commissioned to review the condition of the facility to determine how works may be carried out without detriment to health and safety or operational continuity. If works can be accommodated, cost/benefit will be considered in respect of viability.

8.2.1.1 Site Optimisation

A significant programme of work for Acute Services has been commissioned which will deliver on the agreed recommendations of the current Clinical Strategy and is the next step in our ever-evolving improvement journey. The Site Optimisation Programme will build on work to date and improve services further by:

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

At the heart of Site Optimisation, there are five key work streams:

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

Site Optimisation provides an opportunity to explore enhanced ways of working by ensuring safe, effective, efficient and sustainable care. This is a key programme of work which will deliver on and implement agreed recommendations from Clinical Strategy across Acute Services.

Site Optimisation focuses on sustainability and value to ensure that we continue to improve patient experience by delivering safe, effective and efficient care.

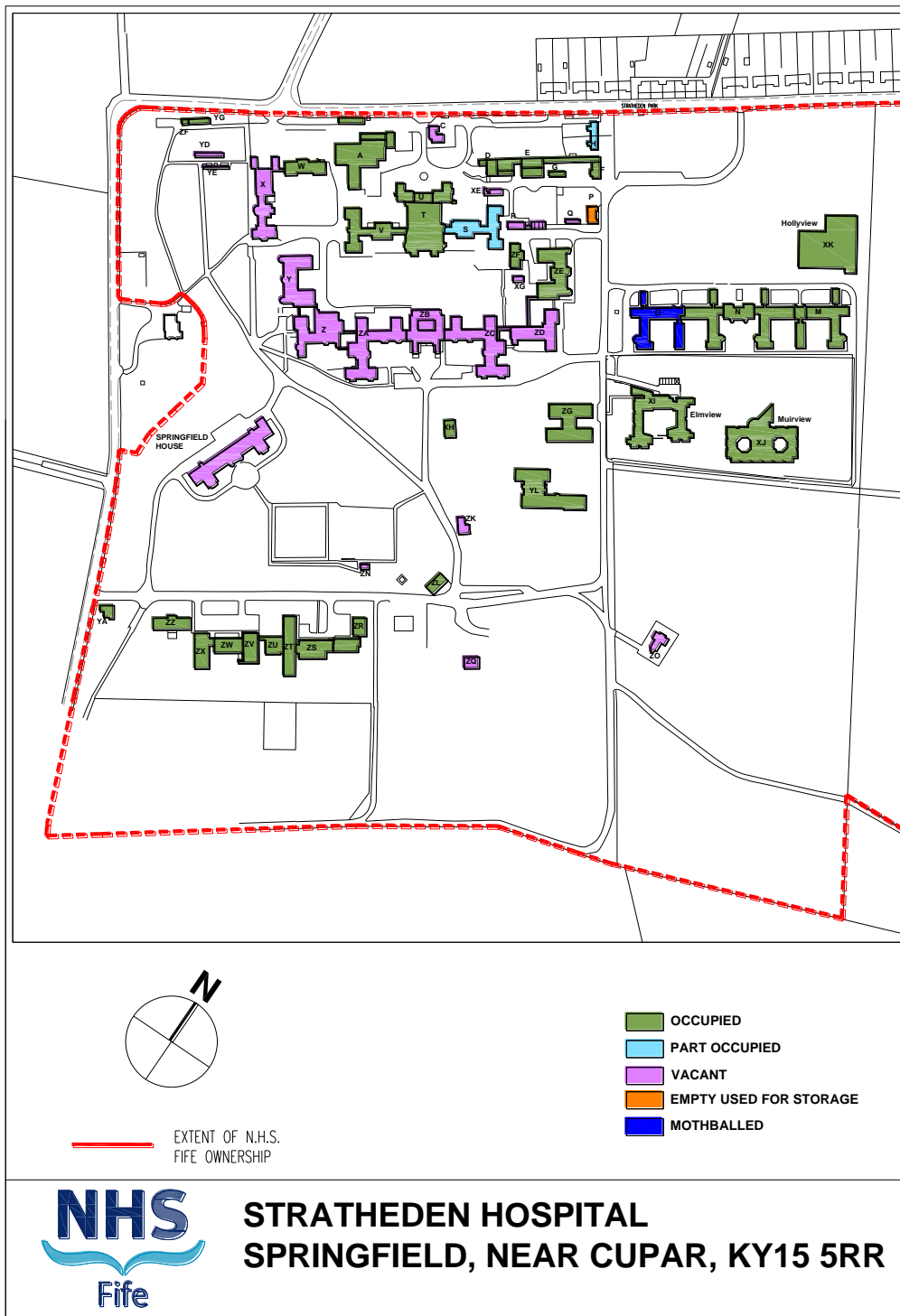
8.2.1.2 Other Issues

As an addendum, Historic Scotland has visited VHK with a view to listing five buildings namely; Phase 1, Phase 2 Tower Block and Podium, Hayfield House, North Labs and the Whyteman's Brae site. This may have a bearing on the future feasibility studies and the wider site master plan.

8.2.2 QMH

QMH will be subject to change associated with emerging acute, mental health and community strategies. There are clear opportunities for the hospital to concentrate on outpatient and day case activities whilst also accommodating mental health and community care services.

8.2.3 Stratheden Hospital, Cupar



Stratheden Hospital, Cupar currently accommodates mental health services. The site is substantial featuring a mix of assets including three relatively new developments; Muirview, Elmview and Hollyview. Many of the buildings on the site are vacant, dilapidated and no longer fit for clinical functionality.

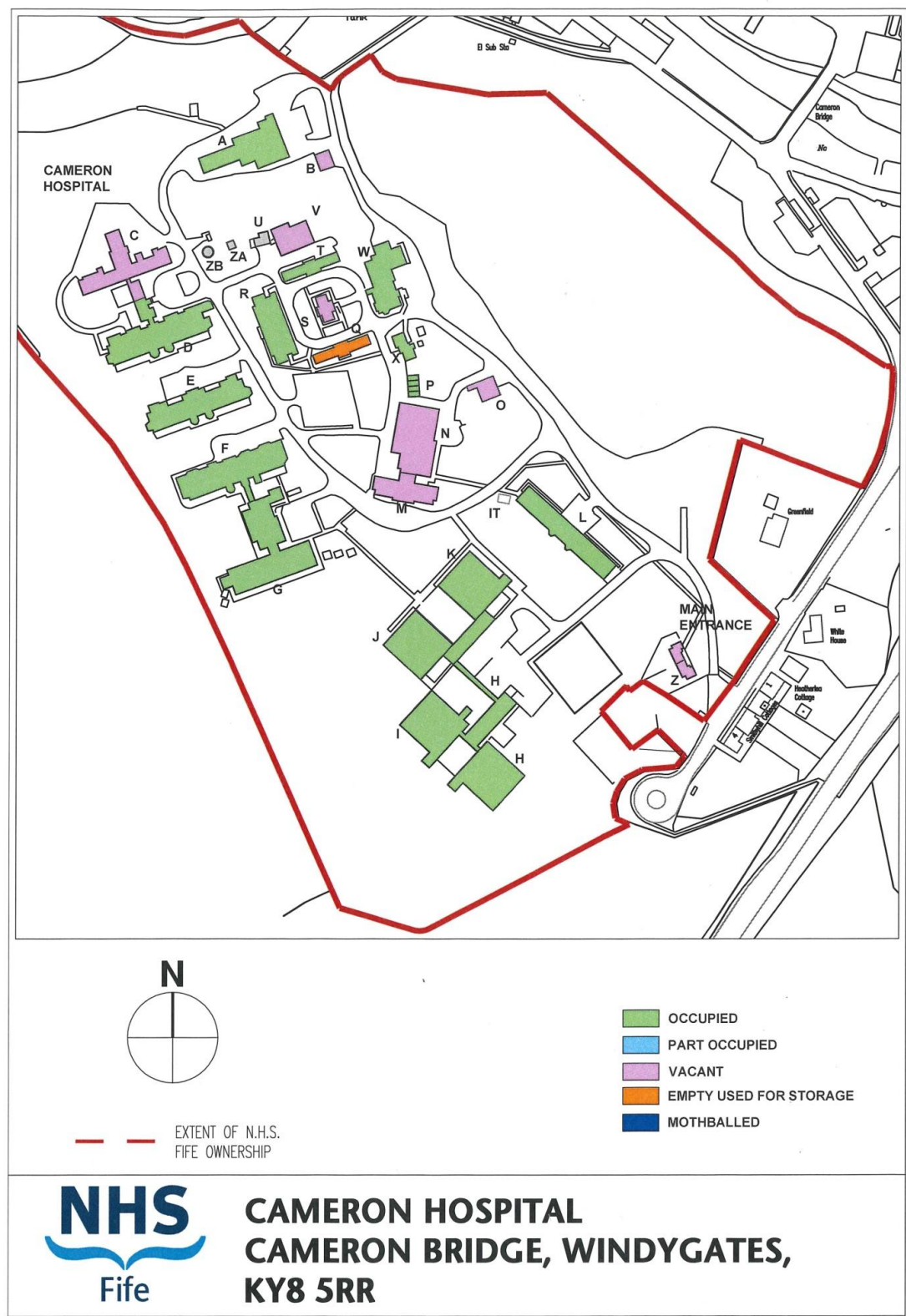
The site is likely to be considered as part of the Mental Health Inpatient Programme which is currently being progressed. Site options around the mental health estate

will be considered once a service driven option appraisal has been completed as part of the Initial Agreement.

If Stratheden does emerge as a preferred site for inpatient re-design work, then there is likely to be opportunities to rationalise the site over the longer-term whilst removing a large portion of legacy back-log. This may include a demolition and disposal/sale programme. Given the rural location and close proximity to Cupar, it is considered that the site, or part of it, would be attractive to perspective developers.

The site is also subject to a community transfer request which is currently being considered in parallel with the other work streams noted above.

8.2.4 Cameron Hospital, Windygates



Cameron Hospital, Windygates is a Community Hospital located to the north of Leven/west of Windygates on the A915 main trunk road between Kirkcaldy and Leven. The site extends to 15.82 hectares and contains a number of buildings ranging in age from the late 1800's to 1970's. The total GIA for the site is 14,687m² with 1,238m² currently vacant. Services provided on site at present include Rehabilitation, Care of the Elderly, Addictions Services, Health Promotion and CHP Offices.

The site is adjacent to the Diageo distillery which, due to the nature of its business, is a COMAH site, (Control of Major Accident Hazards). Discussions with the Planning Department of Fife Council have intimated they are open to development of the low and medium risk areas but will not approve development on the high risk blast zone. The potential blast zone extends to approximately 70% of the site making it less attractive to any developers due to the limited development potential. This will have a negative impact on capital receipts should NHS Fife opt to declare the land surplus for subsequent disposal.

Diageo has confirmed they have no interest in the site. we are, therefore, investigating development of areas out with the blast zone. Given that community redesign is still ongoing, there may be opportunity to retain and invest in the site. Until these plans are developed, the short-term estate strategy would be to maintain buildings which remain open at minimal maintenance costs in a safe and functional condition.

Unfortunately, the centralised site steam heating systems have reached the end of their lifecycle and work is underway to review the decentralising of the systems. This will, however, be dependent on future site use. In addition, the roadway infrastructure is extremely poor but as the final layout of the site is unknown, basic safety works continue on an annual basis.

8.2.5 Lynebank Hospital, Dunfermline



Originally, predominantly, a mental health facility, the number of clinical areas has declined and remaining buildings are increasingly being utilised for non-clinical purposes to take pressure from acute sites.

Our previous strategy for this site was to demolish dis-used buildings and dispose of two large parcels of land to the North and South. Whilst the area of land to the South was sold, the viability of the land to the North for residential sale has been hampered by the drainage capacity and access restrictions.

A feasibility study is underway to investigate site services and accessibility with a view to making the proposition more appealing for potential developers. As an alternative, NHS Fife is also considering if the site could be retained and utilised more strategically. With excellent access to the M90, the site would be well placed to facilitate regional requirements with good adjacencies between NHS Fife's two main hospitals, NHS Lothian and NHS Tayside.

8.3 Other Property Based Developments

8.3.1 Strategic Liaison Group

More robust links with the Fife Council Planning Department is being established to ensure that the NHS Fife PAMS is communicated to appropriate personnel within partner organisations.

This is an important link in light of recent developments in the Cupar area where the potential for new housing could result in more than 1,000 homes being built over the next 5 to 10 years. Discussions have already taken place on the impact on local health provision and close monitoring continues with Fife Council.

8.3.2 Space Management Group

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

Space targets are set and provide recommendations on space allocation and prioritisation. The ultimate aim of this group is to maximise the space utilisation of NHS Fife properties and dispose of any surplus space.

8.3.3 Office Accommodation

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

When the Victoria Hospital Phase 3 PPP was built, little work was done on the retained estate which is now over 50 years old and in need of improvement. As part of the VHK Site Master Plan, our goal is to remove inpatient clinical services from the

Phase 2 Tower Block and occupy with mainly non-clinical services. A draft proposal using smaller workstations was prepared and it was determined that each floor could potentially accommodate approximately 150 staff. Where possible, new working practices are being implemented ie hot desking arrangements. This will dramatically improve the space utilisation of the Tower Block.

8.3.4 Agile Working

Agile working has been a key strand of our approach to safe and effective working during the pandemic and has enabled the organisation to adapt to new ways of working from various locations using technology such as Microsoft Teams and Near Me virtual consultations. There are frequently over 1,000 remote workers using our IT systems.

A Working Group was set up by the Chief Executive in early 2021 to determine the impact of agile working on the organisation. Short and medium-term prospects are being considered by learning from new adapted ways of working during the Covid-19 pandemic resulting in a more balanced approach to work.

The Agile Working Strategy Group is jointly chaired by the Director of Workforce and the Director of Property & Asset Management and includes stakeholders from staff side, operational divisions and departments. The group has been set up in this way to jointly consider the property and employment aspects of agile working.

The focus of the group has been to:

- Continue to issue updated guidance for staff returning to work based around appropriate social distancing
- Consider an Agile Property Policy to support the development of future capital projects such as the new Health hubs in Kincardine and Lochgelly
- Look at the potential for agile working across the organisation to include areas of good practice

There are employer and employee benefits of agile working. These include:

EMPLOYER BENEFITS	EMPLOYEE BENEFITS
Increased productivity/efficiency	Less commuting/reduced travel costs
Improved morale	Ability to meet caring responsibilities
More diverse workforce	Greater job satisfaction
Greater loyalty	Flexible working hours
Employer of choice	Better work life balance
Improved utilisation of workspace	

There are also many wider benefits such as: carbon reduction, improved sustainability and a general improvement in service delivery.

Through the promotion of agile working, the focus should shift from time and attendance to a working culture concentrating on results and performance.

Agile Working is an essential feature of the modern workplace, the introduction of which has been hastened by the reaction to the Covid-19 pandemic.

Office Review

The Accommodation Planning Group will be responsible for considering and prioritising the use of accommodation across NHS Fife sites to ensure effective use.

The group will consider and agree accommodation usage, change requests and accommodation related proposals to ensure they are controlled and co-ordinated in line with NHS Fife's overriding strategic objectives. The work of the group will have strong links to both clinical and supporting Estates strategies. The group will also take cognisance of Workforce and Environmental strategies and will be influenced by modern space standards and practices.

The group will cover, where appropriate, related sites such as in partner organisations.

In addition, the Accommodation Planning Group will work with The Scottish Futures Trust (SFT) to develop an office review which will consider:

- Consolidation of non-clinical office needs, particularly where corporate accommodation is located on acute sites
- Reduction of non-clinical space requirements
- Reduction of associated overheads (eg lease costs)
- Improving the working environment for staff
- Improve efficiency

The options that could be considered within this initial stage of the work stream are all focused on the reconfiguration of the existing NHS Fife Corporate Office estate. The scope would include corporate office functions, located on major acute hospital sites, together with the principal corporate office locations.

A two-stage approach is recommended:

Stage 1:

Carry out a high-level desk top review to identify the existing baseline, future objectives, key parameters, strategic options and an initial appraisal of their potential costs of a reconfiguration of the existing estate. Incorporate the organisation's willingness and ability to adopt and promote more agile working practices.

This will identify an emerging direction of travel:

Stage 2:

Subject to approval, a second stage will involve a more detailed assessment of future organisational needs to inform a SCIM/'Green Book' Option Appraisal and Business Case together with an assessment of the organisation's readiness to introduce cultural change and transform to a more ambitious way of working.

8.3.5 Primary Care

Following identification of a historical gap in the PAMS with respect to Primary Care premises, a proposal has been developed to take forward a Primary Care Premises Review which would allow NHS Fife to consider the following:

- Identify the appropriateness of current Primary Care premises including technical assessment of condition, functional suitability, utilisation and quality of estate
- Assess estate requirements to implement Primary Care Transformation Programme
- Establish investment priorities to inform updated Property & Asset Management Strategy
- Inform discussions with Fife Council in a more proactive way in terms of future housing development and population change

An initial assessment has been carried out to identify potential outputs for a Primary Care Premises Review and will include:

- Understanding of the overall capacity within primary care and where there are shortfalls in accommodation needs
- Identified list of investment requirements across all primary care premises
- Any potential areas for disinvestment
- Develop a list of key investment priorities to include within the Property & Asset Management Review
- Inform/be informed by the development of the Health and Wellbeing Strategy

This in turn will allow:

- Primary Care premises with the potential capacity to deliver full range of services outlined within Transforming Primary Care Programme
- Improved access to functionally across suitable Primary (& Social) Care premises

Similar exercises have been carried out by NHS Borders and NHS Forth Valley. Hub East Central Scotland has supported NHS Fife in obtaining a proposal through an approved procurement process that we are using to deliver the two new Health & Care Hubs in Lochgelly and Kincardine.

It is anticipated that this work will take 6 months to complete and will be presented to the Board in due course in line with the updated health and wellbeing integrated strategy for NHS Fife.

8.3.6 NHS Fife as an Anchor Institution

NHS Fife has set out its ambition to become an Anchor Institution and has constituted with the NHS Fife Anchor Institution Programme Board accountable to the NHS Board. The NHS Fife Anchor Institution Programme Board will provide strategic leadership to the development of NHS Fife as a recognised Anchor Institution to support NHS Fife's key objective in order to continue to work to reduce poverty and inequality.

The key objectives of NHS Fife's programme are:

- Purchasing more locally and for social benefit
- Widening access to quality work
- Using buildings and spaces to support communities
- Reducing NHS Fife environmental impact
- Working more closely with local partners

These key areas have been taken from the “Health Foundation’s five key features of an Anchor Institution”.

Using buildings and spaces to support communities and further reducing NHS Fife’s environmental impact

These key objectives, which are relevant to the PAMS, include maximising inclusive growth, community, health, and environmental benefits through the design and procurement of buildings, land, and other assets. It also includes how we manage land and built assets and the ways in which they can benefit local communities, help the environment, and create great spaces. The following sections describe what we can do to improve our progression towards being an effective anchor Institution:

Design and Procurement of new Infrastructure and Developments

- NHS Fife will design and commission new infrastructure with inclusive growth, community and the environment in mind including location, access, attractive design and usability
- NHS Fife will go beyond standard procurement good practice by adding clauses that are specific to the opportunities provided by large construction projects eg minimum requirements for new job opportunities accessible to local and previously unemployed people, enabling local subcontracting, and links to local schools/colleges

Management of Existing Buildings, Land and Other Assets

- NHS Fife will adopt good environmental practice and management systems and retrofit assets to improve their attractiveness, enhance green infrastructure and enable active travel
- NHS Fife will widen the extent to which local groups and communities can use buildings and spaces for enjoyment or positive uses
- NHS Fife will encourage the sharing of resources/facilities, involve communities in managing and maintaining assets and take opportunities to transfer assets to the third party sector where this would improve their use and strengthen communities
- NHS Fife will work across localities to develop shared anchor asset strategies e.g. looking at the assets of a hospital, university, local authority and planning how they can best be used for the benefit of the economy, people and places

8.3.6 Green Space and Biodiversity

The growing threat to public health from the current climate and ecological crisis increases the need for action. NHS Fife's estate provides diverse green space resources for both people and wildlife and these natural environments form the foundation of a healthy environment. The NHS estate contributes to biodiversity at multiple levels from bat roosts in older buildings to purpose-built gardens and green space.

Collectively, the outdoor estate is a valuable and under used asset. If planned and managed well, it can make a significant contribution to the physical and mental health and wellbeing of our staff, patients, visitors, and local communities and is a key part of the NHS response to the climate emergency and to meeting Scotland's biodiversity commitments.

Our short to medium-term goals are to:

- Conduct a green space and biodiversity audit of the NHS Fife estate with recommendations to protect, enhance and expand our environmental assets
- Prepare a green space management plan for each significant NHS site to improve biodiversity, climate resilience and encourage greater use
- Ensure good quality green space design is incorporated into new build hospitals and refurbishment programmes
- Encourage and support greater use of the NHS estate by patients, staff and visitors
- Develop connections between the NHS estate, community green spaces and wider green networks in line with the Plan for Fife "Thriving Places" priority theme
- Engage with our staff to raise awareness of the benefits and opportunities of increasing green space and biodiversity

A Green space audit was carried out on the main sites in estate in 2011 outlining the issues for priorities and action. We are in the process of updating these reports with the support of our staff side colleagues to identify any further actions required over the short, medium, and long-term. This will be considered in taking forward service re-design and where we further develop master plans for the main sites in our estate.

The importance of green space during the Covid pandemic has been clearly demonstrated and NHS Fife and the Fife Health Charity have worked together to provide additional outdoor space opportunities for staff and patient respite and recuperation. It is proposed that further work can proceed within the framework of our updated audit plans for our main sites.

8.3.7 Covid-19 Vaccination Programme

The challenge of the Covid 19 Vaccination Programme has presented significant property requirements. The requirement of the Scottish Government was that the programme was patient focussed, moved at pace, was flexible, complied with IPC requirements (such as social distancing) and was designed to ensure an appropriately high uptake. In the case of NHS Fife during 2020/21, this meant

entering into several licensing agreements with local authority partners, third party voluntary organisations and private landlords.

The following is a summary of the property assets used in the delivery of the vaccine in 2020/21:

Local Authority Premises:

- Corn Exchange, Cupar
- Oakley Community Centre, Dunfermline
- Parkgate Community Centre, Rosyth
- Templehall Community Centre, Kirkcaldy

Fife Cultural Trust Premises:

- Lochgelly Centre, Lochgelly
- Rothes Halls, Glenrothes

Third Party Premises:

- Dunfermline East Church, Dunfermline
- East End Park Stadium, Dunfermline
- East Neuk Centre, Anstruther
- Larick Centre, Tayport
- Tayside Institute, Newburgh

NHS Fife accommodation was also repurposed for vaccination work:

- St Andrews Community Hospital, Endoscopy Suite, St Andrews
- Randolph Wemyss Memorial Hospital, Wellesley Unit, Buckhaven
- Forthview Day Hospital, Queen Margaret Hospital, Dunfermline
- Education Centre, Victoria Hospital, Kirkcaldy

In preparation for the younger cohorts larger venues were secured at:

- Former Marks & Spencer store, High Street, Kirkcaldy
- Former Argos store, Kingdom Centre, Glenrothes
- Carnegie Conference Centre, Dunfermline
- Savoy Sports Hall, Methil

To facilitate outreach/pop-up clinics, mobile vaccine stations were leased in the form of Welfare Vans which were deployed to be used at various locations, often combined with use of local on site facilities. The “borrowing” of facilities at outreach clinics included amongst others the use of football stadium, farm staff rest areas, college refectories and sporting organisation clubhouses.

To March 2021, property related costs in the delivery of the Vaccination Programme totalled £476,343.

8.3.7 Further Potential Developments

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

8.4 Medical Equipment

Item	Objective	Action	Lead	Status %	Timescale
1	Implement RFID tracking of prioritized medical devices at Victoria only.	Install and commission system hardware and software. Identify first priority mobile medical devices that are hard to locate for service, tour hospital to attach and log RFID tags. System development and uptake is highly likely to be ongoing	Estates Services Manager Victoria.Estates Project Managers.Medical Physics Manager	100%	System implementation now complete. All work now is considered general upkeep and management tasks for the system
2	Replace all Criticare branded lower end specification patient monitoring devices (approx 110) as no longer supported by a supplier in UK.	Confirm actual numbers of all lower end specification held, regardless of model or manufacturer and review actual clinical requirements to indicate realistic numbers needed.	Capital Equipment Management Group. Head of Nursing - Acute Services.	5%	Has not been taken forward on a "replace all now" basis. Replacement will be on individual basis whenever each piece becomes defective and beyond repair. Should no longer be considered a defined objective.
3	Identify standard replacement model of Volumetric Infusion Pump declared end of life at Dec 2023 by supplier, before those deemed BER lead to equipment shortages.	Identify manufacturer and models to be considered as standard for at least next 10 years.	Capital Equipment Management Group. Head of Nursing - Acute Services.	100%	CEMG decided not part of their remit and delegated to a newly formed IV Fluids Management Group. Preferred model has been identified and procurement finalised. See Item 6 for follow on project.
4	Replace aging Primus operating theatre anaesthetic machines	Identify replacement model and specifications. Obtain quote for CEMG approval. Place order, carry out acceptance checks.	Operating Theatre Managers, CEMG	30%	Nov-21
5	Replace 22 x End of Life ECG machines in acute hospitals	Identify replacement model and specifications. Obtain quote for CEMG approval. Place order, carry out acceptance checks.	ECG Service managers, CEMG	5%	Requirement only recently identified no time scale yet.
6	Complete roll out of new BBraun Infusomat Infusion Pumps	Identify replacement model. Develop replacement strategy and plan.	Medical Physics, BBraun representatives, IV Fluids Mngmnt Group.	10%	Dec-21

Investment Needs

The 5-Year Medical Equipment Capital Plan is dynamic but the current yearly strategy is detailed in Section 9.2.3.

8.5 IM&T Assets

Item	Objective	Action	Lead	Status %	Timescale
1	Maintain Internal SLA and Core Infrastructure availability	Focus on continuous improvement and innovative ways to protect the production environment	Head of Digital Operations	75%	Ongoing
2	Continue to progress towards maximum Cyber Resilience	Continue working towards compliance with NIS Directive and best practice.	Head of Digital Operations	69%	Ongoing
3	Complete the GP Estate IM&T Improvements	Complete the workstreams that deliver GP equipment improvements	Head of Digital Operations	95%	Paused
4	Continue to move the organisation towards paperlite	Scanning solution for Health Records in order to reduce paper (forward scanning)	Head of Strategy & Programmes	90%	Completing
5	Introduce a robust and layered Service Catalogue	Improve understanding and engagement with stakeholders and services	Head of Digital Operations	5%	Starting
6	Implement the O365 Business Transformation Programme	Business transformation for O365 to maximise the investment and improve productivity	Head of Strategy & Programmes	30%	Ongoing
7	Maintain a standardised and within 5 year lifecycle endpoint estate	Upgrade all endpoints to Windows 10	Head of Digital Operations	80%	Ongoing
8	Morse Community System Rollout	Replace MiDIS community system with Morse and onboard new services previously paper based.	Head of Strategy & Programmes	85%	Ongoing
9	Clinical Portal (H&SC Portal)	Development of Clinical Portal, horizontal expansion	Head of Strategy & Programmes	25%	Ongoing
10	HEPMA (Hospital Electronic Prescribing & Medicines Administration)	Business Case approved – progress programme resourcing and inception	Head of Strategy & Programmes	5%	Starting

8.6 Transport & Vehicular Fleet

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

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

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

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

Investment Needs

2021-2022 planned fleet replacements include:

By Lease:

- One small car - Mental Health Services, Cupar
- Two 3.5 tonne laundry vans - Laundry Services, VHK
- One 3.5 tonne box van - Cameron Hospital, Windygates
- One van - Estates Department, Stratheden

By Purchase: (£60k funding requirement)

- One 3.5 tonne van - VHK
- One small van - Lab Services, VHK
- One small van - Estates Department, VHK

9.0 Prioritised Investment & Disposal Plans

9.1 Prioritisation of Investment Proposals

9.1.1 Capital Investment Programme

The Scottish Government's Health and Social Care Directorate (SGHSCD) have provided £9.258m Formula Capital allocation to NHS Fife for the year 2021/22.

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

In addition to the above sources of funding, the Board is able to supplement these allocations by requesting capital allocation through the submission of Business Cases in line with the Scottish Capital Investment Manual.

NHS Fife has identified 4 Schemes through the Capital Planning System (VFA) with evaluated priority scorings as follows:

	Scheme/Development	Est. Base Cost (£000)	VFA Prioritization Score
1	Kincardine Health Centre	£5,000	95
2	Lochgelly Health Centre	£6,000	91
3	Victoria Hospital Fife Elective Orthopedic Centre	£30,000	92
4	Mental Health Review	£40,000	100

In addition to the projects detailed in the above table, proposals are currently being developed for the redesign of mental health, pharmacy robotics and HEPMA.

9.2 Investment Plans

9.2.1 Summary 10-Year Investment Plan

10 Year Investment Plan (£millions)												Comments
Investment Projects likely to be revenue based (Hub, NPD, etc) - include total capital value, upfront costs, and equivalent capital spend												
Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	(Equivalent capital spend should be profiled over the anticipated construction investment period)
	0											
	0											
	0											
	0											
	0											
	0											
Capital / Board Funding Projects:												
New Investment Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Elective Orthopaedic Centre	31.495	2.199	18.125	11.171								
Lochgelly Health Centr	8.267	0.061	0.517	2.877	4.812							
Kincardine Health Cent	4.644	0.038	0.323	1.614	2.669							
Mental Health Review	40.000		0.076	1.074	1.335	13.121	19.514	4.880				
Investment in Existing Estate:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	(including refurbishment schemes, direct backlog maintenance projects, environmental improvements projects etc)
Backlog	30.739	3.116	3.440	3.369	3.369	3.369	3.369	3.569	3.569	3.569	3.569	
Refurb/Upgrade	4.461	0.475	0.500	0.498	0.498	0.498	0.498	0.498	0.498	0.498	0.498	
Contingency	0.700			0.100	0.100	0.100	0.100	0.100	0.100	0.100	0.100	
Investment in Other Assets:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Fife Wide Equipment	22.196	2.994	2.194	2.126	2.126	2.126	2.126	2.126	2.126	2.126	2.126	
eHealth	10.327	0.999	1.000	1.041	1.041	1.041	1.041	1.041	1.041	1.041	1.041	
Vehicles	0.600	0.060	0.060	0.060	0.060	0.060	0.060	0.060	0.060	0.060	0.060	
Covid Equipment	0.921	0.921										
Cancer Waiting Times	1.096	0.376	0.720									
SG Funded Equipment	1.207	1.207										
Robot	2.154	2.154										
Radiology Equipment	2.057	2.057										
Hospital Eye Service	0.425	0.425										
Energy Funding	1.850		1.850									
Any Other Investment Plans												
Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
HEPMA	1.697	0.025	1.100	0.572								
Pharmacy Robot	6.000		0.060	0.320	1.405	4.215						
Planned Disposals												
Properties:	Tot Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Include current anticipated / estimated disposal value
Lynebank Land - North	1.576			1.576								
Skeith Land	0.049		0.049									
SUMMARY												
	Total Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Total Investment	175.003	17.107	29.965	24.822	17.415	24.530	26.708	12.274	7.394	7.394	7.394	
Total Disposal Receipts	1.625	0.000	0.049	1.576	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Balance	173.378	17.107	29.916	23.246	17.415	24.530	26.708	12.274	7.394	7.394	7.394	

9.2.2 Backlog/Statutory Capital Plan 2021/22

This is NHS Fife's funded capital (£3.5m) prioritised using Estates the Risk Register, SCART and DATIX.

PROJECT	Location	Risk Score	Source	2021/22	Cumulative Total
Clinical Site Relocations	Victoria Hospital	NA		240,000	240,000
Steam Decentralisation	Queen Margaret Hospital	25	EAMS	1,900,000	2,140,000
Vehicles - Electric Fleet	Fife Wide	NA	Datix	60,000	2,200,000
Roof Replacement	Whiteman's Brae Hospital	20	EAMS	100,000	2,300,000
Window Replacement	Whiteman's Brae Hospital	12	EAMS	25,000	2,325,000
Workplace Transport	Fife Wide	12	EAMS	75,000	2,400,000
Asbestos Removal	Fife Wide	25	SCART	75,000	2,475,000
Legionella	Fife Wide	25	SCART	75,000	2,550,000
Phase 4b Steam	Victoria Hospital	25		750,000	3,300,000
Boiler Burner Controls	Whiteman's Brae Hospital	16	EAMS	55,000	3,355,000
Electrical LV Upgrade Works	Lynebank Hospital	16	EAMS	20,000	3,375,000
BMS Systems Replacement	Queen Margaret Hospital	25	EAMS	15,000	3,390,000
Fire Safety	Fife Wide	12	SCART & EAMS	60,000	3,450,000
Wash Hand Basin Replacement	Fife Wide	8	Datix	50,000	3,500,000
TOTAL				3,500,000	

9.2.3 Medical Equipment – Draft Capital Plan 2021-28

Equipment Description	Department	Qty	Risk Score	CAPITAL Estimated Price (inc VAT)							
				21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000	26/27 £'000	27/28 £'000	Unknown £'000
Haemodialysis Machine	Physio	10		165							
Database - Device service follow up & implant	Physio	1	25	101							
Pathfinder Analyser & Server	Physio	1	25	75							
Exercise Treadmill Machine & CPX	Physiology	1	25	70							
ECG Machines	Emergency Care	2		28							
ECG Machines * 2	Physio	2	25	20							
ECG Machines	Emergency care	4	25	20							
Bladder Scanner	AU1	1	25	6							
Catering Equipment	Estates	1	25	24							
Ultrasound	Rheumatology	1		50							
Thymatrons	Community	3	20	47							
Canon CR-2 AF Non Mydriatic Retinal Camera including table	DRS	3		45							
Specialist Children's Bed	Community	6	20	33							
Bladder Scanners	Continence Service	3	15	33							
Top Stands	Community	4		30							
HAGG BQ 900 Slit Lamp including table	DRS	1		23							
Mobile Trolley	DRS	2		18							
MSK Shockwave Device	Podiatry	1	20	13							
Bladder Scanner	GNEF Hospital at Home Team	1	15	11							
Portable Ultrasound	Fife Post Stroke Spasticity Clinic	1	20	10							

Specialist children's beds	Occupational Therapy	1		7							
Astral Vent	Community	1	20	7							
Mobile Storage System - Glenwood HC	Children's Services	1		7							
Theatre Anaesthetic Machines	Phase 2 & Phase 3	14	25	346							
Laparoscopic Stack With 2 X Wireless Second Monitors	QMH Theatres	2	25	169							
Floor Standing Microscope	Theatre	1	25	81							
Cell Saver Elite+	Theatre	2	25	50							
Laparoscopic Trays & Instruments	QMH Theatres	4	20	32							
Pirhana Handpiece & Blade	QMH Theatres Urology	1	20	14							
Colposcope	QMH Theatres	1	20	8							
6x Endoscope Washer Disinfectors & RO Plant	Endoscopy	1	25	410							
EVIS Lucera Stack (260)	SACH Endoscopy /VHK P3 L1 Endoscopy	2	25	129							
Siemens Acuson Sequoia Ultrasound	VHK Vascular Lab	1	25	87							
Therapeutic Gastroscope (GIF 1T240)	Endoscopy	2	25	86							
ENT Endoscope Storage Cabinets	Endoscopy	2	25	47							
Siemens Acuson Juniper Ultrasound	VHK Vascular Lab	1	25	41							
Urodynamics Chair	Urology	2	20	38							
Bladder Scanner	Urology	1	25	9							
ECG Machine	AU2	1	25	8							
Lens star	Cataract Unit		20	36							
Safety Cabinets	Microbiology	4	20	86							
Dissection Bench	Cellular Pathology	1	20	35							
Microscopes	Blood Sciences	2	20	23							
Centrifuges Floor standing	Microbiology	2	20	20							
Centrifuges Benchtop	Microbiology	2	20	12							
Blood fridge	Blood Sciences	1	20	7							

Sample/Reagent Fridge	Blood Sciences	1	15	5							
CT	Radiology, VHK P3	1	25	700							
CT	Radiology, VHK P2	1	25	600							
General	Radiology, QMH x2 / SACH / VHK	2	20	512							
MP room	Radiology, QMH	1	25	500							
Mobile II	Radiology, QMH	1	20	80							
DR Detector	Radiology	1	25	39							
X4 Fabian HFOI Ventilators	Paediatrics	4	25	122							
Stryker Beds	CLU	4	25	45							
Diagnostic Ultrasound system	Gynaecology	1	25	42							
GIRAFFE INCUBATORS	SCBU	1	25	37							
Portable echocardiogram scanner	Paediatric Cardiology	1	25	33							
Drager Incubators C200	SCBU	2	25	31							
Haemodialysis Machine	Emergency Care	10			160						
Echo Machine	Emergency Care	1			90						
Drager Monitors	Emergency Care	6			29						
ECG Machines * 2	Emergency Care	2			16						
Stryker Trolleys	Emergency Care	6			-						
Operating Theatre Lights	QMH Theatres	6			163						
Infinity Phaco Machines	QMH Theatres	2			98						
Phaco machine	Ophthalmology, QMH Theatres	2			82						
Theatre Anaesthetic Machines	QMH Theatres	2	25		52						
Stryker Insufflator	QMH Theatres	1	20		7						
Gastroscope (GIF Q260)	QMH Endoscopy/VHK P3 L1 Endoscopy	5	25		191						
Gastroscope (GIF XQ260)	QMH Endoscopy/VHK P3 L1 Endoscopy	4	25		171						
Endoscope Washer Disinfectors	St Andrews Endoscopy	2	25		82						
Acuson S2000 Ultrasound	Vascular Surgery		15		75						

Electronic Track & Trace to cover all 3 sites	Endoscopy	1	25		72						
RO Plant	St Andrews Endoscopy	1	25		61						
ENT Endoscope Storage Cabinets	Endoscopy	2	25		47						
Draeger Incubators C200	SCBU	1			17						
General	Radiology, QMH x2 / SACH / VHK	2			512						
MP room	Radiology, VHK DIU	2			460						
Dental	Radiology, QMH / SACH / VHK	4			227						
Ultrasound	Radiology, VHK General	3			216						
Ultrasound	Radiology, SACH	1	20		72						
Integral Cold Storage	Microbiology	2			44						
Incubators	Microbiology	6			33						
Slide Writer	Cellular Pathology	1	6		25						
Microtomy Cold Plates	Cellular Pathology	8	6		23						
Free Standing Cold Storage	Microbiology	4			22						
Microscopes	Cellular Pathology	2	6		20						
Microtomes	Cellular Pathology	1	6		16						
Freezer	Microbiology	2			13						
Laminar Flow	Microbiology	2			12						
Faxitron	Cellular Pathology	1			-						
Haemodialysis Machine	Emergency Care	5				80					
Drager Monitors	Emergency Care	6				29					
ECG Machines * 2	Emergency Care	2				16					
HOLEP trays	Urology QMH Theatres	3	20			22					
General	Radiology, ACH/VHK	2				512					
MP room	Radiology, VHK P2	2				460					
Ultrasound	Radiology, QMH	3				216					
Ultrasound	Radiology, VHK A & E	1				72					
Incubators	Microbiology	5				33					

Dexa Scanner	VHK	1					105				
CT	Radiology, QMH	1					566				
Mobile II	Radiology, VHK	3					241				
EMG Machines *2	Emergency Care	2						80			
Haemodialysis Machine	Emergency Care	5						80			
Colonoscopes (CFH260DL)	QMH Endoscopy/VHK P3 L1 Endoscopy	11	25					527			
Paediatric Colonoscopes (PCF Q260DL)	QMH Endoscopy/VHK P3 L1 Endoscopy	2	25					96			
General	Radiology, QMH/VHK	3						768			
Gastrosopes (GIF H260)	QMH Endoscopy/VHK P3 L1 Endoscopy	8	25						342		
Colonoscopes (CFQ260DL)	QMH Endoscopy/VHK P3 L1 Endoscopy	7	25						335		
Bronchoscopes (BF 1T260)	VHK P3 L1 Endoscopy	2	25						56		
Bronchoscopes (BF F260)	VHK P3 L1 ENDOSCOPY	1	25						28		
Mobile x-ray unit	Radiology, VHK	3							270		
General	Radiology, GCH	2							256		
ESG-100 Diathermy Machines	QMH/VHK ENDOSCOPY	9	25							86	
IR Suite	Radiology VHK	1								560	
Mobile x-ray unit	Radiology, VHK/QMH	3								270	
Teaching slit lamp	Ophthalmology OPD										42
Slit lamp	Ophthalmology										20
Maternity Beds	Women & Children	8									85
Drager Incubators C200	SCBU	2									34
Drager Incubators C200	SCBU	2									34
CT	Radiology	3									1,698
MP Rooms	Radiology VHK	2									960
Ultrasound	Radiology, QMH/VHK	4									288
Intraoral unit	Radiology, VHK/QMH	2									-

TOTAL				£5,363	£3,108	£1,440	£912	£1,551	£1,287	£916	£3,161

9.2.4 IM&T 5-Year Capital Plan

Expenditure (£)	2021/22	2022/23	2023/24	2024/25	2025/26
Desktop Replacement		640,000	640,000	640,000	TBC
Clinical Tablets	108,000	238,500	135,000	202,500	TBC
Network Development	630,000	165,000	330,000	45,000	TBC
Wi-Fi	656,200	180,000			
Server / System Replacement (including Trak)	660,000	1,420,000	1,340,000	840,000	TBC
Data Centre Upgrades					TBC
Telephony	120,000	860,000	1,155,000		TBC
Modernisation (will increase Revenue Spend)				TBC	TBC
Total	2,174,200	3,503,500	3,600,000	1,727,500	TBC

9.2.5 Fleet Transport Year Capital Plan

Year	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
No. Of Vehicles	34	5	1	1	1	4
Total Investment Envisaged (£)	£617,000	£131,577	£18,000	£11,050	£11,050	£50,436

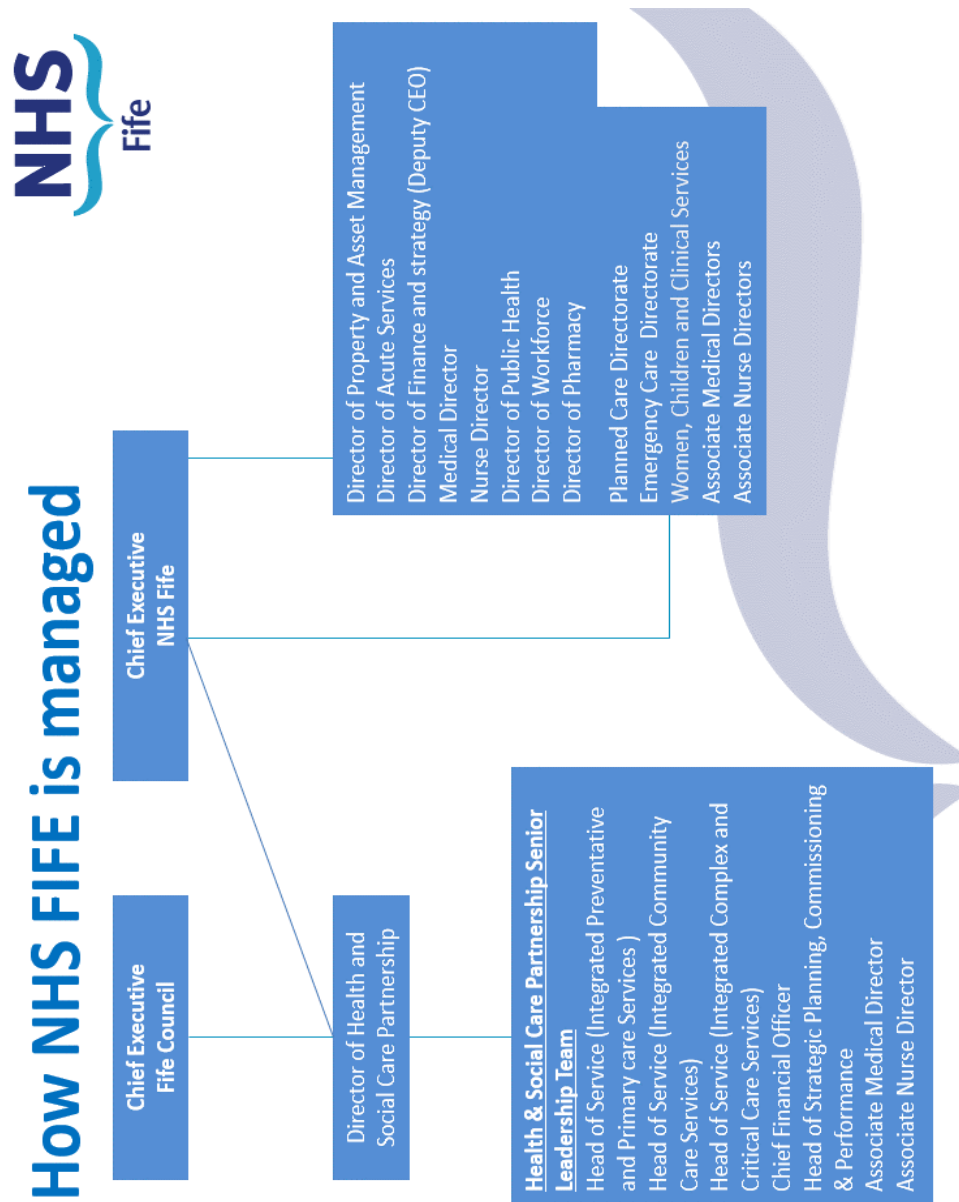
9.3 Disposal Plans

No sales were concluded in 2020/21. The full current list of premises declared surplus and being marketed is as follows:

Location	Current Backlog	Estimated Proceeds
North Plot, Lynebank, Dunfermline	£0	£2,000,000
Land at Skeith Health Centre, Anstruther	£0	£48,500

10 Implementation Plans

10.1 Asset Resource Arrangements



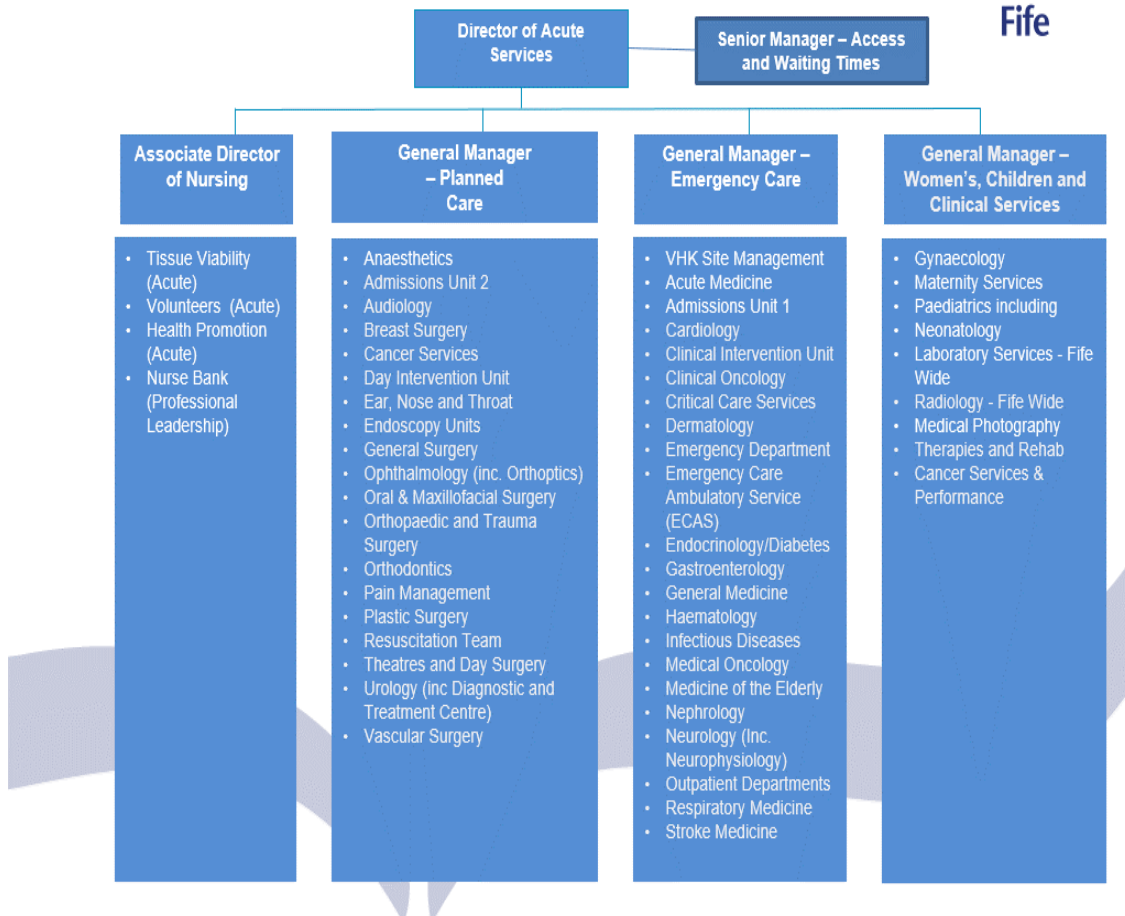
Health and Social Care Partnership



How do we get there?

Head of Service Integrated Preventative & Primary Care Services	Head of Service Integrated Community Care Services	Head of Service Integrated Complex & Critical Care Services
<ul style="list-style-type: none">• Children's Services• Urgent Care• Sexual Health• Rheumatology• SALT• Primary Care (General Practice, Community Pharmacy, Community Dental, Community Ophthalmology)• Podiatry• Physiotherapy• Dietetics• Occupational Therapy• Dental• Health Improvement / Promotion• Locality Workers• Local Area Co-ordinators	<ul style="list-style-type: none">• Home Care (including telecare and telelink)• Community Hospitals• Residential Care Homes• Day Care• Palliative Care• District Nursing• Integrated Discharge Hub• ICASS• H@H• Specialist Long Term Conditions Management• Rehabilitation & Reablement	<ul style="list-style-type: none">• Mental Health• Addiction Services• Child and Adolescent Mental health Services (CAMHS)• Learning Disability Services• Psychology• Adult Protection• Adult and Older Adult Social Work• Adult Commissioning and Resources• Mental Health Officers

Acute Hospital Services



10.1.2 PAMS Implementation

The day-to-day management of property assets is the responsibility of the Director of Property & Asset Management together with the Projects & Property Administration Officer. The CLO and SFT are also part of the Asset Management Team.

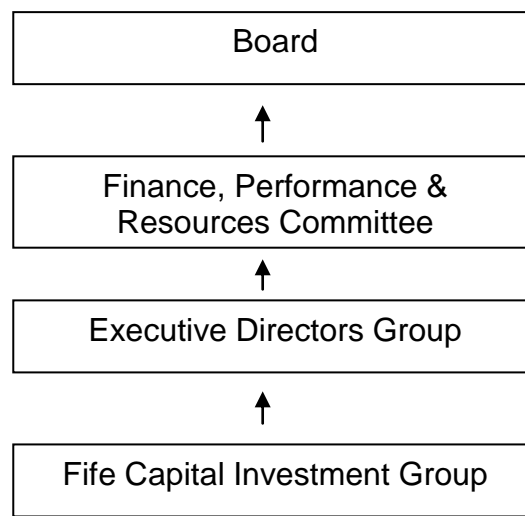
The preparation of the PAMS document and its implementation will be monitored by the Fife Capital Investment Group. A timetable for the development and updating of information for the PAMS has been submitted to the FCIG and this is currently being reviewed in light of the extended deadline for submission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

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

10.1.3 NHS Fife Governance Arrangements

The management of all assets within NHS Fife is co-ordinated by the Fife Capital Investment Group (FCIG). This group is responsible for prioritising capital spend on assets and ensure that the requirements of CEL 35 (2010) are implemented. The

reporting and approval arrangements for major capital projects and disposal of property etc are described below:



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

Since 2011, the PAMS Strategy has been routinely submitted annually to the Capital Planning & Asset Management Division of SGHSCD in a time frame consistent with the submission of local delivery plans and features the following requirements:

- Ensure NHS Fife's estate condition is assessed meeting statutory compliance, functional suitability and space utilisation requirements on a regular basis (20% of entire estate annually)
- Ensure all information on assets is held electronically
- Review performance management arrangements and, where required, develop performance measures against targets for assets

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

NHS Fife's Capital Investment Group will set priorities in accordance with the Boards service strategy and PAMS within the resources available. The Board's FCIG will agree the PAMS and the resulting priorities in order to inform the Annual Capital Investment Plan. The PAMS and Capital Investment Plan will be agreed by the FCIG Executive Directors before submission to the Finance, Performance & Resources Committee prior to consideration by the Board for approval on an annual basis.

An NHS Fife PAMS Implementation Action Plan is being developed for 2021/22 and includes actions and outcomes for each of the objectives. This Action Plan will be used by the proposed Steering Group and FCIG to assess progress in achieving outcomes and objectives that reflect the requirements of NHS Fife.

10.1.4 Fife Capital Investment Group (FCIG): Role & Remit

The FCIG is responsible for managing and monitoring the NHS Fife Capital Programme including the prioritisation of the NHS Fife wide minor capital allocation for projects. The group ensures that the requirements of the SGHD Policy CEL 35 (2010) are implemented and support the development and updating of the Board's annual Property and Asset Management Strategy.

The Group meet on an as and when required basis in order to fulfil its purpose.

Purpose

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

Membership

The core membership of the Capital Investment Group include:

- Director of Finance (Chair)
- Director of Property & Asset Management (Vice Chair)
- Director of Acute Services
- Director of Health & Social Care
- Medical Director
- Director of Nursing
- Staff Side Representative

Regular attendees at the meeting include:

- General Manager, Digital and Information & IMT
- Director of Capital Planning
- Head of Estates
- Head of Facilities
- Deputy Director of Finance
- Assistant Director of Finance (Chair of CEMG)
- Capital Accountant
- Capital Project Accountant
- HR Representative

Other individuals may be invited to attend, where necessary.

Meetings

The NHS Fife Capital Investment Group meet on a monthly basis, however, this can vary at the discretion of the Chair.

The agenda and any supporting papers shall be sent out at least 5 working days in advance of the meeting, to allow for due consideration of any issues.

Remit

The remit of the group is to:

- Recommend to the Executive Directors Group approval of NHS Fife's Property and Asset Management Strategy (PAMS) which covers premises, medical equipment, digital and information, and transport
- Lead the development of the 5-year Capital Programme in line with NHS Fife's strategic directions
- Monitor the progress of both capital funding and expenditure within the Capital Programme and make proposals, as required, through the Executive Director Group to the Finance, Performance & Resources Committee for any substitution of schemes or banking with the Scottish Government Health & Social Care Directorate for utilisation in subsequent years
- It is the responsibility of the sub-groups of the FCIG to manage the allocation and escalate any appropriate funding or expenditure issues to the FCIG
- Funding received from sources out with the allocated budget must be reported to the FCIG to be fed back into the Capital Programme
- Ensure that the revenue consequences of the Capital Investment Programme associated with the approval of a Capital Scheme have been recognised through the Board's financial planning process
- Review all property acquisitions, disposals and leases
- Commission and review proposals for changes in the use of accommodation within and across services
- Receive and consider Business Cases for Capital Investment Projects in excess of £100,000
- Receive and consider Business Cases for equipment replacement orders in excess of £100,000
- Oversight of the Consort Liaison Committee, by receipt of minutes of meetings.
- Oversight of PPP contracts
- Develop and maintain a suite of template documents eg Business Cases
- Provide any information and advice that the chair may require in order to provide assurance to the Executive Directors Group, Finance, Performance & Resources Committee and the NHS Board

The Group will delegate budget responsibilities and day to day management of the Capital Investment Programme to various sub-groups as set out in the attached schematic. The budget delegation levels will be determined annually by the FCIG.

Where there is any material variance (£20,000) to the costs associated with specific projects by way of under or overprovision, then a decision on management of that position shall be referred to FCIG for approval.

Authority

The Group has been granted authority by the Executive Directors Group to provide strategic oversight on all aspects of the NHS Fife Capital Investment Programme.

Any individual business case in excess of £500,000 must be submitted to the Executive Directors Group for consideration and onward endorsement by the Finance, Performance & Resources Committee and approval by the Board.

Reporting Arrangements

The group will report to the Executive Directors Group.

The group will prepare regular and ad hoc reports, as required, for the Finance, Performance & Resources Committee to consider and recommend to the Board for approval, in line with the constitution and Terms of Reference for the Finance, Performance & Resources Committee within the Code of Corporate Governance.

10.1.5 The Capital Equipment Management Group

Purpose

The Capital Equipment Management Group is responsible for agreeing the prioritisation of capital equipment spend in line with available budget both in-year and as part of a wider rolling 3-5 year replacement programme. The group will review and assess the level of criticality associated with the equipment replacement portfolio to inform the agreed prioritisation of spend.

Membership

The core membership of the Capital Equipment Management Group includes:

- Assistant Director of Finance (Chair)
- Head of Estates (Vice Chair)
- Head of Facilities
- ASD Representatives
- General Manager for WCCS
- WCCS Service Manager
- Radiology Manager
- Theatre Manager
- PCD Service Manager
- ECD Service Manager
- Head of Pain Services
- Head of Nursing
- Senior Charge Nurse ICU
- Consultant Anaesthetist
- Pharmacy Operations Manager

- HSCP Representatives:
- Senior Manager (tbc)
- Capital Projects Accountant
- Capital Accountant
- Medical Physics Manager
- Risk Management Co-ordinator
- Procurement Compliance Manager
- Infection Prevention & Control Manager
- Health & Safety Manager
- Staff Side Representative
- Technical Services Manager

Other individuals may be invited to attend, where necessary

Meetings

The Capital Equipment Management Group will meet on an as and when required basis in order to fulfil its purpose at the discretion of the Chair.

The agenda and any supporting papers shall be sent out at least 5 working days in advance of the meeting to allow for due consideration of any issues.

For the Group meetings to be decisive, a quorum of 5 members must be present from across the various disciplines.

Remit

The remit of the group is to:

- Prioritise and routinely monitor the progress and expenditure on the purchase of Capital Equipment against available allocation
- Prioritise and monitor progress of expenditure on condemned Capital Equipment allocation
- Review a rolling programme of Capital Equipment replacement and advise on the consequences of not fulfilling the programme
- Prioritise any mitigating action recommending the purchase of equipment following any Datix risk or adverse events involving equipment failure or misuse and recommend change of practice or equipment, as required
- Oversee the procurement of medical equipment and ensure that appropriate policies are in place
- Oversee the monitoring of Medical Equipment Device Management by the Medical Physics Manager and other clinical staff
- Digital and Information work alongside Equipment Procurement to ensure that organisational infrastructure requirements are met.

Authority

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

Reporting Arrangements

The group, through the Chair, will report to the Fife Capital Investment Group. The group will prepare regular and ad-hoc reports as required by the Capital Investment Group to inform Executive Directors Group, the Finance, Performance & Resources Committee and the Board for approval, in line with the constitution and Terms of Reference for the Finance & Resources Committee within the Code of Corporate Governance.

10.1.5 IM&T Equipment Management & Procurement

Capital Funding within eHealth supports the upkeep of the IM&T estate and thus enables revenue funding from Scottish Government. This allows NHS Fife to maintain a safe and secure IM&T environment and deliver National Digital Health and Care Strategic aims. Capital spend is governed by the eHealth Board quarterly reporting to relevant NHS Fife Committees together with the submission of an Annual Performance Report to Scottish Government. Priorities are defined by the Corporate Risk Register or approved Business Cases. Further guidance and regulations are available from the NHS Fife Financial Capital Management Accountant and the Minor and Major Capital Management Groups.

10.2 Sustainability and Environmental Reporting

The Climate Change (Emissions Reduction Targets) (Scotland) Act 2019 amends the Climate Change (Scotland) Act 2009 and sets out targets adopted by the Scottish Government to reduce emissions in Scotland by at least 100% by 2045. Interim targets of 56% in 2020, 75% lower in 2030 and 90% lower in 2040 have also been introduced. This includes annual targets of approximately 2% each year.

In 2015, an Order was introduced requiring all designated organisations (including NHS Fife) to submit an annual report to the Sustainable Scotland Network (SSN) detailing compliance with the climate change duties imposed by the Act. The information returned by the Board is compiled into a National Analysis Report, published annually, and supersedes the prior requirement for public bodies to publish individual sustainability reports.

Further information on the Scottish Government's approach can be found in the Climate Change Plan 2018-2032, while national reports can be found at <https://sustainablesotlandnetwork.org/reports>

NHS Fife, in common with other Boards, has a clear commitment to operating and developing sustainable practices. It is working to become an anchor institution in sustainable healthcare and to actively support sustainable care via local recovery and health and wellbeing promotion.

The Energy & Sustainability Forum is overseen by the Executive Directors Group, the Sustainability Champion, and the Board. The Forum is chaired by the Estates Officer for Sustainability who co-ordinates all work undertaken. The Forum meet at quarterly intervals assisting the Board's work in delivering its sustainability targets and promoting preparation for climate change. The Forum also has representation at the Health & Wellbeing Group in order to co-ordinate efforts with other areas of the Board. During meetings, Managers report on their progress within their respective areas towards meeting sustainable targets.

The National Sustainability Assessment Tool is utilised as a benchmark to measure progress in other sustainability areas. A dedicated Waste Officer oversees the work of reducing emissions and increasing recycling across all NHS Fife sites. The Energy Group monitors progress towards meeting revised energy reduction, carbon reduction and other relevant targets. Members include Sector Estates Managers and PPP partners.

Work on improving sustainability across these areas is central to the Board's Performance Monitoring Framework and is assessed continuously. Reports are prepared annually via Scottish government reporting and policies and the SSN.

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

PPP sites are utilising ground source heat pumps and Biomass boilers to reduce overall reliance on fossil fuels.

The Board is adding more intelligent lighting controls and replacing historic outdated lighting and currently planning to use further Scottish Government funding to improve measures across the NHS Fife estate. A recent review has identified a range of potential energy saving revenue and capital projects.

NHS Fife has been increasing the use of electric fleet vehicles and charging points.

Over 60 cycle storage spaces have been installed across NHS Fife sites actively increasing opportunities for wider ranging carbon savings, as well as many other measures.

Continued partnership with Fife Council and other Boards is actively sought, where improvements in the general environment will result in benefits to the local population of Fife.

The Board is represented on the Fife Environmental Partnership Group which meets on a quarterly basis. The Board participates in numerous sustainability campaigns throughout the year eg Bike Week, Lift Share Week, Cycle to Work and promotes these via intranet news items, websites and staff newsletters.

10.3 Statutory Compliance

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

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

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

10.4 Performance Monitoring

Scottish Government guidance lists a set of PAMS key performance indicators (KPI's) which must be reported against. These KPI's must be specific, measurable, agreed, realistic and timed. NHS Fife has KPI's for the measurement of the performance of property and related assets. These KPI's will progressively demonstrate improvements through the following objectives:

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

These KPI's are detailed in Section 3.

In addition, NHS Fife's operational performance targets were also established and have been monitored since 2012. These targets are published annually in 'The Blue Book' but results are not available until later in the year.

The following table shows final year projections for last year 2020:

Key Operational Performance Indicators

Quality Ambition	Performance Measure	Key Performance Indicator	2020 Perf'nce Target	NHS Fife Target	NHS Fife 2012 Actual	NHS Fife 2013 Actual	NHS Fife 2014 Actual	NHS Fife 2015 Actual	NHS Fife 2016 Actual	NHS Fife 2017 Actual	NHS Fife 2018 Actual	NHS Fife 2019 Actual	NHS Fife 2020 Actual
Patient Centred	Patient opinion of healthcare accommodation	Positive response to Patient Questionnaire on patient rating of hospital environment	95%	95%	73%	---	84%	84%	91%	91%			
Effective & Efficient	Estate Utilisation (from Cost Book)	Building Area sq.m. per Consumer Week (from Cost Book)	3.0	3.0	3.6	4.4	4.4	4.2	4.4	4.4	4.64	4.63	4.73
	Cleaning	Cleaning Costs £ per sq.m. (from Cost Book)	36.2	35.0	34.3	32.9	34.7	37.4	37.5	38.3	42.18	43.05	47.94
	Property maintenance	Property maintenance costs £ per sq.m. (from Cost Book)	33.3	33.0	20.8	20.8	21.2	22.4	21.7	21.6	23.38	28.27	28.03
	PFI - Facilities Management	PFI - Facilities Management Costs £ per sq.m. (from Cost Book)	31.8	32.0	102.1	218.8	193.0	201.8	205.3	200.6	205.11	213.58	223.14
	Energy consumption	Energy Costs £ per sq.m. (from Cost Book)	28.2	28.0	18.4	17.2	17.2	16.4	17.7	22.7	16.65	17.38	20.36
	Rent & rates	Rent & Rates Costs £ per sq.m. (from Cost Book)	13.7	13.0	10.1	12.6	12.5	12.9	11.7	13.7	13.36	10.99	13.03
	Catering	Catering Cost £ per consumer week (from Cost Book)	75.2	75.0	71.5	81.6	81.5	83.1	82.0	84.0	87.16	91.54	99.77
	Portering	Portering Costs £ per consumer week (from Cost Book)	43.1	43.0	41.6	46.4	49.0	48.7	50.8	53.6	56.59	58.91	65.73
	Laundry & Linen	Laundry & Linen Cost £ per consumer week (from Cost Book)	28.4	28.0	29.4	27.9	27.4	26.7	29.4	29.1	31.3	32.24	31.72
	Waste	Waste Cost £ per consumer week (from Cost Book)	10.5	10.0	8.7	11.4	12.4	10.9	10.0	10.5	10.05	9.53	24.59

10.5 Risks and Constraints to the Successful Delivery of the PAMS

The main constraint to the delivery of the PAMS is the lack of available Capital Funding.

NHS Fife is competing with all other Public Sectors for this funding, however, doing nothing is not an option. The biggest single risk is the aging Victoria Hospital Tower Block which has a limited life expectancy and without major investment in the very near future, will become unsafe.

Property condition survey work commissioned by HFS to populate our EAMS database has not fully covered our 5-yearly cyclic needs and NHS Fife will be approximately 25% behind this target by the end of 2022.

NHS Fife has, over the past two years, employed a dedicated Estates Officer to increase survey capacity, assist operational staff and review commissioned surveys to ensure consistency.

In developing robust statutory and compliance data, the new SCART 2 question set is now being developed to site level as it is currently only at Sector level. This will give better identification of site specific risks.

It was hoped that inclusion of fire risk data directly into EAMS via version 10 software would have been completed by 31 March 2019. A delay in the roll out of this software has prevented automatic linking but all capital sums have been manually input.

NHS Fife uses the proprietary risk management tool 'Datix' to record and compare risks throughout the organisation. The system comprises a 5x5 scoring matrix which evaluates both probability and magnitude in the event of any risks materialising. The system is applied to all risk evaluation to create a level playing field over the differing assets when considering which capital projects are considered in the PAMS.

Assembly of the PAMS document is a labour intensive process and requires committed input from a large number of sources to provide a coherent and meaningful document. The pandemic has accentuated difficulties in obtaining input from a number of sources, in many instances, and although the general direction of the various strategies is known, many are at varying stages of development. Our focus in 2022 will be to target the key linkage to the evolving system-wide health and wellbeing strategy.

10.6 Next Steps

Summary

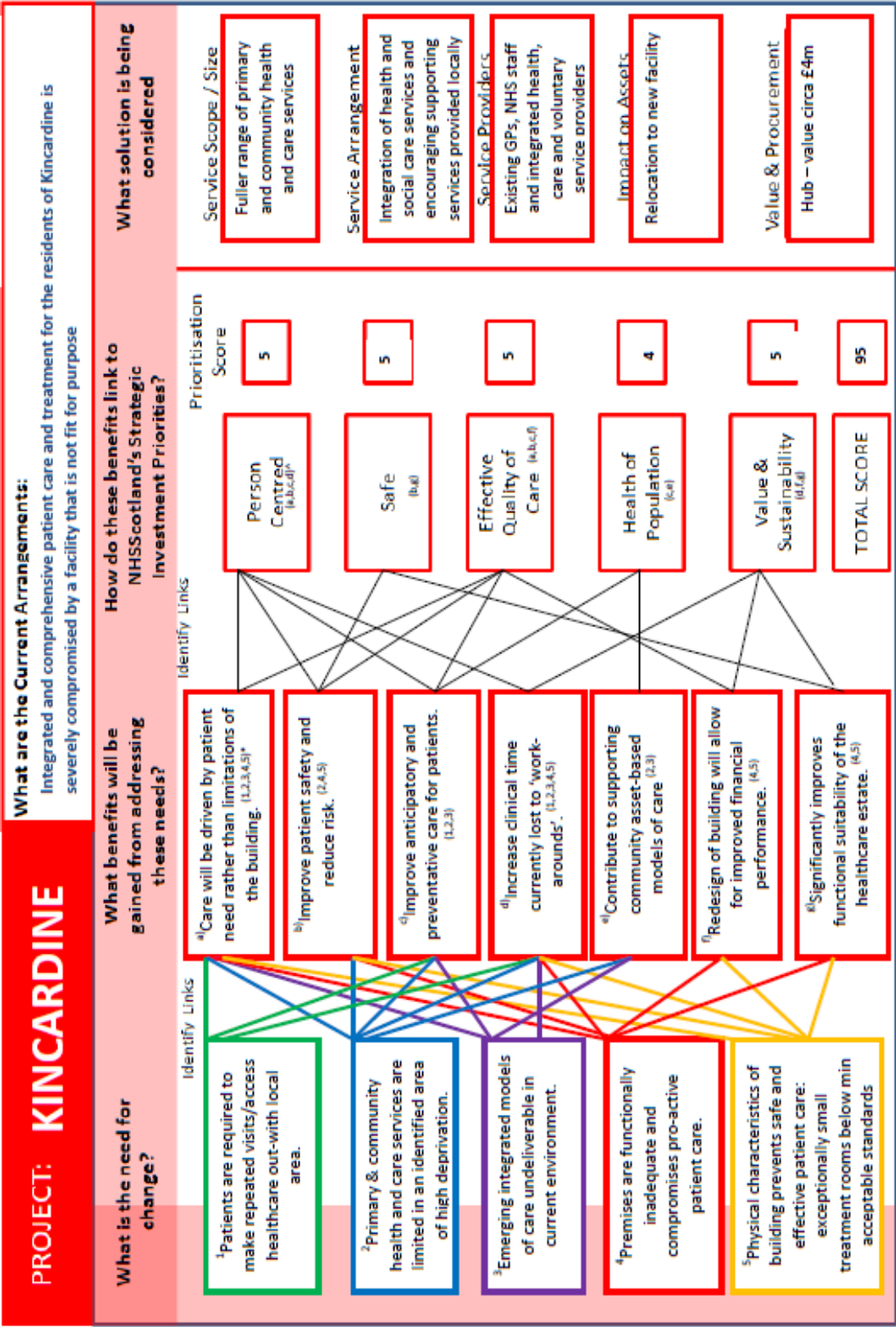
This PAMS 2021 document begins to build upon the progress that has been made by NHS Fife in implementing previous strategies. A robust and effective Asset Management Strategy can help to ensure the changing needs of a modern health service are addressed and deliver quality clinical care.

The emphasis for NHS Fife Property & Asset Management over the next few years will be to:

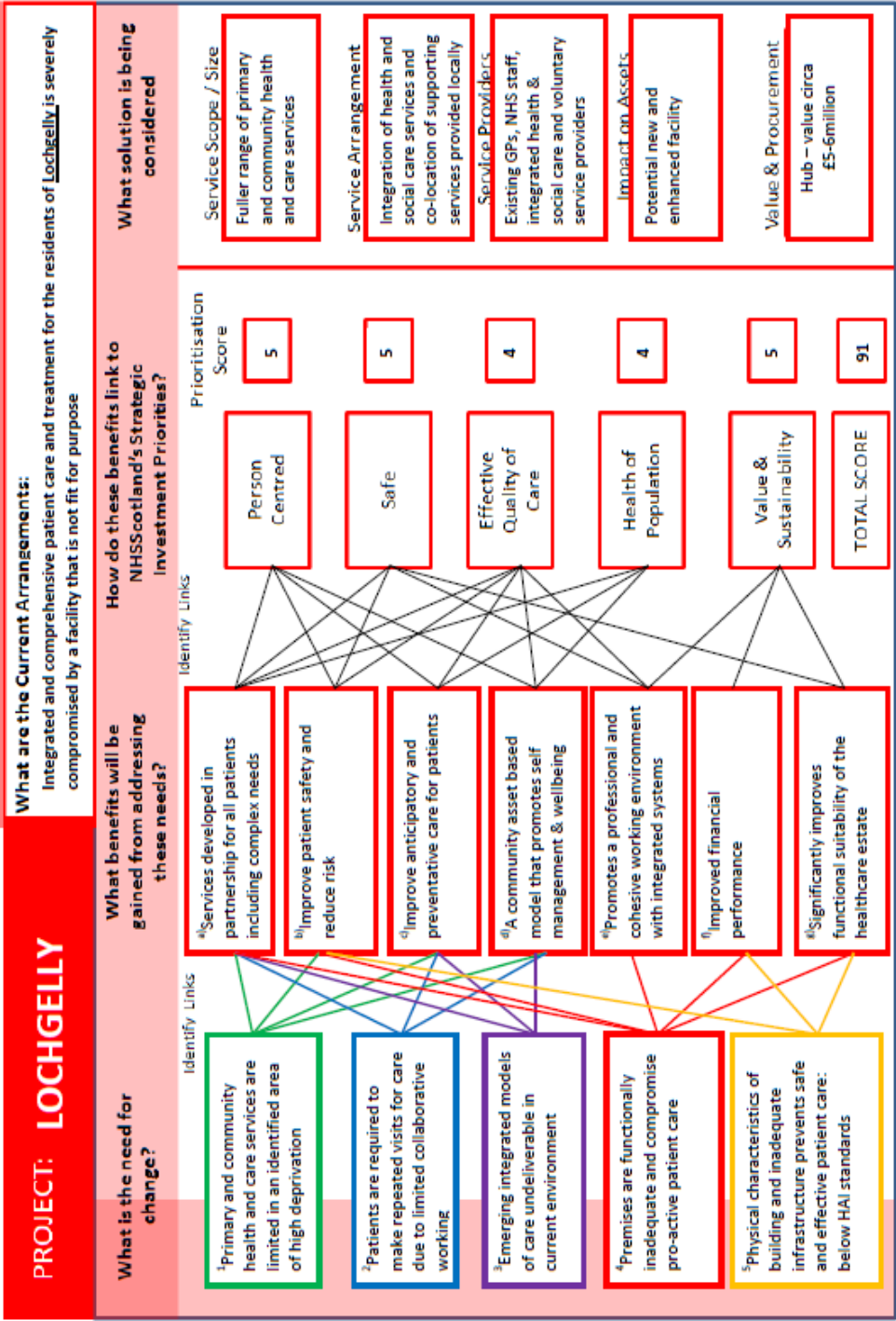
- Support the development and deliver the objectives of the Health & Wellbeing Strategy as it relates to property & assets
- Support the ambitions of NHS Fife as an anchor institution through increased community use of our estate and better environmental stewardship
- Identify and divest surplus assets where appropriate
- Ensure that green space and biodiversity within our estate are maintained and, where possible, improved
- Improve, where practicable, the environment in which services are provided for the benefit of patients, staff, visitors etc
- Finalise the major site master plans which will assist in the elimination of backlog maintenance and to address the significant retained estate issues on the main VHK site

Appendix A: Current Strategic Assessments

Kincardine Health Centre Strategic Assessment

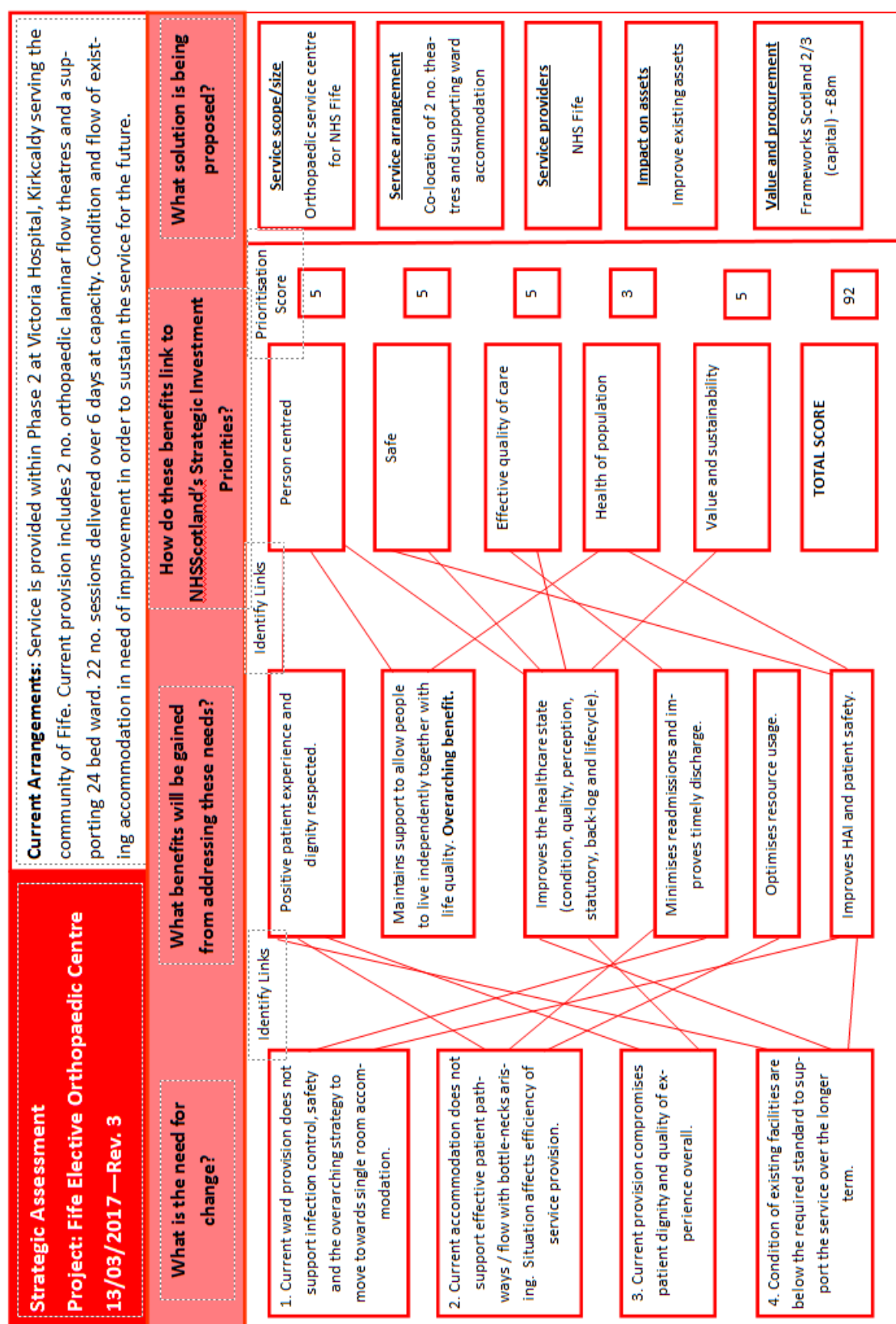


Lochgelly Health Centre Strategic Assessment



V0.6 – Last updated 11.03.2016

Victoria Hospital Elective Orthopaedic Centre Strategic Assessment



Appendix B: State of the Board's Property Asset

Table 1a: An Analysis of the Existing Estate by Block Area

	Area (Sq m)	% of Total Area
01 Acute Hospital	119,825.72	43.44
02 Children's Hospital	0.00	0.00
03 Maternity Hospital	0.00	0.00
04 Specialist Hospital	0.00	0.00
05 Mental Health Hospital	58,187.45	21.09
06 Community Hospital	15,486.94	5.61
07 Older People Hospital	16,331.50	5.92
08 Multi Service Hospital	0.00	0.00
21 Health Centre	18,587.11	6.74
22 Clinics Including Day Hospitals Resource Centres)	7,571.21	2.74
23 Offices	12,113.77	4.39
24 Support Facilities	20,186.97	7.32
25 Staff Residential Accommodation	2,138.76	0.78
26 Patient Residential Accommodation	0.00	0.00
41 GP Practice	0.00	0.00
42 Dental Practice	0.00	0.00
43 Pharmacy	0.00	0.00
44 Optician	0.00	0.00
51 Care Home	0.00	0.00
91 Non-NHS Functions	0.00	0.00
97 Multi-storey Car Park	0.00	0.00
98 Non-Operational	0.00	0.00
99 Other	5,410.99	1.96
Unreported	0.00	0.00
TOTALS	275,840.42	100.00

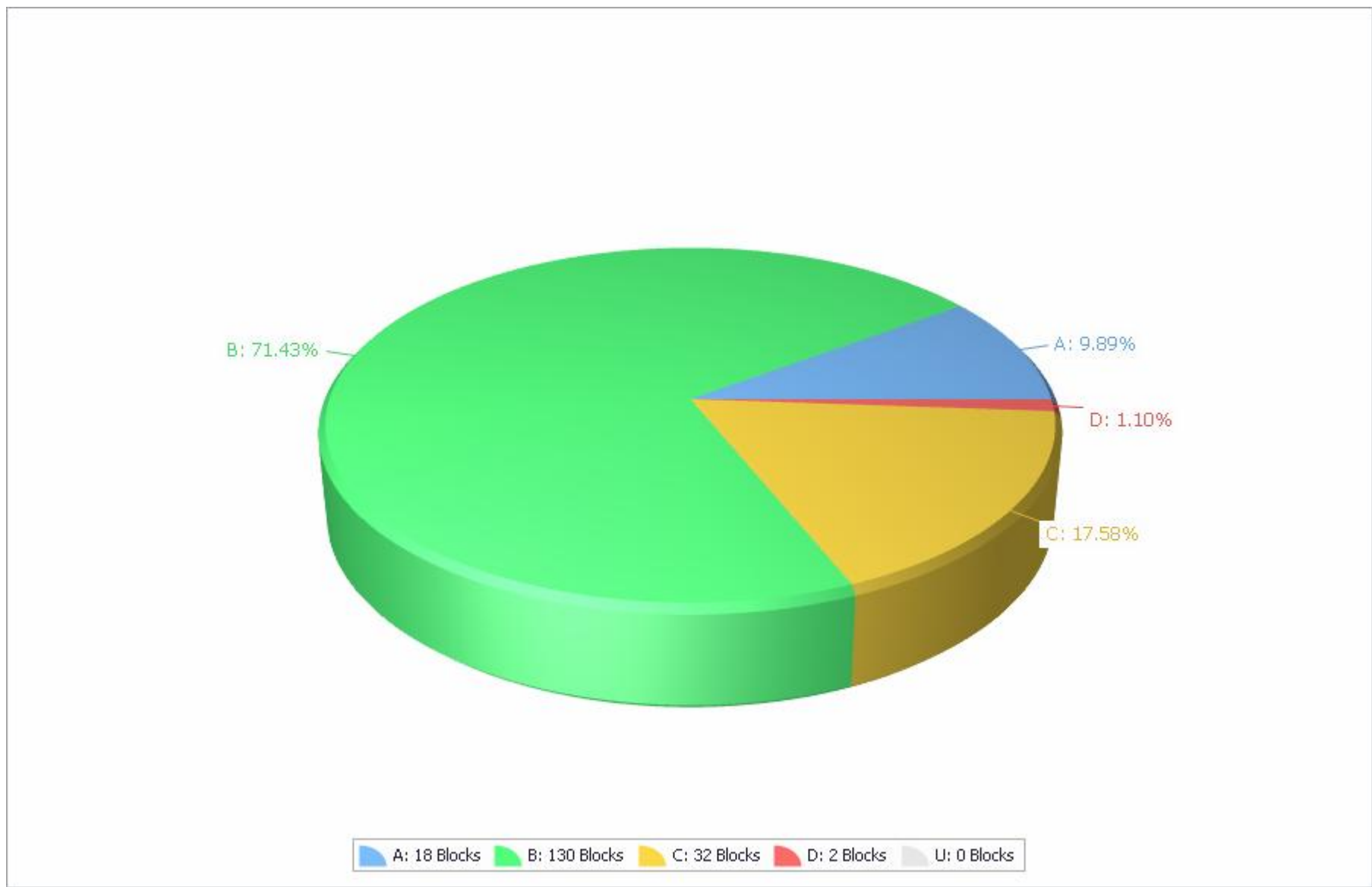
NB: Blocks with Code No '00' have been excluded from the Area calculation. Third Party Ownership Tenures are excluded from the area calculation.

Table 1b: An Analysis of the Existing Estate by Site Value

	No of Sites	Net Book Value	% of NBV Value	Land Value	% of LV	Total Value	% of Total
01 Acute Hospital	2	£291,102,436.00	66.60	£15,556,000.00	35.01	£306,658,436.00	63.68
02 Children's Hospital	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
03 Maternity Hospital	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
04 Specialist Hospital	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
05 Mental Health Hospital	3	£57,874,404.09	13.24	£12,446,500.00	28.01	£70,320,904.09	14.60
06 Community Hospital	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
07 Older People Hospital	4	£24,243,369.00	5.55	£7,721,000.00	17.38	£31,964,369.00	6.64
08 Multi Service Hospital	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
21 Health Centre	19	£21,557,585.46	4.93	£4,103,000.00	9.23	£25,660,585.46	5.33
22 Clinics (Including Day Hospitals Resource Centres)	12	£9,313,258.80	2.13	£1,162,500.00	2.62	£10,475,758.80	2.18
23 Offices	1	£0.00	0.00	£0.00	0.00	£0.00	0.00
24 Support Facilities	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
25 Staff Residential	1	£105,000.00	0.02	£96,000.00	0.22	£201,000.00	0.04
26 Patient Residential Accommodation	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
41 GP Practice	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
42 Dental Practice	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
43 Pharmacy	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
44 Optician	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
51 Care Home	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
91 Non-NHS Functions	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
97 Multi-storey Car Park	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
98 Non-Operational	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
99 Other	1	£5,097,198.00	1.17	£1,500,000.00	3.38	£6,597,198.00	1.37
Unreported	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
TOTALS	43	£437,107,790.35	100.0	£44,433,000.00	100.00	£481,540,790.35	100.0

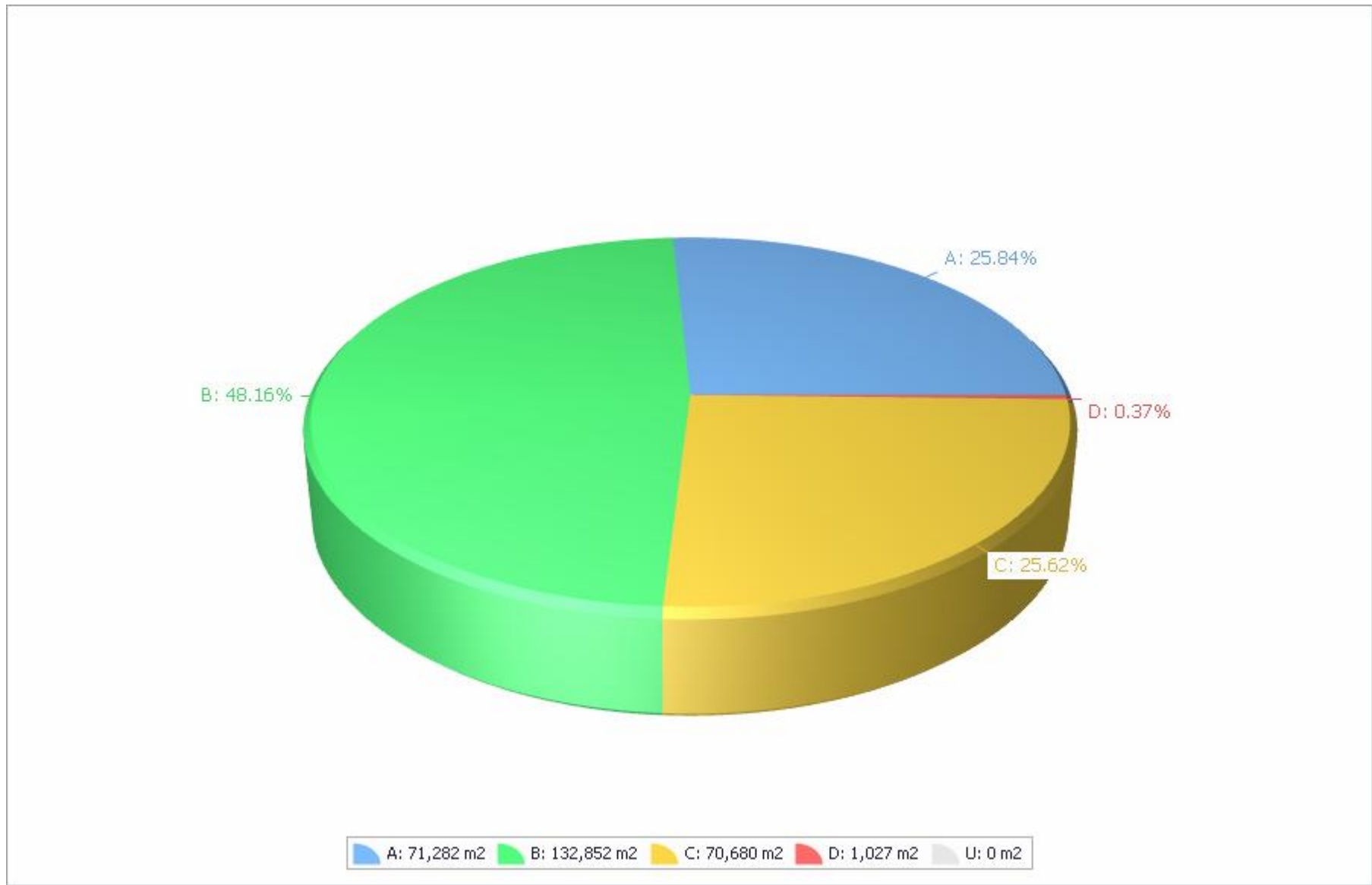
NB: Number of sites is count of 00 blocks for each category. Net Book and Land Values Use only Block '00' valuations. Third Party 00 blocks are excluded from this table. PFI/NPD are excluded from the site count.

Chart 1A: Physical Condition – Percentage of Blocks with Overall Block Condition



NB: Third Party Ownership tenures are excluded. Block No. 00 has been excluded.

Chart 1B: Physical Condition – Percentage of Square Metres with Overall Block Condition



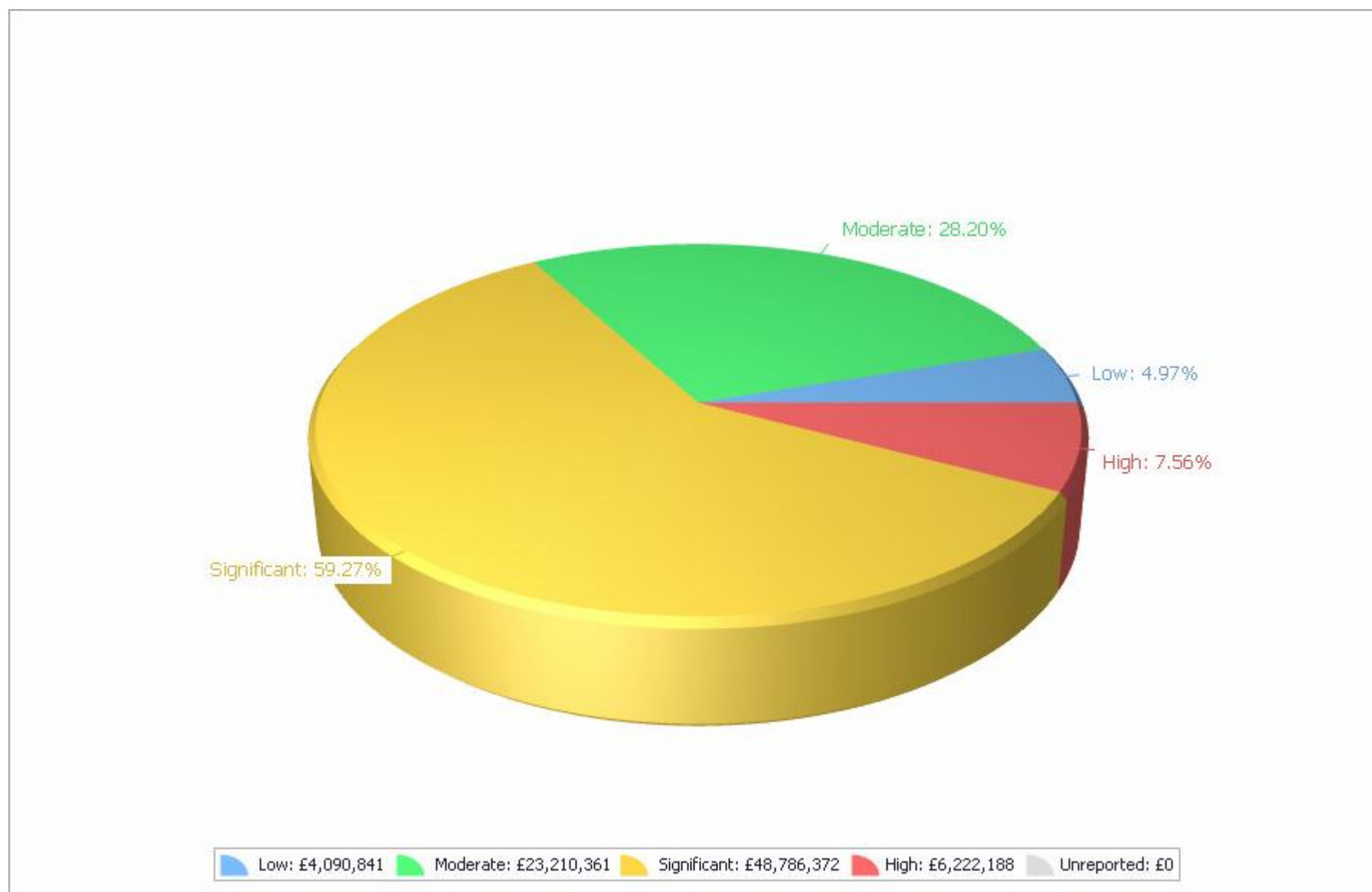
NB: Third Party Ownership tenures are excluded. Block No 00 has been excluded.

Table 3: Physical Condition – Risk Profiled Backlog Costs

Type	Physical Condition Backlog Cost/Percentage of Total										Total
	Low	%	Moderate	%	Significant	%	High	%	Unreported	%	
01 Acute Hospital	1,415,507.47	3.00	11,499,146.71	24.40	33,090,851.25	70.21	1,128,512.98	2.39	0.00	0.00	47,134,018.41
02 Children's Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03 Maternity Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Specialist Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05 Mental Health Hospital	1,498,243.48	9.32	4,883,368.62	30.38	9,183,163.80	57.13	510,067.26	3.17	0.00	0.00	16,074,843.16
06 Community Hospital	31,035.87	10.54	188,621.04	64.07	74,757.33	25.39	0.00	0.00	0.00	0.00	294,414.24
07 Older People Hospital	420,812.37	6.23	2,173,253.47	32.16	2,216,330.31	32.80	1,947,041.74	28.81	0.00	0.00	6,757,437.89
08 Multi Service Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 Health Centre	57,601.17	4.06	606,954.76	42.83	693,473.22	48.94	59,088.95	4.17	0.00	0.00	1,417,118.10
22 Clinics (Including Day Hospitals & Resource Centres)	41,467.34	4.49	256,735.09	27.81	615,383.31	66.66	9,523.75	1.03	0.00	0.00	923,109.49
23 Offices	274,331.24	13.23	1,051,628.30	50.73	740,364.38	35.71	6,692.03	0.32	0.00	0.00	2,073,015.95
24 Support Facilities	245,103.57	4.57	1,338,703.15	24.94	1,344,261.97	25.05	2,439,282.75	45.45	0.00	0.00	5,367,351.44
25 Staff Residential Accommodation	25,459.03	5.46	374,030.55	80.24	44,007.23	9.44	22,653.74	4.86	0.00	0.00	466,150.55
26 Patient Residential Accommodation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41 GP Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Dental Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Optician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51 Care Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91 Non-NHS Functions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97 Multi-storey Car Park	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98 Non-Operational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99 Other	81,279.64	4.51	837,918.92	46.49	783,779.65	43.49	99,325.24	5.51	0.00	0.00	1,802,303.45
Unreported	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
% of Overall Total	4,090,841.18	4.97	23,210,360.61	28.20	48,786,372.45	59.27	6,222,188.44	7.56	0.00	0.00	82,309,762.68

NB: This table includes only Costs where the Physical Condition grading is Not A or B. Third Party Ownership and PFI/NPD Tenures are excluded from this table. Blocks with Code '00' have been included.

Chart 4: Physical Condition – Risk Profiled Backlog Costs



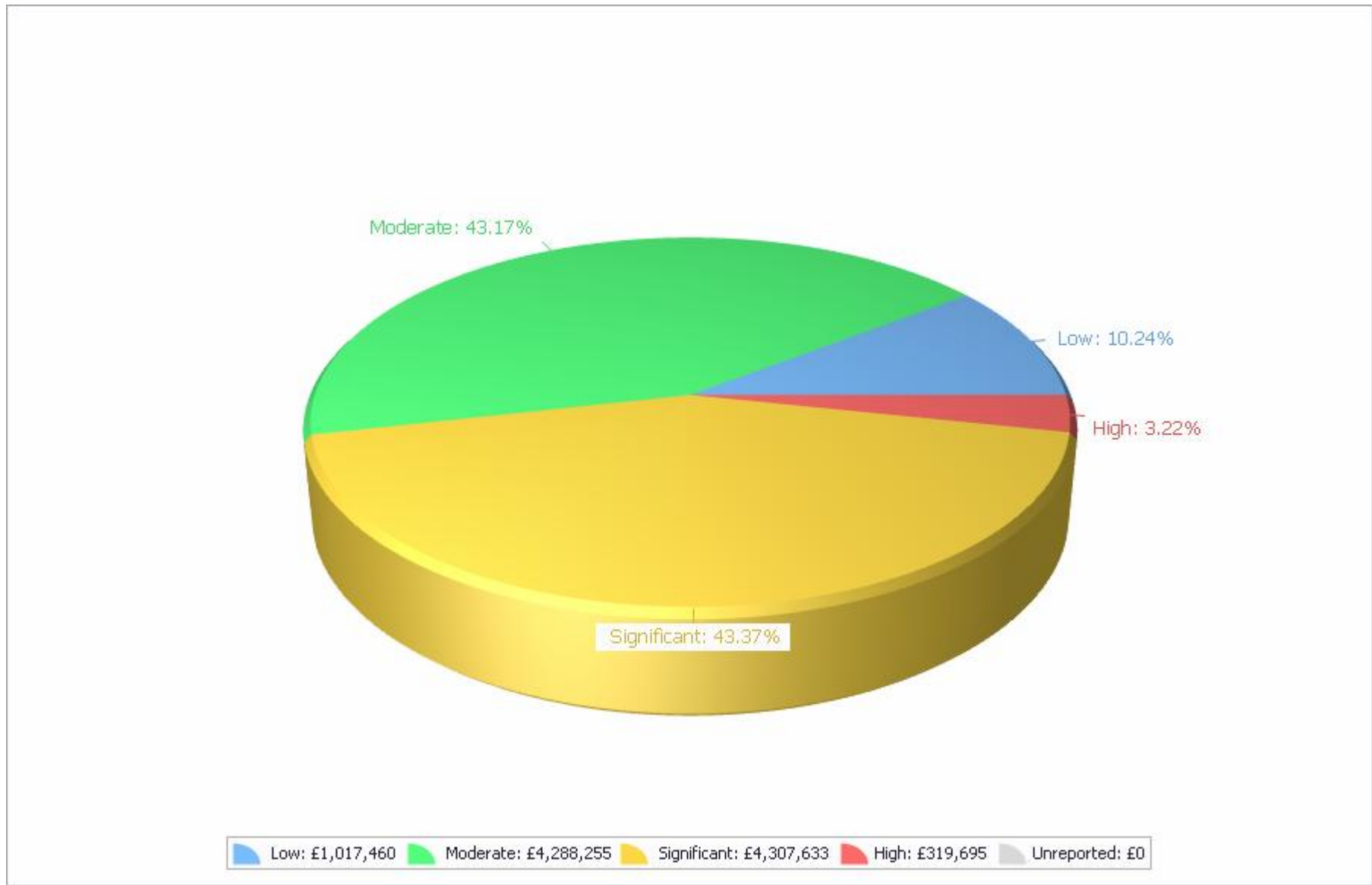
NB: This chart only includes costs where the Physical Condition grading is Not A or B. Third Party Ownership and PFI/NPD Tenures are excluded. Blocks with Block No '00' are included.

Table 5: Statutory Compliance & Fire – Risk Profiled Backlog Costs

Type	Statutory Compliance Cost/Percentage of Total										Total
	Low	%	Moderate	%	Significant	%	High	%	Unreported	%	
01 Acute Hospital	556,161.70	8.23	3,777,629.95	55.91	2,332,930.85	34.53	90,368.13	1.34	0.00	0.00	6,757,090.63
02 Children's Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03 Maternity Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Specialist Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05 Mental Health Hospital	19,255.72	3.22	57,993.62	9.68	483,657.45	80.76	37,945.03	6.34	0.00	0.00	598,851.82
06 Community Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07 Older People Hospital	27,184.56	3.63	79,288.23	10.59	482,640.74	64.45	159,708.90	21.33	0.00	0.00	748,822.43
08 Multi Service Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 Health Centre	275,897.43	28.16	281,771.72	28.76	404,541.60	41.29	17,474.68	1.78	0.00	0.00	979,685.43
22 Clinics (Inc. Day Hospitals & Resource Centres)	18,388.94	9.82	38,527.11	20.57	124,366.65	66.40	6,006.92	3.21	0.00	0.00	187,289.62
23 Offices	37,029.60	27.01	27,790.52	20.27	72,277.45	52.72	0.00	0.00	0.00	0.00	137,097.57
24 Support Facilities	0.00	0.00	0.00	0.00	566.35	100.00	0.00	0.00	0.00	0.00	566.35
25 Staff Residential Accommodation	9,105.53	15.16	14,878.59	24.78	33,882.74	56.42	2,184.33	3.64	0.00	0.00	60,051.19
26 Patient Residential Accommodation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41 GP Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Dental Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Optician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51 Care Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91 Non-NHS Functions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97 Multi-storey Car Park	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98 Non-Operational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99 Other	74,436.64	16.06	10,375.60	2.24	372,769.30	80.41	6,006.92	1.30	0.00	0.00	463,588.46
Unreported	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
% of Overall Total	1,017,460.12	10.24	4,288,255.34	43.17	4,307,633.13	43.37	319,694.91	3.22	0.00	0.00	9,933,043.50

NB: This table includes Statutory Compliance and Fire facet items of all conditions including unreported. Third Party Ownership and PFI/NPD Tenures are excluded. Blocks with code '00' are included in this table.

Chart 6: Statutory Compliance & Fire – Risk Profiled Backlog Costs



NB: This table includes Statutory Compliance and Fire facet items of all conditions including unreported. Third Party Ownership and PFI/NPD Tenures are excluded. Blocks with code '00' are included.

Table 7: Energy Performance Certificate

Type	EPC Ratings													
	C or Better		D		E		F		G		Not Required		Unreported	
	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.
01 Acute Hospital	0.00	0	0.00	0	554.55	1	6,667.38	1	1,149.04	2	111,454.75	6	0.00	2
02 Children's Hospital	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
03 Maternity Hospital	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
04 Specialist Hospital	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
05 Mental Health Hospital	0.00	0	1,174.58	1	0.00	0	5,626.10	3	9,709.21	3	41,677.56	26	0.00	0
06 Community Hospital	10,971.00	1	0.00	0	3,246.27	3	0.00	0	0.00	0	1,269.67	3	0.00	0
07 Older People Hospital	0.00	0	0.00	0	0.00	0	9,336.96	4	5,274.39	3	1,720.15	3	0.00	0
08 Multi Service Hospital	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
21 Health Centre	1,875.00	1	2,611.37	3	5,762.41	7	1,624.69	1	1,318.88	2	6,183.46	7	0.00	0
22 Clinics (Inc. Day Hospitals & Resource Centres)	440.52	2	1,894.94	4	994.51	2	1,990.98	5	1,253.94	3	1,157.17	2	0.00	0
23 Offices	450.00	1	0.00	0	1,795.20	3	941.88	2	2,586.06	1	6,340.63	5	0.00	0
24 Support Facilities	0.00	0	0.00	0	0.00	0	1,631.73	1	4,620.85	6	13,934.39	50	0.00	0
25 Staff Residential Accommodation	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	2,138.76	8	0.00	0
26 Patient Residential Accommodation	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
41 GP Practice	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	1,688.70	5	14,107.21	31
42 Dental Practice	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
43 Pharmacy	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
44 Optician	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
51 Care Home	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
91 Non-NHS Functions	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
97 Multi-storey Car Park	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
98 Non-Operational	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
99 Other	0.00	0	2,709.97	1	0.00	0	0.00	0	0.00	0	2,701.02	5	0.00	0
Unreported	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
TOTALS	13,736.52	5	8,390.86	9	12,352.94	16	27,819.72	17	25,912.37	20	190,266.26	120	14,107.21	33

This table shows the total GIA and the number of all blocks with a record in the Block Condition table with a facet of 9 - Environment. All condition ratings are included plus Unreported, but A, B and C condition ratings are shown added together in one column. Blocks with Block No 00 are excluded.

Table 8: Results from the Appraisal of Functional Suitability

	Functional Suitability										
	A –Very Satisfactory		B - Satisfactory		C – Not Satisfactory		D - Unacceptable		Unreported		
Type	Area sq m	%	Area Sq m	%	Area sq m	%	Area sq m	%	Area sq m	%	Total
01 Acute Hospital	50,811.07	42.40	30,176.56	25.18	38,837.77	32.41	0.00	0.00	0.00	0.00	119,825.40
02 Children’s Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03 Maternity Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Specialist Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05 Mental Health Hospital	5,734.01	9.83	38,384.84	65.82	2,487.29	4.27	11,709.00	20.08	0.00	0.00	58,315.14
06 Community Hospital	10,971.00	70.84	4,294.12	27.73	221.82	1.43	0.00	0.00	0.00	0.00	15,486.94
07 Older People Hospital	0.00	0.00	15,108.21	93.34	0.00	0.00	1,078.00	6.66	0.00	0.00	16,186.21
08 Multi Service Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 Health Centre	3,034.27	16.29	13,609.16	73.05	1,987.01	10.67	0.00	0.00	0.00	0.00	18,630.44
22 Clinics (Inc. Day Hospitals & Resource Centres)	2,421.80	32.00	3,651.48	48.26	1,493.68	19.74	0.00	0.00	0.00	0.00	7,566.96
23 Offices	0.00	0.00	9,532.57	78.70	854.44	7.05	1,725.00	14.24	0.00	0.00	12,112.01
24 Support Facilities	946.00	4.69	14,543.19	72.04	4,035.83	19.99	662.27	3.28	0.00	0.00	20,187.29
25 Staff Residential Accommodation	0.00	0.00	722.29	33.77	1,285.66	60.11	130.81	6.12	0.00	0.00	2,138.76
26 Patient Residential Accommodation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41 GP Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Dental Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Optician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51 Care Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91 Non-NHS Functions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97 Multi-storey Car Park	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98 Non-Operational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99 Other	0.00	0.00	5,411.01	100.00	0.00	0.00	0.00	0.00	0.00	0.00	5,411.01
Unreported	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
% of Overall Total	73,918.15	26.80	135,433.43	49.09	51,203.50	18.56	15,305.08	5.55	0.00	0.00	275,860.16

NB: This table is based on ratings allocated against Rooms/Areas. Third Party Ownership Tenures are excluded from this table.

Table 10: Results from the Appraisal of Space Utilisation

	Space Utilisation										
	E – Empty Not Used		U – Under Utilised		F – Fully Utilised		O - Overcrowded		Unreported		
Type	Area sq m	%	Area Sq m	%	Area sq m	%	Area sq m	%	Area sq m	%	Total
01 Acute Hospital	173.20	0.14	0.00	0.00	119,652.20	99.86	0.00	0.00	0.00	0.00	119,825.40
02 Children’s Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03 Maternity Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Specialist Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05 Mental Health Hospital	12,000.26	20.58	25,010.12	42.89	21,304.76	36.53	0.00	0.00	0.00	0.00	58,315.14
06 Community Hospital	28.90	0.19	192.92	1.25	15,265.12	98.57	0.00	0.00	0.00	0.00	15,486.94
07 Older People Hospital	1,078.00	6.66	746.63	4.61	14,361.58	88.73	0.00	0.00	0.00	0.00	16,186.21
08 Multi Service Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 Health Centre	42.05	0.23	0.00	0.00	12,662.68	67.97	5,925.71	31.81	0.00	0.00	18,630.44
22 Clinics (Inc. Day Hospitals & Resource Centres)	0.00	0.00	438.63	5.80	7,128.33	94.20	0.00	0.00	0.00	0.00	7,566.96
23 Offices	1,725.00	14.24	3,719.18	30.71	6,667.83	55.05	0.00	0.00	0.00	0.00	12,112.01
24 Support Facilities	901.50	4.47	1,593.14	7.89	13,422.86	66.49	4,269.79	21.15	0.00	0.00	20,187.29
25 Staff Residential Accommodation	323.81	15.14	0.00	0.00	1,814.95	84.86	0.00	0.00	0.00	0.00	2,138.76
26 Patient Residential Accommodation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41 GP Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Dental Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Optician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51 Care Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91 Non-NHS Functions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97 Multi-storey Car Park	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98 Non-Operational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99 Other	0.00	0.00	0.00	0.00	5,411.01	100.00	0.00	0.00	0.00	0.00	5,411.01
Unreported	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
% of Overall Total	16,272.72	5.90	31,700.62	11.49	217,691.32	78.91	10,195.50	3.70	0.00	0.00	275,860.16

NB: This table is based on the ratings allocated against Room Areas. Third Party Ownership Tenures are excluded from this table.

Table 11: Results from the Appraisal of Quality

	Quality										
	A –Very Satisfactory		B - Satisfactory		C – Not Satisfactory		D - Unacceptable		Unreported		
Type	Area sq m	%	Area Sq m	%	Area sq m	%	Area sq m	%	Area sq m	%	Total
01 Acute Hospital	50,811.07	42.40	30,731.11	25.65	38,283.22	31.95	0.00	0.00	0.00	0.00	119,825.40
02 Children’s Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03 Maternity Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Specialist Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05 Mental Health Hospital	5,734.01	9.83	28,814.62	49.41	11,854.51	20.33	11,912.00	20.43	0.00	0.00	58,315.14
06 Community Hospital	10,971.00	70.84	4,294.12	27.73	221.82	1.43	0.00	0.00	0.00	0.00	15,486.94
07 Older People Hospital	0.00	0.00	9,419.83	58.20	5,688.38	35.14	1,078.00	6.66	0.00	0.00	16,186.21
08 Multi Service Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 Health Centre	3,034.27	16.29	11,523.54	61.85	4,072.63	21.86	0.00	0.00	0.00	0.00	18,630.44
22 Clinics (Inc. Day Hospitals & Resource Centres)	2,901.36	38.34	3,849.68	50.87	815.92	10.78	0.00	0.00	0.00	0.00	7,566.96
23 Offices	0.00	0.00	8,115.96	67.01	3,996.05	32.99	0.00	0.00	0.00	0.00	12,112.01
24 Support Facilities	946.00	4.69	10,106.88	50.07	8,584.14	42.52	550.27	2.73	0.00	0.00	20,187.29
25 Staff Residential Accommodation	0.00	0.00	495.29	23.16	1,512.66	70.73	130.81	6.12	0.00	0.00	2,138.76
26 Patient Residential Accommodation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41 GP Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Dental Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Optician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51 Care Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91 Non-NHS Functions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97 Multi-storey Car Park	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98 Non-Operational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99 Other	0.00	0.00	5,411.01	100.00	0.00	0.00	0.00	0.00	0.00	0.00	5,411.01
Unreported	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
% of Overall Total	74,397.71	26.97	112,762.04	40.88	75,029.33	27.20	13,671.08	4.96	0.00	0.00	275,860.16

NB: This table is based on ratings allocated against Rooms/Areas. Third Party Ownership Tenures are excluded from this table.

Table 12: Typical Analysis of Property Types

Functional Type	Endowment (GIA) sq m	Owned (GIA) Sq m	Leased (GIA) Sq m	HUB (GIA) Sq m	PFI/NPD (GIA) Sq m	Unreported (GIA) Sq m	Area (GIA) Sq m	% of Total Area
01 Acute Hospital	0	69227.33	0	0	50598.39	0	119,825.72	43.44
02 Children's Hospital	0	0	0	0	0	0	0.00	0.00
03 Maternity Hospital	0	0	0	0	0	0	0.00	0.00
04 Specialist Hospital	0	0	0	0	0	0	0.00	0.00
05 Mental Health Hospital	0	58187.45	0	0	0	0	58,187.45	21.09
06 Community Hospital	0	4515.94	0	0	10971	0	15,486.94	5.61
07 Older People Hospital	0	16331.5	0	0	0	0	16,331.50	5.92
08 Multi Service Hospital	0	0	0	0	0	0	0.00	0.00
21 Health Centre	0	18587.11	0	0	0	0	18,587.11	6.74
22 Clinics (Inc. Day Hospitals & Resource Centres)	0	7506.48	64.73	0	0	0	7,571.21	2.74
23 Offices	0	11663.77	450	0	0	0	12,113.77	4.39
24 Support Facilities	0	19240.97	0	0	946	0	20,186.97	7.32
25 Staff Residential Accommodation	0	2138.76	0	0	0	0	2,138.76	0.78
26 Patient Residential Accommodation	0	0	0	0	0	0	0.00	0.00
41 GP Practice	0	0	0	0	0	0	0.00	0.00
42 Dental Practice	0	0	0	0	0	0	0.00	0.00
43 Pharmacy	0	0	0	0	0	0	0.00	0.00
44 Optician	0	0	0	0	0	0	0.00	0.00
51 Care Home	0	0	0	0	0	0	0.00	0.00
91 Non-NHS Functions	0	0	0	0	0	0	0.00	0.00
97 Multi-storey Car Park	0	0	0	0	0	0	0.00	0.00
98 Non-Operational	0	0	0	0	0	0	0.00	0.00
99 Other	0	5410.99	0	0	0	0	5,410.99	1.96
Unreported	0	0	0	0	0	0	0.00	0.00
TOTALS	0	212810.3	514.73	0	62515.39	0	275,840.42	100.00

NB: Block Code 00 has been excluded from this table. Third Party Ownership Tenures are excluded from this table.

Table 13: Typical Analysis of Property Ownership

	Area (GIA) sq m	% of Total Area	Count of Blocks
Endowment	0.00	0.00	0
HUB	0.00	0.00	0
Leased	514.73	0.18	2
Owned	212,810.30	72.73	176
PFI/NPD	62,515.39	21.37	4
Third Party Ownership	495.85	0.17	2
Third Party Ownership - GP Leased	5,766.36	1.97	8
Third Party Ownership - GP Owned	10,483.25	3.58	28
Unreported	0.00	0.00	0
TOTALS	292,585.88	100.00	220

NB: Block 00 has been excluded from this table

Chart 14: Analysis of Size Range of Properties

Site Type	Less than 1001	1001 To 2000	2001 To 3000	3001 To 4000	4001 To 5000	5001 To 6000	6001 To 9000	9001 To 10000	10001 To 20000	20001 To 30000	Greater than 30000	Unreported	Total
01 Acute Hospital	0	0	0	0	0	0	0	0	0	0	0	2	2
02 Children's Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
03 Maternity Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
04 Specialist Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
05 Mental Health Hospital	0	0	0	0	0	0	0	0	0	2	0	1	3
06 Community Hospital	0	0	0	0	0	0	0	0	0	1	0	0	1
07 Older People Hospital	0	0	0	0	3	0	0	0	0	1	0	0	4
08 Multi Service Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
21 Health Centre	0	12	6	1	0	0	0	0	0	0	0	0	19
22 Clinics (Inc. Day Hospitals & Resource Centres)	0	12	0	0	0	0	0	0	0	0	0	0	12
23 Offices	0	1	0	0	0	0	0	0	0	0	0	0	1
24 Support Facilities	0	0	0	0	0	0	0	0	0	0	0	0	0
25 Staff Residential Accommodation	0	1	0	0	0	0	0	0	0	0	0	0	1
26 Patient Residential Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0
41 GP Practice	0	0	0	0	0	0	0	0	0	0	0	0	0
42 Dental Practice	0	0	0	0	0	0	0	0	0	0	0	0	0
43 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0
44 Optician	0	0	0	0	0	0	0	0	0	0	0	0	0
51 Care Home	0	0	0	0	0	0	0	0	0	0	0	0	0
91 Non-NHS Functions	0	0	0	0	0	0	0	0	0	0	0	0	0
97 Multi-storey Car Park	0	0	0	0	0	0	0	0	0	0	0	0	0
98 Non-Operational	0	0	0	0	0	0	0	0	0	0	0	0	0
99 Other	0	0	0	0	0	0	1	0	0	0	0	0	1
Unreported	0	0	0	0	0	0	0	0	0	0	0	0	0

NB: Block 00 has been excluded from this table. Third Party Ownership Tenures are excluded from this table.

Table 15: Age Profile of Properties

	Count of Blocks	Area (m ²)	% of Total Area	
Over 50 years old	89	110,619.89	40.10	£64,842,314.11
30-50 years old	48	51,771.72	18.77	£19,122,558.00
10-29 years old	38	106,666.69	38.67	£1,873,346.55
Up to 10 years old	7	6,782.12	2.46	£73,675.64
Unreported	0	0.00	0.00	£6,330,911.88
TOTALS	182	275,840.42	100.00	£92,242,806.18

NB: Block 00 has been excluded from the Area Calculation but included in the Backlog Costs. Backlog Costs include Physical Condition C, D or Unreported and all Statutory Compliance conditions ratings. All other costs have been excluded. Costs exclude Third Party Ownership and PFI/NPD Tenures. Count and Area exclude Third Party Ownership tenures.

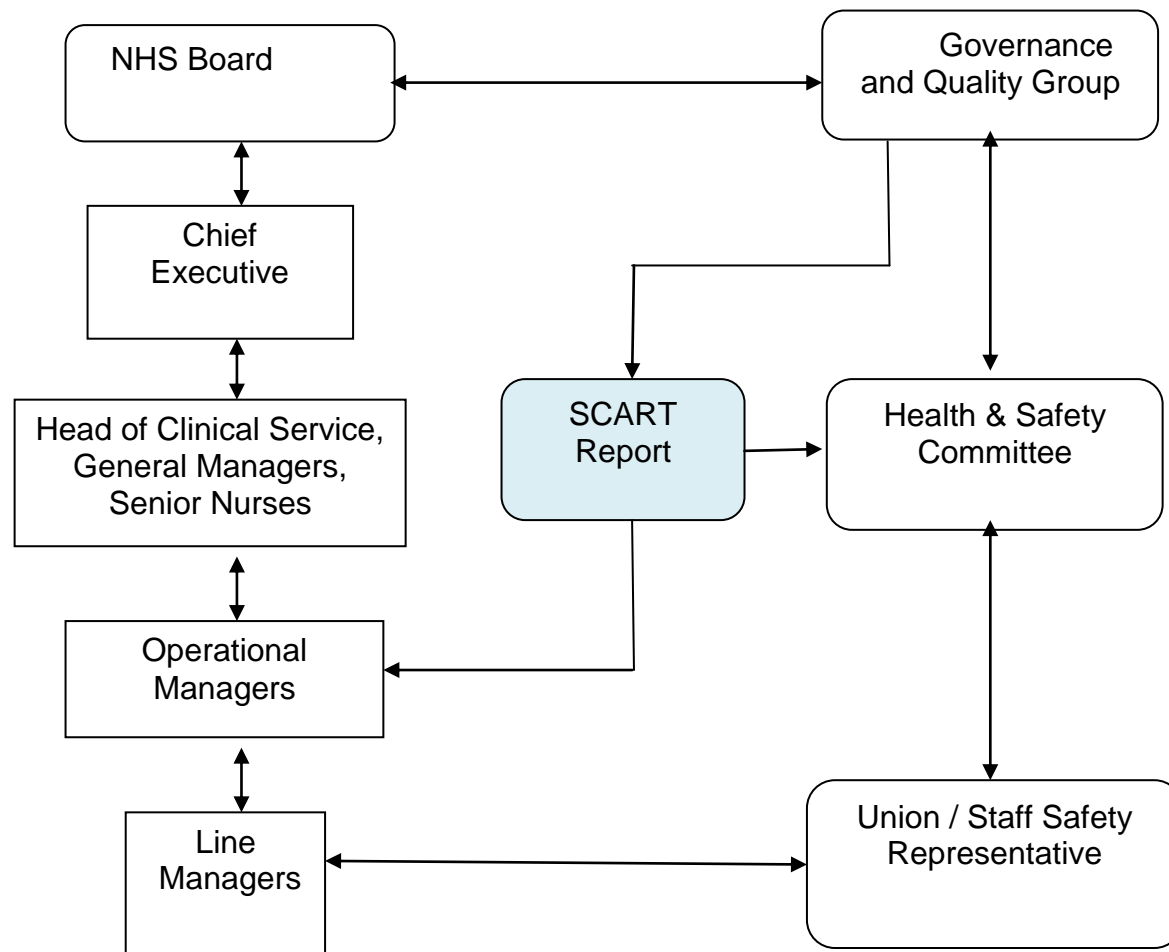
Table 16: Summary of Property Appraisal Results

Functional Type	Gia Sq m	GIA as % of Total Area	Backlog Expenditure Required					
			Low Risk	Moderate Risk	Significant Risk	High Risk	Unreported	Total
01 Acute Hospital	119,825.72	43.44	£1,971,669.17	£15,276,776.66	£35,423,782.10	£1,218,881.11	-	£53,891,109.04
02 Children's Hospital	0.00	0.00	-	-	-	-	-	-
03 Maternity Hospital	0.00	0.00	-	-	-	-	-	-
04 Specialist Hospital	0.00	0.00	-	-	-	-	-	-
05 Mental Health Hospital	58,187.45	21.09	£1,517,499.20	£4,941,362.24	£9,666,821.25	£548,012.29	-	£16,673,694.98
06 Community Hospital	15,486.94	5.61	£31,035.87	£188,621.04	£74,757.33	-	-	£294,414.24
07 Older People Hospital	16,331.50	5.92	£447,996.93	£2,252,541.70	£2,698,971.05	£2,106,750.64	-	£7,506,260.32
08 Multi Service Hospital	0.00	0.00	-	-	-	-	-	-
21 Health Centre	18,587.11	6.74	£333,498.60	£888,726.48	£1,098,014.82	£76,563.63	-	£2,396,803.53
22 Clinics (Inc. Day Hospitals & Resource Centres)	7,571.21	2.74	£59,856.28	£295,262.20	£739,749.96	£15,530.67	-	£1,110,399.11
23 Offices	12,113.77	4.39	£311,360.84	£1,079,418.82	£812,641.83	£6,692.03	-	£2,210,113.52
24 Support Facilities	20,186.97	7.32	£245,103.57	£1,338,703.15	£1,344,828.32	£2,439,282.75	-	£5,367,917.79
25 Staff Residential Accommodation	2,138.76	0.78	£34,564.56	£388,909.14	£77,889.97	£24,838.07	-	£526,201.74
26 Patient Residential Accommodation	0.00	0.00	-	-	-	-	-	-
41 GP Practice	0.00	0.00	-	-	-	-	-	-
42 Dental Practice	0.00	0.00	-	-	-	-	-	-
43 Pharmacy	0.00	0.00	-	-	-	-	-	-
44 Optician	0.00	0.00	-	-	-	-	-	-
51 Care Home	0.00	0.00	-	-	-	-	-	-
91 Non-NHS Functions	0.00	0.00	-	-	-	-	-	-
97 Multi-storey Car Park	0.00	0.00	-	-	-	-	-	-
98 Non-Operational	0.00	0.00	-	-	-	-	-	-
99 Other	5,410.99	1.96	£155,716.28	£848,294.52	£1,156,548.95	£105,332.16	-	£2,265,891.91
Unreported	0.00	0.00	-	-	-	-	-	-
TOTALS	275,840.42	100.00	£5,108,301.30	£27,498,615.95	£53,094,005.58	£6,541,883.35	-	£92,242,806.18

NB: Block 00 has been excluded from the area calculation but included in the backlog costs. Backlog Costs include Physical Condition of condition C or below or Unreported, all Statutory Compliance conditions ratings and all Fire condition ratings. All other costs have been excluded. Third Party Ownership and PFI/NPD Tenures are excluded from the backlog costs. Third Party Ownership tenures are excluded from the area calculation.

Appendix C: Statutory Compliance

Appendix C1: Example Organisation Plan



Appendix C2: Risk and Compliance Tables

NHS Board Average % Compliance where a Topic has a Maximum Risk Score of 16 and Above

Topic	Max risk	Avg Risk	Avg % Compliance
Asbestos 2014	25	11.78	65.99
Pressure Systems 2014	25	14.26	54.43
Construction, Design & Management (CDM) Regulations	20	11.38	47.62
Medical Gases 2014	25	7.31	71.8
Water 2014	25	7.7	76.35
Heating and Ventilation 2014	20	8.07	65
Electrical - Electrical services supply and distribution 2014	16	12.04	29.05
Contractor (control of) – (The Management of Health & Safety at Work Regulations 1999)	16	12.88	28.49
Decontamination of Equipment	16	12.57	52.38
Suicide Risk	16	8.89	94.44
Lifting Operations & Lifting Equipment (LOLER) Regulations – Lifting Equipment	16	8.52	75
Electrical – Electrical safety guidance for high voltage systems	16	6.35	89.04
Electrical – Electrical safety guidance for low voltage systems	16	7.98	65.79
Patient Bearing Equipment (including slings)	16	5.35	85.73
Confined Spaces	16	8.55	36.89
NHS Board average compliance 66.11% NHS Scotland average 63.8%			

NHS Board Average % Compliance Scores for Ten Lowest Scoring Topics

Topic	Max risk	Avg risk	Avg compliance %
Dangerous Substances and Explosive Atmospheres Regulations 2002	12	11.64	7.04
Slips, Trips & Falls – Floor Hazards	12	11.49	8.23
Contractors (control of)	16	12.88	28.49
Electrical - Electrical services supply and distribution 2014	16	12.04	29.05
Contingency Planning	12	8.26	32.83
Confined Spaces	16	8.55	36.89
Construction, Design & Management	20	11.38	47.62
Control of Substances Hazardous to Health	12	7.72	47.64
Electrical – Bedhead Services 2014	12	7.15	52.18
Manual Handling Operations	9	5.86	52.33

Appendix C3: Example of SCART Audit Programme

Topic & Question	2020												Jan	Feb
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Site Assessments														
Adamson Hospital														
Cupar Health Centre														
Leslie Dental Access Centre														
Pitteuchar Health Centre														
Queen Margaret Hospital														
Cowdenbeath Clinic														
Cowdenbeath Dental Access Centre														
Ladybank Clinic														
Weston Day Hospital														
Airlie Medical Practice														
Cardenden Health Centre														
Dalgety Bay Clinic														
Dovecot Clinic														
Glenrothes Hospital														
Glenwood Dental Access Centre														
Glenwood Health Centre														
Gordon Cottage Clinic														
Kelty Health Centre														
Kennoway Health Centre														
Kincardine Health Centre														
Kinghorn Health Centre														
Kirkcaldy Health Centre														

Appendix C4: Example Action Plan

NHS "Example"		Victoria Hospital								
Topic	N ^o	Question	Response	Risk	Additional Information	Action	Cost	Responsibility	Target Date	Date Completed
Asbestos 2014	11	Is there a process in place by which ongoing surveys are independently audited to ensure accuracy/consistency?	0	25	We do not comply with (HSG 264 Appendix 6)	Process to be produced and disseminated to all relevant staff	£50	David Crook	01/06/2017	
Asbestos 2014	59	Does the Board arrange audits of completed asbestos removal works after signed off by UKAS analytical company to ensure accuracy/consistency?	0	25	We do not comply with, (HSG 264 Appendix 6)	Procedure to be put in place to ensure completed works are signed off by analytical person	£50	Ian Smith	01/06/2017	
Electrical - Electrical safety guidance for high voltage systems 2014	9	Do you have an individual suitably appointed by the management as the Designated Person (HV)?	0	15	To be appointed	Issue Letter of appointment to Designated Person.	£50	David Crook	01/06/2018	
Electrical - Electrical safety guidance for high voltage systems 2014	17	Do the management have a clearly defined electrical safety policy and programme for the operation and maintenance of HV systems and/or equipment? Is this policy managed, implemented, monitored and suitably reviewed?	0	15	No HV Policy in place	Prepare an electrical Safety Policy, disseminate to staff, hold tool box talks to ensure awareness and understanding	£100	Mark Davis	01/07/2017	
Electrical - Electrical safety guidance for high voltage systems 2014	19	Do you have a programme of training to ensure awareness of all staff on the use of and dangers of HV electricity?	2	15	Work in progress	Prepare a training programme of staff awareness, this will include toolbox talks and discussions at staff meetings	£100	Mark Davis	02/07/2017	
Electrical - Electrical safety guidance for low voltage systems 2014	11	Does the NHS Board have a suitably qualified and trained member of staff appointed by the management as the Designated Person (LV)?	0	15	No Designated Person appointed	Train and appoint a Designated Person	£1,500	Mark Davis	01/07/2017	

Appendix C5: Example Board Action Plan Summary

AVERAGE BOARD COMPLIANCE	AVERAGE BOARD MAXIMUM RISK SCORE	AVERAGE BOARD RISKS	TOTAL NUMBER OF SITE ACTIONS WITH RISKS > 8	TOTAL NUMBER OF BOARD ACTIONS WITH RISKS > 8	TOTAL NUMBER OF RISKS OUTWITH COMPLETION DATE	TOTAL BOARD COST
41.56	25	11.79	45	4	29	£19,380

Appendix C6: Example Work Plan

Action Point	Week Number	Action	Input	Resource
Produce an Asbestos Policy	Week 1 - 2	Set up short life work group chaired by Asbestos Advisor, set scope, terms of reference, remit	Person responsible for the action sets up a working group	Estates Manager 4 Hours
	Week 3 - 5	Hold initial meeting, delegate tasks / sections of policy to members with a return date for information	Asbestos Advisor chairs initial meeting. The group work on draft policy	Asbestos Advisor 16 hours 2 Building officers 8 hours 2 Engineering Officers 8 hours Admin support 4 hours
	Week 6 - 7	Collate information gathered	Person responsible for policy collates the information received from group members	Estates Manager 6 hours Admin support 4 hours
	Week 8 - 9	Produce draft Asbestos Policy	Person responsible for policy produces a draft Asbestos Policy	Estates Manager 12 hours Admin support 2 hours
	Week 10	Circulate Draft Asbestos Policy to group for comment	Person responsible for policy issues completed draft Asbestos Policy for comment	Asbestos Advisor 6 hours 2 Building officers 2 hours 2 Engineering Officers 2 hours
	Week 11 - 12	Amend Draft Asbestos Policy based on comments, acknowledge comments	Person responsible for policy amends draft Asbestos Policy	Estates Manager 4 hours Admin support 1 hour
	Week 14	Present Draft Asbestos Policy to Partnership Forum (dependant on Dates of Forum meetings)	Person responsible for policy presents draft Policy to Partnership Forum	Estates Manager 2 hours
	Week 15	Amend Draft Asbestos Policy based on Partnership comments, circulate to short life working group	Person responsible for policy amends policy and circulates to Partnership and short life working group	Estates Manager 2 hours Admin support 1 hour
	Week 16	Present Draft Asbestos Policy to NHS Board (dependant on Board Meeting schedules)	Person responsible for policy presents completed draft asbestos Policy to NHS Board	Estates Manager 2 hours
	Week 17 - 20	Implementation plan activated including tool box talks and E - learning for staff	Person responsible for policy activates the implementation plan	Estates Manager 2 hours Supervisors 12 hours
	Week 21	Thank short life working group for input and disband group.	Person responsible for policy thanks short life working group	Estates Manager 1 hour
	Week 22	Post Asbestos Policy on intranet, inform staff that Policy is now in force.	Person responsible for policy arranges for the Asbestos Policy to go on the intranet and inform staff	Estates Manager 1 hour Communications team 2 hours

Appendix C7: Example Training Plan/Record

Training Record for Water Management

Name	Course Title	Date of Course	Outcome	Review Date
A Other	SHTM 04 -01	12/09/2016	Pass	12/09/2019
AN Other	SHTM 04 - 01	12/06/2015	Pass	12/06/2018

Staff Training Plan

Priority	Skill Gap	Name	Training Required	Description of Training	Provider	Indicative Cost	Date to be Delivered
High	Electrical Knowledge	A.Other	SHTM 06 - 02	HTM 06-02 Authorised Person Training	York Training Centre	£4500	06/05/2017
High	Medical Gases	AN Other	SHTM 02 - 01	HTM 02 - 01 Authorised Person Training	Engineering Knowledge Centre	£4500	08/06/2017

Appendix D: Functional Suitability, Space Utilisation and Quality

Periodic review of functional suitability, space utilisation and quality are requested in the Property Appraisal Manual in addition to conditional survey review. A level 1 survey was carried out in 2017/18 with the following results which are presented in a 'traffic light' system for easy identification.

(NB Properties highlighted in yellow have been declared surplus although some are still occupied)

A		O- Overcrowded
B		F- Fully Utilised
C or CX		U- Under Utilised
D or DX		E- Empty

Where in Functional Suitability and Quality:

Condition A is very satisfactory or excellent quality

Condition B is satisfactory with only minor change required

Condition C is not satisfactory with significant change required

Condition D is unacceptable

An 'X' suffix in Condition C & D denotes replacement is the only route to improvement.

Site Name	Block No	Block Name	FS	SU	Q
Adamson Hospital	C0	Administration Building	B	F	B
Adamson Hospital	D0	Reception / Outpatients	B	F	B
Adamson Hospital	E0	Tarvit Ward	B	F	B
Adamson Hospital	F0	Kitchen	C	F	B
Airley Practice (Cannons)	A0	Airley Practice (Cannons)	N/A	N/A	N/A
Area Distribution Centre	A0	Warehouse	B	E	B
Area Distribution Centre	B0	Store Offices	B	U	B
Area Distribution Centre	C0	Transport Offices	B	E	C
Bennoch Health Centre	A0	Bennoch Health Centre	B	F	B

Site Name	Block No	Block Name	FS	SU	Q
Cameron Hospital	A0	Boilerhouse/Laundry	B	F	B
Cameron Hospital	B0	Mortuary (Vacant)	D	E	DX
Cameron Hospital	C0	Wards 9 & 10 (Derelict)	D	E	DX
Cameron Hospital	D0	Ward 8	B	F	B
Cameron Hospital	E0	Ward 7	B	U	B
Cameron Hospital	F0	Wd 5&6 Sir George Sharp Unit	B	F	C
Cameron Hospital	G0	Wd 3&4 Letham Balcurvie	B	F	B
Cameron Hospital	H0	Wd 1&2 Balgonie Balfour	B	F	B
Cameron Hospital	I0	Cameron House	B	F	B
Cameron Hospital	J0	Admin, Kitchen, Dining (Vacant)	D	E	B
Cameron Hospital	K0	Lodge No. 3 (Vacant)	D	E	C
Cameron Hospital	LO	Garage	B	F	C
Cameron Hospital	MO	Ward 12 - Storage	C	E	C
Cameron Hospital	N0	Ward 11 Addiction Services	B	U	B
Cameron Hospital	O0	Training/WRVS (Vacant)	C	E	C
Cameron Hospital	P0	Main Store	B	F	B
Cameron Hospital	Q0	Incinerator (Derelict)	DX	E	DX
Cameron Hospital	R0	Linen Room (Derelict)	DX	E	DX
Cameron Hospital	S0	Haig House	C	U	B
Cameron Hospital	T0	Generator/workshop	B	F	B
Cameron Hospital	U0	Lodges Nos. 1 & 2 (Vacant)	C	E	CX
Cameron Hospital	V0	Pump House (Derelict)	DX	E	DX
Cameron Hospital	W0	Water Tower (Vacant)	DX	E	DX
Cameron Hospital	X0	Oxygen Store	B	F	B
Cameron Hospital	Z0	Comms - Battery Store	D	E	C
Cardenden Health Centre	A0	Cardenden Health Centre	B	F	B
Cowdenbeath Clinic	A0	Cowdenbeath Clinic	B	F	B
Cowdenbeath Dental Access	A0	Cowdenbeath Dental Access	A	F	A
Cupar Dental Access Centre	A0	Cupar Dental Clinic	A	F	A
Cupar Health Centre	A0	Cupar Health Centre	B	F	B
Dalgety Bay Clinic	A0	Dalgety Bay Clinic	B	F	B
Dovecot Clinic	A0	Dovecot Clinic	C	F	C
Fair Isle Clinic	01	Fair Isle Clinic	C	E	C

Site Name	Block No	Block Name	FS	SU	Q
Fife College of Nursing	AA	College Block & Bhouse	B	F	B
Fife College of Nursing	BA	Residential Block 01	B	F	B
Fife College of Nursing	BB	Residential Block 02	B	F	B
Fife College of Nursing	BC	Residential Block 03	B	F	B
Fife College of Nursing	BD	Residential Block 04	B	F	B
Fife College of Nursing	BE	Residential Block 05	B	F	B
Forth Park Hospital			DX	E	DX
Glenrothes Hospital	A0	Glenrothes Main block	B	F	B
Glenwood Dental Access Centre	A0	Glenwood Dental Access	A	F	A
Glenwood Health Centre	A0	Glenwood Health Centre	A	F	A
Gordon Cottage Clinic	A0	Gordon Cottage Clinic	B	F	B
Kelty Health Centre	A0	Kelty Health Centre	B	F	B
Kennoway Health Centre	A0	Kennoway Health Centre	B	F	B
Kincardine Health Centre	A0	Kincardine Health Centre	C	O	C
Kinghorn Health Centre	A0	Kinghorn Health Centre	B	F	B
Kirkcaldy Health Centre	A0	Kirkcaldy Health Centre	B	O	C
Kirkland Dental Access Centre	A0	Kirkland Dental Access Centre	N/A	N/A	N/A
Ladybank Clinic	A0	Ladybank Clinic	B	F	B
Leslie Dental Access Centre	A0	Leslie Dental Access Centre	B	F	B
Leven Health Centre	A0	Leven Health Centre	B	F	B
Linburn Road Dental Access	A0	Linburn Dental Access Clinic	A	F	A
Linburn Road Health Centre	A0	Linburn Road Health Centre	A	F	A
Lochgelly Health Centre	A0	Lochgelly Health Centre	C	O	C
		Bhouse, Kitchen,Ehealth Server, Laundry,wd9	B	U	B
Lynebank Hospital	B0	Wd11 Offices/Wd12 Tayview	B	U	B
Lynebank Hospital	C0	Gardeners Workshop	B	F	B
		Main Building -Workshops, Physio,Hall,Annex, Admin	B	U	B
Lynebank Hospital	E0	Dental Access Surgery	B	F	B
Lynebank Hospital	F0	Campsie Off Addiction Servs	B	F	B
Lynebank Hospital	G0	Pentland Addiction Services	B	F	B
Lynebank Hospital	H0	Levendale	B	F	B
Lynebank Hospital	I0	Daleview	A	F	A
Lynebank Hospital	J0	Mayfield	A	F	A

Site Name	Block No	Block Name	FS	SU	Q
Masterton Health Centre	A0	Masterton Health Centre	B	F	B
Matthew Street, 26	A0	Matthew Street	B	F	B
Oakley Health Centre	A0	Oakley Health Centre	B	O	B
Oakley Health Centre	B0	Oakley Plant Room Pram store			
Pitteuchar Health Centre	A0	Pitteuchar Health Centre	C	O	B
Queen Margaret Hospital	AA	Wards 1-4	B	F	C
Queen Margaret Hospital	AB	Wards 5-7 & ICASS	B	F	C
Queen Margaret Hospital	AC	Main Block Phase 1	C	F	C
Queen Margaret Hospital	AD	Katrine Residence	C	F	C
Queen Margaret Hospital	AE	Rannoch Residence	C	F	C
Queen Margaret Hospital	AF	Tummel Residence	C	F	C
Queen Margaret Hospital	AG	Leven Residence	C	F	C
Queen Margaret Hospital	AH	Boilerhouse	B	F	B
Queen Margaret Hospital	AI	Estates & Facilities Offices	B	F	B
Queen Margaret Hospital	B0	Phase 2 (Levels 1-4)	B	F	B
Queen Margaret Hospital	BE	Ambulance Waiting	B	F	B
Queen Margaret Hospital	BF	Waste Transfer	B	F	B
Queen Margaret Hospital	BG	Medical Gases & VIE	B	F	B
Queen Margaret Hospital	BH	Generator/Switchroom	B	F	B
Queen Margaret Hospital	CA	Ante Natal	B	F	B
Randolph Wemyss Memorial	A0	Bhouse, Outbuildings, Wds 1 & 2, Kitchen, kitchen store, changing	B	F	B
Randolph Wemyss Memorial	B0	Day Hospital & bathroom, dental, admin, therapy, wd 4	B	F	B
Randolph Wemyss Memorial	C0	Mortuary	C	E	C
Randolph Wemyss Memorial	D0	Changing Rooms & Link corridor	C	U	C
Randolph Wemyss Memorial	E0	Sewing Room & Link Corridor	C	U	C
Rosewell Clinic	A0	Rosewell Clinic	B	F	B
Rosyth Health Centre	A0	Rosyth Health Centre	B	F	C
Skeith Health Centre	A0	Skeith Health Centre NHS	B	F	B
St Andrews Community Hospital	A0	Main Block	A	F	A

Site Name	Block No	Block Name	FS	SU	Q
Stratheden Hospital	AA	Boilerhouse & Laundry	B	F	B
Stratheden Hospital	AB	Workshop	C	F	C
Stratheden Hospital	AC	North Lodge (Closed)	C	E	D
Stratheden Hospital	AD	Estates, Catering Offices, Chapel	B	U	C
Stratheden Hospital	AE	Retreat Cottages	B	F	C
Stratheden Hospital	AF	Gardeners Workshop	B	F	C
Stratheden Hospital	AG	Stores - old pub toilets (Closed)	C	E	D
Stratheden Hospital	AH	Garages & Stores (Closed)	DX	E	D
Stratheden Hospital	AI	Joiners Workshop No.1	C	F	C
Stratheden Hospital	AJ	Administration, Dining, Main Hall, Wds 15&16	B	U	C
Stratheden Hospital	AK	Ward 4 (1356m2 closed) & Medical Offices	B	U	B
Stratheden Hospital	AL	Gardeners Bothy & Stores	C	F	B
Stratheden Hospital	AN	Wards 5-13 & Pharmacy (Closed)	DX	E	D
Stratheden Hospital	AO	Store Offices (Closed)	C	E	C
Stratheden Hospital	AP	Joiners Workshop No.2	C	F	C
Stratheden Hospital	AQ	Ward 14 Duninio	B	F	C
Stratheden Hospital	AV	Springfield House (Closed)	D	E	D
Stratheden Hospital	AW	Bowling Pavillion (Closed)	DX	E	DX
Stratheden Hospital	BA	West lodge	B	F	C
Stratheden Hospital	BB	Drumcarrow Lodge 1 & Plant Rm	B	U	B
Stratheden Hospital	BC	Drumcarrow Lodge 2 & Cairnie House	B	U	B
Stratheden Hospital	BD	Playfield House Adolescent unit	B	F	B
Stratheden Hospital	BE	Playfield House Community Base	B	U	B
Stratheden Hospital	BF	Sports Pavillion (Closed)	DX	E	DX
Stratheden Hospital	BG	Mortuary (Closed)	DX	E	D
Stratheden Hospital	BH	Chestnut Lodge (Closed)	D	E	D
Stratheden Hospital	BI	Stores - nr Chestnut lodge (Closed)	C	E	C
Stratheden Hospital	BJ	Lomond Ward	C	F	B
Stratheden Hospital	BK	Ward 27 - Ceres Centre	B	U	B
Stratheden Hospital	BL	Generator	B	F	B
Stratheden Hospital	CA	Hollyview Wd IPCU	A	F	A
Stratheden Hospital	CB	Wards 21-26, X-Ray, Dental etc	B	F	B
Stratheden Hospital	CC	Elmview	A	F	A
Stratheden Hospital	CD	Muirview	A	F	A
Valleyfield Health Centre	A0	Valleyfield Health Centre	B	O	B

Site Name	Block No	Block Name	FS	SU	Q
Victoria Hospital	AA	Hayfield House	B	F	C
Victoria Hospital	AB	FAL North	C	O	C
Victoria Hospital	AC	Phase 1	C	F	C
Victoria Hospital	AG	Flammable Stores	DX	F	D
Victoria Hospital	AH	Flammable Stores (Lab)	D	F	D
Victoria Hospital	AI	Pharmacy Aseptic Suite Old	DX	E	DX
Victoria Hospital	AJ	Pharmacy Aseptic Suite	A	F	A
Victoria Hospital	BA	Phase 2 Tower Block	C	F	C
Victoria Hospital	CF	Diabetics Centre	C	F	B
Victoria Hospital	CJ	Mortuary Old	C	E	C
Victoria Hospital	CK	Central Laundry	B	O	C
Victoria Hospital	CM	Kitchen & Dining Room	B	F	B
Victoria Hospital	CN	Staff Club	B	F	B
Victoria Hospital	CP	Welding Workshop	B	F	B
Victoria Hospital	CQ	Laundry Gas Boilerhouse	B	F	B
Victoria Hospital	CU	Victoria Hospice	B	F	B
Victoria Hospital	CV	Energy Centre	B	F	B
Victoria Hospital	CW	Oil Tank Farm	C	F	B
Victoria Hospital	CY	Manifold House	B	F	B
Victoria Hospital	GA	Phase 3 Main Block	A	F	A
Victoria Hospital	GB	Phase 3 Energy Centre	A	F	A
Victoria Hospital	GC	FAL South	B	F	B
Victoria Hospital	GD	Gas Meter Housing	B	F	B
Victoria Hospital	GE	Service Yard	B	F	B
Victoria Hospital	GF	Sub Station 04 Phase 2	B	F	B
Victoria Hospital	GG	Sub Station 05 Phase 1	B	F	B
Victoria Hospital	GH	Sub Station 06 Energy Centre	B	F	B
Victoria Hospital	GI	Sub Station 07 South Labs	B	F	B
Victoria Hospital	GJ	Lab Chemical Store	B	F	B
Victoria Hospital	GK	Medical Gas Store Service Yard	B	F	B
Victoria Hospital	GL	VIE Compound Service Yard	B	F	B
Victoria Hospital	GM	Cycle shed	B	F	B
Victoria Hospital	GN	Phase 3 PPP VIE Compound	A	F	B
Victoria Hospital	TA	Tunnel - Kitchen to Phase 1	C	F	C
Victoria Hospital	TB	Tunnel - Phase 1 to Labs	C	F	C
Victoria Hospital -Fife Community Dental Centre	CL	Fife Community Dental Centre	C	F	C

Site Name	Block No	Block Name	FS	SU	Q
Weston Day Hospital	A0	Main Block	C	F	B
Whytemans Brae Hospital	DA	Day Hospital Entrance	B	F	B
Whytemans Brae Hospital	DB	Day Hospital/Ravenscraig old Wd18	B	F	B
Whytemans Brae Hospital	DC	Ward Block	B	U	B
Whytemans Brae Hospital	DD	Boilerhouse	B	U	B
Whytemans Brae Hospital	DE	Generator	B	U	B
Whytemans Brae Hospital	DF	Cedar House	B	F	C
Whytemans Brae Hospital	DG	Rowan House	B	U	C
Whytemans Brae Hospital	DH	Dental Unit	B	F	A
Whytemans Brae Hospital	DI	OHSAS	B	U	C
Whytemans Brae Hospital	DJ	Radio Victoria	C	F	C

Appendix E: State of Independent Facilities

NHS Fife - Desk Top Study - GP Practices

2019			Condition/Func S/Qu				Space Utilisation			Age
				As new	A		O	1-10		
				Satisfactory	B		F	11-29		
				Poor	C/CX		U	30-50		
				Unacceptable	D/DX		E	50+		
Practice Name	Town	No. of Consult Rooms	GIA m2	Tenure	Cond	Functional Suitability	Space Util.	Quality	Backlog	Approx Age
Anstruther Medical Practice	ANSTRUTHER	8	498	Owned	B	B	F	B	N/A	16
Auchtermuchty Practice	AUCHTERMUCHTY	9	639	Leased	B	B	F	B	N/A	20
Auchtermuchty Practice	STRATHMIGLO	1	39	Owned	B	C	U	B	N/A	119
Muiredge Surgery	BUCKHAVEN	7	741	Owned	B	B	F	B	N/A	28
Dr Y Chan	CHARLESTOWN	3	312	Leased	B	A	F	A	N/A	9
Cowdenbeath Surgery	COWDENBEATH	9	517	Owned	B	B	F	B	N/A	23
Crossgates Medical	CROSSGATES	5	302	Owned	B	B	F	B	N/A	20
Nethertown Surgery	DUNFERMLINE	9	645	Owned	B	B	F	B	N/A	27
New Park Medical Practice	DUNFERMLINE	10	765	Owned	B	B	F	B	N/A	22
Hospital Hill Surgery	DUNFERMLINE	7	374	Owned	B	B	F	B	N/A	33
Millhill Surgery	DUNFERMLINE	8	556	Owned	B	B	O	B	N/A	29
Bellyeoman Surgery	DUNFERMLINE	8	491	Owned	B	B	F	B	N/A	21
North Glen Medical Practice	GLENROTHES	9	414	Owned	B	B	F	B	N/A	36
Cos Lane Surgery	GLENROTHES	8	974	Owned	B	A	F	B	N/A	28
Inverkeithing Medical Group	INVERKEITHING	7	512	Owned	B	B	F	B	N/A	27
Inverkeithing Medical Group	ABERDOUR	1	14	Leased	B	C	U	B	N/A	119
Nicol Street Surgery	KIRKCALDY	4	225	Owned	B	C	O	C	N/A	27
St Brycedale Surgery	KIRKCALDY	6	369	Owned	B	B	F	B	N/A	26
Path House Medical	KIRKCALDY	9	551	Owned	B	B	O	B	N/A	26
Howe of Fife Surgery	LADYBANK	5	255	Owned	B	B	F	B	N/A	20
Leslie Medical Practice	LESLIE	5	325	Leased	B	A	F	A	N/A	12
Pitcairn Practice	BALMULLO	3	263	Owned	B	B	U	B	N/A	19
Pitcairn Practice	LEUCHARS	3	142	Owned	B	B	U	B	N/A	27
Sconnie Medical Practice	LUNDIN LINKS	1	30	Owned	B	B	F	B	N/A	119
Benarty Medical Practice	LOCHORE	3	665	Leased	B	B	F	B	N/A	29
Markinch Medical Practice	MARKINCH	4	614	Leased	B	B	F	B	N/A	29
Methilhaven Surgery	METHIL	5	278	Owned	B	B	F	B	N/A	30
Newburgh Surgery	NEWBURGH	5	349	Owned	B	B	F	B	N/A	21
Tayview Medical Practice	NEWPORT ON TAY	5	850	Leased	B	A	F	A	N/A	23
Tayview Medical Practice	TAYPORT	4	248	Owned	B	B	F	B	N/A	23
Dr Kyle and Partners	PITTENWEEM	4	166	Owned	B	B	F	B	N/A	28
Dr Kyle and Partners	ELIE	3	157	Owned	B	B	F	B	N/A	29
Primrose Lane Medical	ROSYTH	10	745	Leased	B	B	F	B	N/A	19

NHS Fife Desk Top Study - Dental Practices

2019			Condition/Func S/Qu			Space Utilisation				Age
					A		Overcrowded-O		1-10	
					B		Fully Utilised-F		11-29	
					C or CX		Under Utilised-U		30-50	
					D or DX		Empty-E		50+	
Dentist	Town	No. of Surg	NIA m2	Tenure	Cond	Functional Suitability	Space Util.	Qualit y	Backlog	Approx Age
Anstruther Dental Practice	ANSTRUTHER	3	101	Owned	B	B	O	A	N/A	69
Acremuir Limited	AUCHTERMUCHTY	2	52	Owned	B	B	F	B	N/A	119
Buckhaven Dental	BUCKHAVEN	2	95	Leased	B	B	U	B	N/A	89
Miss H McDonald	BURNTISLAND	1	46	Owned	B	B	F	B	N/A	99
Breeze Family Dental	CARDENDEN	1	78	Owned	B	B	F	B	N/A	89
Breeze Family Dental	COWDENBEATH	5	164	Owned	B	B	F	B	N/A	119
Bonnygate Dental Surgery	CUPAR	3	159	Owned	B	B	F	B	N/A	169
Pro dental	CUPAR	2	86	Owned	B	B	F	B	N/A	149
The Cupar Dentist	CUPAR	1	37	Owned	B	C	O	B	N/A	129
Mrs G Mullins	CUPAR	2	67	Owned	B	B	F	A	N/A	149
Mr S Grihanovs	DALGETY BAY	3	107	Owned	B	B	U	A	N/A	29
Regent Dental Practice	DALGETY BAY	3	99	Leased	A	A	F	A	N/A	49
Dentistry @ No.3	DUNFERMLINE	4	145	Owned	B	A	U	A	N/A	149
Gentle Dental Care	DUNFERMLINE	3	60	Owned	B	B	F	B	N/A	119
Comely Park Dental Practice	DUNFERMLINE	2	98	Owned	A	A	F	A	N/A	149
Mr & Mrs Hayes	DUNFERMLINE	2	130	Owned	B	B	U	B	N/A	119
Mr A Gellan	DUNFERMLINE	3	89	Owned	B	B	F	B	N/A	169
Mrs S Jaf	DUNFERMLINE	3	85	Owned	B	B	U	B	N/A	319
Mr D Chong Kwan	DUNFERMLINE	6	131	Owned	B	B	F	B	N/A	119
Abbey Orthodontics	DUNFERMLINE	1	55	Owned	B	B	F	A	N/A	119
Lorne House Dental Practice Ltd	DUNFERMLINE	6	175	Owned	B	A	F	A	N/A	149
The West Wing	DUNFERMLINE	1	22	Owned	B	B	F	B	N/A	319
Park Avenue Dental Practice	DUNFERMLINE	2	60	Leased	B	B	F	B	N/A	119
Dr Kardaras Care Ltd	DUNFERMLINE	2	165	Leased	A	A	F	A	N/A	169
Canmore Dental	DUNFERMLINE	3	136	Owned	B	A	F	A	N/A	129
Scottish Orthodontics	DUNFERMLINE	2	111	Owned	B	B	U	A	N/A	119
The Linden Tree Dental Lounge	DUNFERMLINE	2	tbc	Leased	A	A	U	A	N/A	3
Dental Care Fife	GLENROTHES	2	126	Leased	A	A	F	A	N/A	59
Heritage Dental	GLENROTHES	3	85	Leased	B	B	F	A	N/A	49
Nanodent Dental Practice	GLENROTHES	5	139	Owned	B	A	F	A	N/A	39
Mr H Azarmi	GLENROTHES	3	103	Owned	B	B	U	B	N/A	49
Saltire Dental Care	GLENROTHES	4	168	Leased	B	A	U	B	N/A	16
M-Brace Orthodontics Ltd	GLENROTHES	2	110	Leased	B	A	F	A	N/A	49
Balbirnie Oral Care Ltd	GLENROTHES	2	113	Owned	B	B	F	B	N/A	39
Pickering Dental Care	INVERKEITHING	4	58	Owned	B	B	F	B	N/A	59
Kelty Dental Practice	KELTY	2	79	Owned	B	B	U	B	N/A	69
Kincardine Dental Practice	KINCARDINE	2	46	Owned	B	B	F	B	N/A	219
Kinghorn Dental Surgery	KINGHORN	2	46	Owned	B	B	U	B	N/A	49

Dentist	Town	No. of Surg	NIA m2	Tenure	Cond	Functional Suitability	Space Util.	Quality	Backlog	Approx Age
Templehall Dental Practice	KIRKCALDY	6	322	Owned	A	A	F	A	N/A	14
Charlotte Street Dental	KIRKCALDY	3	143	Owned	B	B	U	B	N/A	119
Breeze Family Dental	KIRKCALDY	3	135	Owned	B	B	F	B	N/A	69
Park Road Dental	KIRKCALDY	4	107	Owned	B	B	F	B	N/A	69
Harper, Bell	KIRKCALDY	6	108	Owned	B	B	F	B	N/A	169
Scottish Orthodontics	KIRKCALDY	2	106	Leased	B	B	F	B	N/A	53
Viceroy Street Dental Practice	KIRKCALDY	3	82	Owned	B	B	F	A	N/A	89
Dental Care Fife	LESLIE	3	67	Owned	B	B	F	B	N/A	169
Levenmouth Dental Spa	LEVEN	2	103	Owned	A	A	F	A	N/A	119
Banbeath Dental Practice	LEVEN	2	193	Leased	A	A	U	A	N/A	10
Family Dental Health	LOCHGELLY	5	174	Owned	B	B	F	B	N/A	119
Canmore Dental Practice	LOCHGELLY	2	88	Leased	B	A	U	A	N/A	119
Methil Dental Practice Ltd	METHIL	3	168	Owned	B	B	U	B	N/A	89
Mr R Sarraf	NEWBURGH	1	52	Owned	B	B	F	B	N/A	219
Dental Plus	NEWPORT ON TAY	2	188	Owned	A	A	F	A	N/A	7
Mr D Chong Kwan	ROSYTH	2	94	Owned	B	B	F	B	N/A	99
Rosyth Dental Care	ROSYTH	2	80	Leased	B	A	F	A	N/A	119
Mrs P Farmer	ST ANDREWS	3	83	Owned	B	A	F	A	N/A	119
Mr N Baker & Mr N Rostami	ST ANDREWS	2	tbc	Leased	B	A	U	A	N/A	29
Old Bank Dental Surgery	TAYPORT	2	49	Owned	B	B	F	B	N/A	119

NHS Fife Desk Top Study - Pharmacy Premises Data

2019					Condition/Func S/Qu	Space Utilisation			Age	
					As new A	Overcrowded O			1-10	1
					Satisfactory B	Fully Utilised F			11-29	11
					Poor C/CX	Under Utilised U			30-50	30
					Unacceptable D/DX	Empty E			50+	50
Name of Pharmacy	Town	No of Consult Rooms	GIA m2	Tenure	Condition	Functional Suitability	Space Util.	Quality	Backlog	Age
Aberdour Pharmacy	ABERDOUR	1	N/A	Unknown	B	B	F	B	N/A	50
East Neuk Pharmacy	ANSTRUTHER	1	N/A	Unknown	B	B	F	B	N/A	50
T&K Brown Ltd	ANSTRUTHER	1	N/A	Unknown	C	C	F	C	N/A	50
Rowlands Pharmacy	AUCHTERMUCHTY	1	N/A	Unknown	B	B	F	B	N/A	50
Rosewell Pharmacy	BALLINGRY	1	N/A	Unknown	B	B	F	B	N/A	11
Your Local Boots Pharmacy	BUCKHAVEN	2	N/A	Unknown	B	B	F	B	N/A	11
Lloyds Pharmacy	BURNTISLAND	1	N/A	Unknown	B	B	F	B	N/A	50
B Johnston	CARDENDEN	1	N/A	Unknown	C	C	F	C	N/A	50
Your Local Boots Pharmacy	CARDENDEN	1	N/A	Unknown	B	A	F	B	N/A	50
Charlestown Pharmacy Ltd	CHARLESTOWN	1	N/A	Unknown	A	A	F	A	N/A	1
Gordons Chemists	COWDENBEATH	1	N/A	Unknown	C	B	F	B	N/A	11
Boots the Chemist Ltd	COWDENBEATH	1	N/A	Unknown	B	B	F	B	N/A	50
Wm Morrison Pharmacy	COWDENBEATH	1	N/A	Unknown	B	B	F	B	N/A	30
Crail Pharmacy Ltd	CRAIL	1	N/A	Unknown	B	C	F	B	N/A	50
Crossford Pharmacy	CROSSFORD	1	N/A	Unknown	B	B	F	B	N/A	50
Well	CROSSGATES	1	N/A	Unknown	B	B	F	B	N/A	11
Rowlands Pharmacy	CUPAR	1	N/A	Unknown	A	A	F	A	N/A	50
Lloyds Pharmacy	CUPAR	1	N/A	Unknown	B	C	F	B	N/A	50
Boots the Chemist Ltd	CUPAR	1	N/A	Unknown	B	B	F	B	N/A	50
Rowlands Pharmacy	DALGETY BAY	1	N/A	Unknown	A	A	F	A	N/A	11
Well	DUNFERMLINE	1	N/A	Unknown	B	C	F	B	N/A	50
Well	DUNFERMLINE	1	N/A	Unknown	C	B	F	C	N/A	30
Boots the Chemist Ltd	DUNFERMLINE	1	N/A	Unknown	B	B	F	B	N/A	50
JBB Dick Ltd	DUNFERMLINE	0	N/A	Unknown	B	C	F	C	N/A	50
Lloyds Pharmacy	DUNFERMLINE	1	N/A	Unknown	B	B	F	B	N/A	11
Well	DUNFERMLINE	1	N/A	Unknown	C	C	F	C	N/A	50
Asda Pharmacy Ltd	DUNFERMLINE	1	N/A	Unknown	A	A	F	A	N/A	11
Well	DUNFERMLINE	1	N/A	Unknown	A	A	F	A	N/A	11
Lloyds Pharmacy	DUNFERMLINE	1	N/A	Unknown	A	A	F	A	N/A	1
Alderston Pharmacy	DUNFERMLINE	1	N/A	Unknown	B	A	F	B	N/A	11
Fisher Pharmacy (Dunfermline)Ltd	DUNFERMLINE	1	N/A	Unknown	B	B	F	B	N/A	11
Dysart Pharmacy	DYSART	2	N/A	Unknown	A	A	F	A	N/A	50
F&F Coffey Ltd, Wemyss Pharmacy	EAST WEMYSS	1	N/A	Unknown	A	A	F	A	N/A	1
W Davidson & Sons Ltd	ELIE	1	N/A	Unknown	A	A	F	A	N/A	50
Lomond Pharmacy	FALKLAND	2	N/A	Unknown	A	B	F	A	N/A	50
Lloyds Pharmacy	GLENROTHES	1	N/A	Unknown	B	B	F	B	N/A	30
Cadham Pharmacy	GLENROTHES	2	N/A	Unknown	C	C	F	B	N/A	30
Your Local Boots Pharmacy	GLENROTHES	1	N/A	Unknown	A	A	F	A	N/A	11
Superdrug Pharmacy	GLENROTHES	1	N/A	Unknown	B	B	F	B	N/A	30
Dears Pharmacy	GLENROTHES	1	N/A	Unknown	A	A	F	A	N/A	30
Boots the Chemist Ltd	GLENROTHES	1	N/A	Unknown	B	B	F	B	N/A	30
High Valleyfield Pharmacy Ltd	HIGH VALLEYFIELD	1	N/A	Unknown	B	B	F	B	N/A	11

Name of Pharmacy	Town	No of Consult Rooms	GIA m2	Tenure	Condition	Functional Suitability	Quality	Space Util.	Backlog	Age
Lindsay & Gilmour	INVERKEITHING	1	N/A	Unknown	B	B	B	F	N/A	50
Lindsay & Gilmour	INVERKEITHING	1	N/A	Unknown	B	C	C	F	N/A	50
Well	KELTY	1	N/A	Unknown	B	B	B	F	N/A	50
Dears Pharmacy	KELTY	1	N/A	Unknown	A	A	A	F	N/A	30
Lloyds Pharmacy	KENNOWAY	1	N/A	Unknown	A	A	A	F	N/A	30
Well	KINCARDINE	1	N/A	Unknown	B	B	B	F	N/A	30
Lloyds Pharmacy	KINGHORN	1	N/A	Unknown	B	B	B	F	N/A	50
Lomond Pharmacy	KINGLASSIE	1	N/A	Unknown	A	A	A	F	N/A	50
Boots the Chemist Ltd	KIRKCALDY	1	N/A	Unknown	A	A	A	F	N/A	50
Lloyds Pharmacy	KIRKCALDY	1	N/A	Unknown	B	B	B	F	N/A	30
Lloyds Pharmacy	KIRKCALDY	1	N/A	Unknown	A	A	A	F	N/A	30
Lloyds Pharmacy	KIRKCALDY	1	N/A	Unknown	A	A	A	F	N/A	11
St Clair Pharmacy	KIRKCALDY	1	N/A	Unknown	B	B	B	F	N/A	50
Asda Pharmacy Ltd	KIRKCALDY	1	N/A	Unknown	A	B	B	F	N/A	11
Boots the Chemist Ltd	KIRKCALDY	1	N/A	Unknown	A	A	A	F	N/A	11
Lloyds Pharmacy	KIRKCALDY	1	N/A	Unknown	B	B	B	F	N/A	30
Lloyds Pharmacy	KIRKCALDY	1	N/A	Unknown	B	B	B	F	N/A	50
W Davidson & Sons Ltd	LADYBANK	1	N/A	Unknown	B	B	B	F	N/A	50
Lloyds Pharmacy	LESLIE	1	N/A	Unknown	A	A	A	F	N/A	1
Leuchars Pharmacy	LEUCHARS	1	N/A	Unknown	A	B	A	F	N/A	50
Boots the Chemist Ltd	LEVEN	1	N/A	Unknown	B	B	B	F	N/A	50
TW Buchanan (Chemists) Ltd	LEVEN	1	N/A	Unknown	A	A	A	F	N/A	30
Leven Pharmacy	LEVEN	1	N/A	Unknown	A	B	B	F	N/A	50
Rosewell Pharmacy Ltd	LOCHGELLY	1	N/A	Unknown	A	A	A	F	N/A	50
Well	LOCHGELLY	1	N/A	Unknown	A	B	A	F	N/A	50
Rosewell Pharmacy Ltd	LOCHORE	1	N/A	Unknown	B	A	B	F	N/A	50
Lundin Links Pharmacy Ltd	LUNDIN LINKS	1	N/A	Unknown	B	B	B	F	N/A	50
Markinch Pharmacy Ltd	MARKINCH	1	N/A	Unknown	B	B	B	F	N/A	50
The Co-operative Pharmacy	METHIL	1	N/A	Unknown	B	B	B	F	N/A	50
Your Local Boots Pharmacy	METHIL	1	N/A	Unknown	B	B	B	F	N/A	50
C Buchanan Ltd	METHIL	1	N/A	Unknown	B	B	B	F	N/A	30
W Davidson & Sons Ltd	NEWBURGH	0	N/A	Unknown	B	C	B	F	N/A	50
Rowlands Pharmacy	NEWPORT ON TAY	1	N/A	Unknown	A	A	A	F	N/A	1
Oakley Pharmacy Ltd	OAKLEY	1	N/A	Unknown	B	B	B	F	N/A	30
Pittenweem Pharmacy	PITTENWEEM	1	N/A	Unknown	B	B	B	F	N/A	50
Well	ROSYTH	1	N/A	Unknown	B	B	B	F	N/A	11
Rowlands Pharmacy	ROSYTH	1	N/A	Unknown	A	A	A	F	N/A	11
Wm Morrison Pharmacy	ST ANDREWS	1	N/A	Unknown	A	A	A	F	N/A	11
Boots the Chemist Ltd	ST ANDREWS	1	N/A	Unknown	B	B	B	F	N/A	50
Rowlands Pharmacy	TAYPORT	1	N/A	Unknown	B	B	B	F	N/A	50
W Davidson & Sons Ltd	THORNTON	1	N/A	Unknown	B	C	B	F	N/A	50

NHS Fife Desk Top Study - Optician Premises Data

2019			Condition/Func S/Qu		Space Utilisation				Age	
			As new	A	Overcrowded			O	1-10	1
			Satisfactory	B	Fully Utilised			F	11-29	11
			Poor	C/CX	Under Utilised			U	30-50	30
			Unacceptable	D/DX		Empty	E	50+	50	
Name of Premises	Town	GIA m2	Tenure	Condition	Functional Suitability	Space Util.	Quality	Backlog	Age	
Govan Opticians	ANSTRUTHER	N/A	Unknown	B	B	N/A	B	N/A	50	
PLM Optometrists	ANSTRUTHER	N/A	Unknown	B	B	N/A	B	N/A	50	
Ferrier & MacKinnon	BURNTISLAND	N/A	Unknown	B	B	N/A	A	N/A	50	
Ferrier & MacKinnon	COWDENBEATH	N/A	Unknown	B	B	N/A	A	N/A	50	
Optical Express	COWDENBEATH	N/A	Unknown	B	B	N/A	A	N/A	50	
McLeish, McPhee & Laing	CUPAR	N/A	Unknown	B	B	N/A	B	N/A	50	
PLM Optometrists	CUPAR	N/A	Unknown	B	B	N/A	A	N/A	50	
Walkers Opticians	DALGETY BAY	N/A	Unknown	B	B	N/A	A	N/A	30	
Asda Opticians	DUNFERMLINE	N/A	Unknown	A	A	N/A	A	N/A	1	
Boots Opticians	DUNFERMLINE	N/A	Unknown	B	B	N/A	A	N/A	30	
Gunn & Galbraith	DUNFERMLINE	N/A	Unknown	B	B	N/A	A	N/A	50	
Ferrier & MacKinnon	DUNFERMLINE	N/A	Unknown	B	B	N/A	A	N/A	50	
Specsavers	DUNFERMLINE	N/A	Unknown	A	B	N/A	A	N/A	50	
Vision Express	DUNFERMLINE	N/A	Unknown	A	A	N/A	A	N/A	30	
Tesco Opticians	DUNFERMLINE	N/A	Unknown	A	A	N/A	A	N/A	1	
Spex Direct(Scotland)Ltd	DUNFERMLINE	N/A	Unknown	A	B	N/A	A	N/A	30	
iSee Opticians	DUNFERMLINE	N/A	Unknown	B	B	N/A	B	N/A	50	
Boots Opticians	GLENROTHES	N/A	Unknown	A	A	N/A	A	N/A	30	
PLM Optometrists	GLENROTHES	N/A	Unknown	B	B	N/A	B	N/A	50	
Rach Optometrists	GLENROTHES	N/A	Unknown	A	A	N/A	A	N/A	30	
Specsavers	GLENROTHES	N/A	Unknown	A	A	N/A	A	N/A	30	
Ferrier & MacKinnon	INVERKEITHING	N/A	Unknown	B	B	N/A	B	N/A	50	
Carrick Opticians	KELTY	N/A	Unknown	B	B	N/A	B	N/A	50	
Asda Opticians	KIRKCALDY	N/A	Unknown	A	A	N/A	A	N/A	1	
A & S M Pattison	KIRKCALDY	N/A	Unknown	B	B	N/A	B	N/A	50	
The Spectacle Shop	KIRKCALDY	N/A	Unknown	B	B	N/A	B	N/A	50	
Boots Opticians	KIRKCALDY	N/A	Unknown	B	B	N/A	A	N/A	50	
Vision Express	KIRKCALDY	N/A	Unknown	A	A	N/A	A	N/A	50	
PLM Optometrists	KIRKCALDY	N/A	Unknown	B	B	N/A	A	N/A	50	
Optical Express	KIRKCALDY	N/A	Unknown	B	B	N/A	A	N/A	50	
Specsavers Opticians	KIRKCALDY	N/A	Unknown	B	B	N/A	A	N/A	50	
The Optician, Fife Society f	KIRKCALDY	N/A	Unknown	B	B	N/A	B	N/A	50	
D T Hay Opticians	LEVEN	N/A	Unknown	B	B	N/A	B	N/A	50	
McLeish, McPhee & Laing	LEVEN	N/A	Unknown	B	B	N/A	B	N/A	50	
PLM Optometrists	LEVEN	N/A	Unknown	B	B	N/A	B	N/A	50	
Specsavers Opticians	LEVEN	N/A	Unknown	B	B	N/A	A	N/A	50	
Optical Express	LEVEN	N/A	Unknown	B	B	N/A	A	N/A	50	
Carrick Opticians	LOCHGELLY	N/A	Unknown	B	B	N/A	B	N/A	50	
McLeish, McPhee & Laing	METHIL	N/A	Unknown	B	B	N/A	B	N/A	50	
Ferrier & MacKinnon	NEWPORT ON TAY	N/A	Unknown	B	B	N/A	A	N/A	50	
Vision One Opticians	OAKLEY	N/A	Unknown	B	B	N/A	B	N/A	50	
The Eye Centre	ROSYTH	N/A	Unknown	B	B	N/A	B	N/A	50	
Boots Opticians	ST ANDREWS	N/A	Unknown	B	A	N/A	A	N/A	50	
Govan Opticians	ST ANDREWS	N/A	Unknown	B	B	N/A	B	N/A	50	
Duncan & Todd Optometrist	ST ANDREWS	N/A	Unknown	B	B	N/A	A	N/A	50	
Specsavers Opticians	ST ANDREWS	N/A	Unknown	A	A	N/A	A	N/A	50	

Meeting:	Finance, Performance & Resources Committee
Meeting date:	9 November 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 August 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.

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 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 have changed to reflect the additional funding available from the Scottish Government. A further iteration of the plan (RMP4) was submitted to the SG in late September, and will supersede RMP3 from the November IPQR onwards.

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 ¹	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Not achieving

¹ Local data collection has been paused since late 2020, but is expected to resume soon – the IPQR is only reporting local data up to year-ending December 2020

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%	Not achieving

Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	-£13.8m	Not achieving
Capital Expenditure	Monthly	£29.2m	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.

The October IPQR will be available for discussion at the round of October/November Standing Committee 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 21 October. 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

Report Contact

Bryan Archibald

Head of Performance

Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Produced in October 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 will be superseded by RMP4, addressing the status and forecasts for the second half of the FY from next month. Both the current RMP3 and the forthcoming RMP4 include 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.

Action completion dates appear in **RED** text if they have slipped, but will revert to BLACK text in the next issue of the report, provided no further slips have been reported.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 6 (21%) classified as **GREEN**, 5 (17%) **AMBER** and 18 (62%) **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:

- Cancer 31-Day DTT – above Standard for the 16th successive month (with no breaches for the third time in the last 6 months)
- CAMHS – very close to the 90% LDP Standard for the first time since this measurement was introduced
- Psychological Therapies 18-Weeks RTT – highest monthly performance ever recorded (the second successive month when this has been the case)

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 9 (31%) within upper quartile, 13 (44%) 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		
meets / exceeds the required Standard / on schedule to meet its annual Target		
behind (but within 5% of) the Standard / Delivery Trajectory		
more than 5% behind the Standard / Delivery Trajectory		

Benchmarking		
●	Upper Quartile	
●	Mid Range	
●	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	Aug-20	31	Jul-21	28	Aug-21	39	↓		N/A			
	HSMR	N/A	Year Ending	Mar-20	1.01	Dec-20	1.01	Mar-21	1.02	↓		YE Mar-21	1.02	●	1.00
	Inpatient Falls	7.68	Month	Aug-20	7.25	Jul-21	7.45	Aug-21	8.14	↓		N/A			
	Inpatient Falls with Harm	1.65	Month	Aug-20	1.56	Jul-21	1.45	Aug-21	1.61	↓		N/A			
	Pressure Ulcers	0.42	Month	Aug-20	1.11	Jul-21	1.22	Aug-21	1.21	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Jun-20	2.2%	Mar-21	2.7%	Jun-21	3.6%	↓		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Aug-20	15.1	Jul-21	4.9	Aug-21	10.8	↓		QE Jun-21	6.3	●	18.7
	SAB - Community	N/A	Quarter Ending	Aug-20	7.4	Jul-21	7.4	Aug-21	7.5	↓		QE Jun-21	8.6	●	10.9
	C Diff - HAI/HCAI	6.5	Quarter Ending	Aug-20	5.5	Jul-21	8.5	Aug-21	8.4	↑		QE Jun-21	10.0	●	14.6
	C Diff - Community	N/A	Quarter Ending	Aug-20	6.4	Jul-21	6.4	Aug-21	4.2	↑		QE Jun-21	4.3	●	5.4
	ECB - HAI/HCAI	33.0	Quarter Ending	Aug-20	52.1	Jul-21	46.1	Aug-21	46.8	↓		QE Jun-21	37.6	●	38.2
	ECB - Community	N/A	Quarter Ending	Aug-20	39.2	Jul-21	38.3	Aug-21	41.5	↓		QE Jun-21	32.2	●	41.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Aug-20	72.6%	Jul-21	71.6%	Aug-21	69.4%	↓		2019/20	71.5%	●	79.9%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Aug-20	36.1%	Jul-21	32.0%	Aug-21	30.0%	↓		2019/20	35.7%	●	51.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Aug-20	100.0%	Jul-21	100.0%	Aug-21	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Aug-20	95.4%	Jul-21	84.7%	Aug-21	83.6%	↓		Aug-21	83.6%	●	77.8%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Aug-20	30.0%	Jul-21	67.7%	Aug-21	68.2%	↑		Jun-21	69.3%	●	38.6%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Aug-20	50.0%	Jul-21	60.7%	Aug-21	58.6%	↓		Jun-21	62.1%	●	53.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Aug-20	78.3%	Jul-21	84.9%	Aug-21	81.2%	↓		Jun-21	90.7%	●	62.6%
	18 Weeks RTT	90%	Month	Aug-20	64.0%	Jul-21	72.5%	Aug-21	72.2%	↓		QE Jun-21	68.0%	●	74.7%
	Cancer 31-Day DTT	95%	Month	Aug-20	96.1%	Jul-21	99.1%	Aug-21	100.0%	↑		QE Jun-21	99.0%	●	98.1%
	Cancer 62-Day RTT	95%	Month	Aug-20	84.3%	Jul-21	92.5%	Aug-21	91.3%	↓		QE Jun-21	80.3%	●	84.1%
	Detect Cancer Early	29%	Year Ending	Dec-19	25.0%	Sep-20	19.0%	Dec-20	19.4%	↑		2018, 2019	26.1%	●	25.6%
	Freedom of Information Requests	85%	Quarter Ending	Aug-20	78.2%	Jul-21	75.2%	Aug-21	74.8%	↓		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Aug-20	7.8%	Jul-21	10.1%	Aug-21	10.3%	↓		QE Mar-21	5.6%	●	4.6%
	Delayed Discharge (# Standard Delays)	N/A	Month	Aug-20	54	Jul-21	81	Aug-21	99	↓		Aug-21	32.76	●	24.80
	Antenatal Access	80%	Month	Jun-20	92.1%	May-21	88.4%	Jun-21	88.5%	↑		FY 2019/20	89.0%	●	88.3%
	Smoking Cessation	473	YTD	Jun-20	31.4%	May-21	62.0%	Jun-21	57.6%	↓		FY 2019/20	92.8%	●	97.2%
	CAMHS Waiting Times	90%	Month	Aug-20	57.8%	Jul-21	80.9%	Aug-21	88.8%	↑		QE Jun-21	73.7%	●	72.6%
	Psychological Therapies Waiting Times	90%	Month	Aug-20	77.9%	Jul-21	86.9%	Aug-21	87.4%	↑		QE Jun-21	80.4%	●	82.7%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑		FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	May-20	86.8%	Apr-21	91.0%	May-21	87.1%	↓		QE Mar-21	94.5%	●	95.6%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	92.8%	2021/21	97.2%	↑		2018/19	93.7%	●	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.3%	2020/21	50.0%	↓		2018/19	60.9%	●	43.4%
Finance	Revenue Expenditure	(£13.822m)	Month	Aug-20	N/A	Jul-21	(£7.037m)	Aug-21	(£8.884m)	↓		N/A			
	Capital Expenditure	£29.207m	Month	Aug-20	N/A	Jul-21	£4.290m	Aug-21	£5.790m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Aug-20	4.58%	Jul-21	6.03%	Aug-21	5.95%	↑		YE Mar-21	4.77%	●	4.67%

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

Better than Projected | Worse than Projected | No Assessment
(NOTE: Better/Worse may be higher or lower, depending on context)

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
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	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

Quarter End
Jun-21
2,981
3,260
279
17,100
19,488
2,388
1,801
1,406
-395
10,850
12,971
2,121
17,110
20,728
3,618
8,040
10,085
2,045
5.82
5.54
-0.28
2,450
2,885
435
415
305
-110
306
411
105
1,369
1,816
447

Month End			Quarter End
Jul-21	Aug-21	Sep-21	Sep-21
1,000	1,000	1,120	3,120
988	942	1,004	2,934
-12	-58	-116	-186
6,227	6,259	6,639	19,125
6,154	6,749	7,239	20,142
-73	490	600	1,017
611	611	611	1,833
484	547	475	1,506
-127	-64	-136	-327
3,750	3,750	3,750	11,250
4,324	4,221	4,084	12,629
574	471	334	1,379
6,280	6,590	6,240	19,110
7,052	7,192	6,866	21,110
772	602	626	2,000
2,830	2,800	2,690	8,320
3,355	3,367	3,346	10,068
525	567	656	1,748
			5.85
			6.16
			-0.28
870	870	870	2,610
996	1,001	1,051	3,048
126	131	181	438
145	145	145	435
110	109		
-35	-36		
84	103	104	291
110	107	121	338
26	4	17	47
514	471	437	1,422
605	565		
91	94		

Quarter End
Dec-21
3,394
22,925
1,833
11,250
18,370
8,680
5.63
2,610
435
346
1,905

Quarter End
Mar-22
3,716
24,441
1,833
11,250
18,490
8,830
5.73
2,610
435
298
1,780

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

Month End
Jun-21
37
81
44

Month End			Month End
Jul-21	Aug-21	Sep-21	Sep-21
35	36	36	36
81	99	83	83
46	63	47	47

Month End
Dec-21
42

Month End
Mar-22
43

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	1.02
The HSMR for NHS Fife for the year ending March 2021 rose slightly in comparison to the rate for the year ending December 2020, and was above the Scotland average. The rate for VHK alone was 1.03.			
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	1.61
The significant challenges facing inpatient services continue alongside ongoing workforce challenges and as noted previously an increased usage of supplementary staffing. Staff continue to use the extant falls bundle and local support is being given to areas where falls with harm have increased noting a slight increase in some areas.			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	1.21
Acute: Since January 2021 there has been a shift in the data, with pressure ulcer rates above the median for 8 consecutive months. There has been a reduction in grade 2 and multiple pressure ulcer incidences but an increase in suspected deep tissue injury and grade 3. There have been no grade 4 reported since November 2018.			
HSCP: The number of acquired pressure ulcers has reduced slightly from the previous quarter, and four hospitals within the HSCP had no hospital acquired pressure ulcers in August. Over the whole partnership, there has been one hospital acquired pressure ulcer (grade 3) in August and one area has achieved three months with no pressure ulcers. There has been no hospital acquired grade 4 pressure ulcers reported since January 2020.			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	3.6%
All mandatory SSI surveillance remains paused (as per the start of the Covid-19 pandemic) until further instruction from the Scottish Government. However, Maternity Services continue to monitor their Caesarean Section SSI cases and, where necessary (in the case of 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	10.8
NHS Fife is continuing to achieve the trajectory for the 10% reduction target, to be met by March 2022. There was one PVC associated SAB in August, but there have been no CVC SABs since March.			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	8.4
NHS Fife is above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022, although the incidence rate has improved since May and remains below average national comparator. There have been 4 recurrences to date in 2021, an improvement from 6 for the same time period in 2020. Reducing the incidence of CDI recurrence is pivotal to achieve the HCAI reduction target, and continues to be addressed.			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	46.8
The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For August, NHS Fife was above the trajectory line to achieve this target. In the month, there were 4 CAUTIs and 11 ECBs due to another urinary source. Reducing CAUTI incidence remains the quality improvement focus.			
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	30.0%
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity of complaints received and numbers received continue to be high. Although reduced slightly, PRD has responded to a high number of concerns and Stage 1 complaints relating to COVID-19 vaccination appointments. We anticipate an increase in calls, enquiries and complaints as the programme team start to deliver third vaccines.			

e. Assessment (cont.) – Operational Performance

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	83.7%
<p>The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation hub is being increased further for managing GP admissions for early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	68.2%
<p>Performance in August has plateaued with 68.2% waiting less than 12 weeks compared to 67.9% in June. NHS Fife continues to be one of the best performing Board in Scotland for TTG. Theatres are now fully remobilised however the continued increase in unscheduled care activity is impacting on our ability to undertake elective inpatient surgical activity as planned and slowing improvement. After a period of stability the waiting list in August has risen to 3,401 which is 6% greater than in August 2019 pre-covid. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	58.6%
<p>Performance in August has deteriorated slightly with 58.6% waiting less than 12 weeks compared to 62.4% in June. The waiting list has continued to rise and at 21,955 is 53% higher than in August 2019 pre-covid. Particular attention continues to be focused on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. Activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	81.2%
<p>Performance continues to be under significant pressure, decreasing to 81.2% from 90.6% in June waiting less than 6 weeks. The waiting list has stabilised and at 4,779 is 9% higher than at the end of August 2019 pre-covid. The referrals for CT and Ultrasound remain high with significant pressures from unscheduled care activity and staffing absence resulting in increased routine waits for these modalities. Particular attention continues to be focused on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
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%	91.3%
<p>We saw improvement in 62-day performance in August, however this will remain variable due to an increasing backlog of patients who have breached with no treatment date. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to routine staging and investigations, delays to surgery due to increasing numbers and consultant leave and radiotherapy treatment, while Oncology capacity remains an issue. The majority of breaches continue to be prostate due to the challenging pathway. The range of breaches were 5 to 27 days (average 12 days); the range of maximum days breach has improved.</p>			
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	74.8%
<p>There were 49 FOI requests closed in August, 11 of which were late, a closure performance of 77.5%. The performance figure above (71.2%) reflects the performance for the 3-month period ending August.</p> <p>Due to staff turnover in the FOI Role, the Information Governance and Security Advisors are overseeing the administration of FOI requests.</p>			

		Target	Current
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	5%	10.4%
<p>The number of bed days lost due to patients in delay continues to rise and has remained above the target 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 62 downstream beds over the last 4 months to mitigate against the lack of home care, and this is resulting in the increase in the % of bed days lost which is being reported. Bed days occupied by Code 9 (51X) patients, while not counted in the IPQR measure, accounts for approximately 30-35% of beds days lost.</p>			
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	68
<p>Service provision has continued to be delivered remotely by phone and Near Me appointments. Staffing levels are improving, with two staff members returned from maternity leave (albeit now using accrued annual leave). Continued local training is being delivered to new staff members and refresher training for others. There is an ongoing challenge and potential risk to the LDP Target with supply shortage of Champix (varenicline tartrate) across all doses and presentations which looks set to continue until the new year. Two new staff members have completed their competencies and are now competent and confident practitioners.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	88.8%
<p>Referral to Treatment (RTT) performance remains high, reflecting the ongoing prevalence of urgent and priority referrals to CAMHS and the allocation of the majority of the workforce to meet this need. Longest waits has been sustained (despite staff employed to address this group leaving post) by reallocating core staff to target those waiting the longest. Recruitment process is ongoing - 6 of the available 8 posts to increase capacity have been appointed with the remaining posts at interview stage. The two 'longest wait' posts have been appointed within Clinical Psychology and will start in early 2022. The outstanding (10) posts identified through the Gap Analysis, funded by the Mental Health Recovery and Renewal Fund, are still in the recruitment system.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	87.4%
<p>The overall waiting list continues on a downward trend, and there has been a further reduction in numbers waiting over 52 weeks, with these longest waits being mainly for highly specialised therapy. The trend in referrals remains upward, with the increased referral/self-referral rate for our expanded range of online PTs continuing. Group work has increased. Recruitment to new posts (and current vacancies) is ongoing.</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>	(£13.822m)	(£8.884m)
<u>Month 5 financial position</u>			
The revenue position for the 5 months to 31 August reflects an overspend of £8.884m. This comprises a run rate overspend position of £1.908m; unmet core savings of £1.286m (to be delivered over the remaining months of the year); and underlying unachieved 'long Covid' savings of £5.690m.			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£29.257m	£5.961m
The overall anticipated capital budget for 2021/22 is £29.257m. The capital position for the period to August records spend of £5.79m. Therefore, 19.8% of the anticipated total capital allocation has been spent to month 5.			

e. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	5.95%
The sickness absence rate in August was 5.95%, a decrease of 0.08% from the rate in July. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.14%.			

II. Performance Exception Reports

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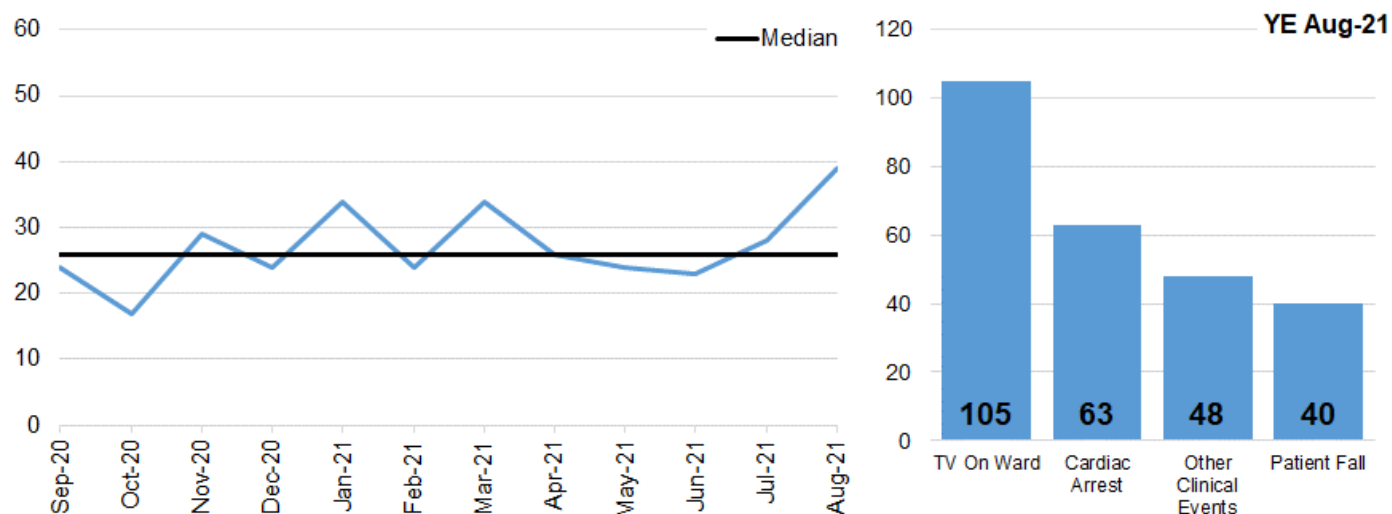
Staff Governance

Sickness Absence	45
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CLINICAL GOVERNANCE

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21						2021/22					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL	NHS Fife	1288	1340	1307	1249	1288	1210	1363	1355	1370	1349	1413	1432
	Acute Services	607	558	640	601	573	531	628	592	646	606	625	605
	HSCP	639	748	635	621	694	653	707	724	682	694	740	791
	Corporate	42	34	32	27	21	26	28	39	42	49	48	36
CLINICAL	NHS Fife	925	903	955	928	904	855	952	934	1009	935	1005	943
	Acute Services	559	509	596	558	534	495	586	545	597	548	566	542
	HSCP	348	378	341	360	359	346	352	371	388	365	412	382
	Corporate	18	16	18	10	11	14	14	18	24	22	27	19

Commentary

Levels of reporting have increased marginally, with August having the highest number of incidents reported in the past 12 months. There was also an increase in major and extreme incidents reported, with the most notable increase in events relating to patient falls.

Focused improvement work continues in areas where there has been an increase in falls with harm. A proportion of the increase is attributable to the reporting of events related to infrastructure, specifically in relation to staffing and environment.

Overall, the reported number of tissue viability events (pressure ulcers developing on ward) has reduced in August with systems in place continuing to monitor, review and respond appropriately.

Specific activities are as follows:

- Baseline mapping of the current Adverse Events process is complete
- New Lead for Adverse Events starts in post in November and will provide dedicated leadership to drive forward the review of Adverse Event Policy and Procedure including system learning from events
- Terms of Reference for a new Organisational Learning Group have been drafted; this group will identify thematic and learning from events and other clinical governance data to support system wide improvement
- Increased number of Executive Sponsors now in place to support timely review of Significant Adverse Event Reviews to ensure learning and actions are implemented

HSMR

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

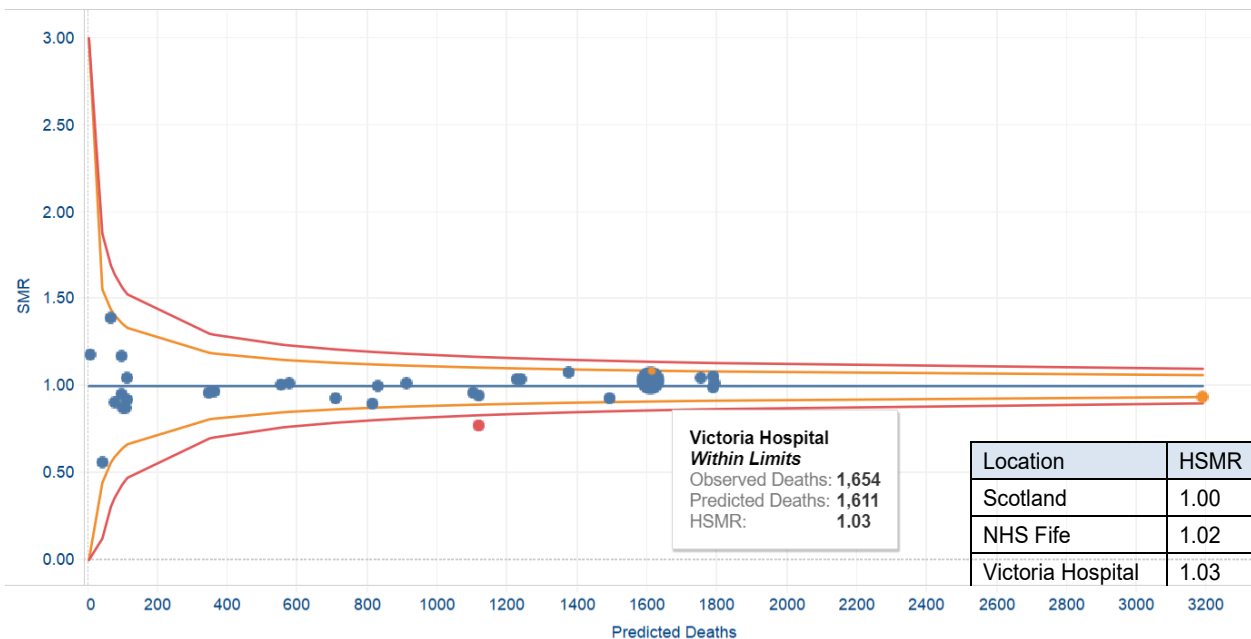
Reporting Period; April 2020 to March 2021^P

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.

HSMR by Scotland: April 2020 to March 2021

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



Commentary

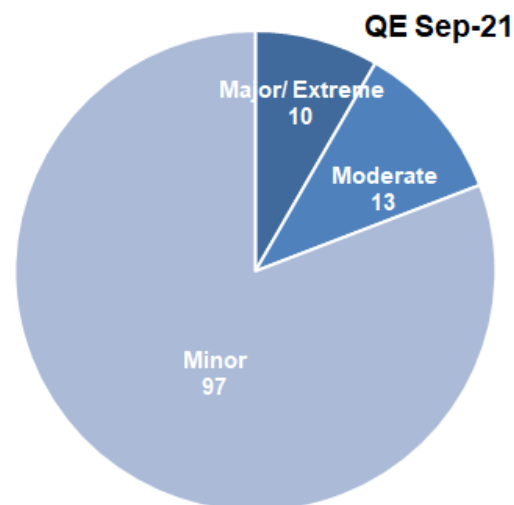
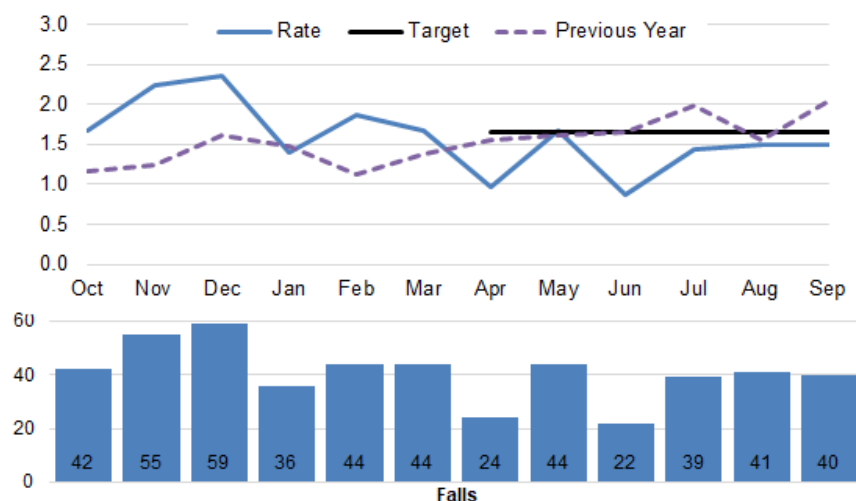
The HSMR for NHS Fife has remained slightly above the 1.00 mean for all periods since the measure was changed two years ago. This should be seen as normal variation, but we will continue to monitor this closely. The difference between actual and predicted number of deaths in the year ending March 2021 produced a ratio of 1.02 with VH alone being 1.03).

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				
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
With Harm	NHS Fife	2.03	1.68	2.24	2.35	1.39	1.87	1.68	0.98	1.68	0.86	1.45	1.61
	Acute Services	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.35	0.88	0.41	0.79	1.41
	HSCP	2.62	2.17	2.88	2.96	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.79

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing
- 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 Feb-22
A new national driver diagram and measurement package have still to be finalised and as already reported have been tested in four boards across Scotland in May and June. Due to current challenges NHS Fife documentation will be reviewed in early 2022 and an audit will then follow.	
20.5 Improve effectiveness of Falls Champion Network	By Jan-22
This work has been significantly delayed and opportunities to refresh are further hampered with workforce challenges. This will continue to be an area of focus for the group but with an amended target date for completion.	
21.2 Falls Reduction Initiative	By Nov-21
A Falls Reduction Initiative has taken place in three Mental Health Inpatient wards. QI work commenced in early March with support from CCGT and ongoing tests of change were implemented. Early indication has highlighted that falls have decreased, and work will now take place to ensure improved sustainability. The improvement team meet fortnightly to review ongoing tests of change and we continue to evaluate and review the weekly quality data to inform decisions and strategy. A review of outcomes will take place towards the end of the year.	
21.3 Integrated Improvement Collaborative	By Jan-22 (interim report Nov-21)
A Collaborative involving three community inpatient wards was introduced last September but was paused as a result of COVID. The work will now continue until January 2022. A further two wards are participating in the collaborative with the main focus being on reducing patient falls and identifying further improvement interventions for reducing medication incidents and hospital acquired pressure ulcers.	

CLINICAL GOVERNANCE

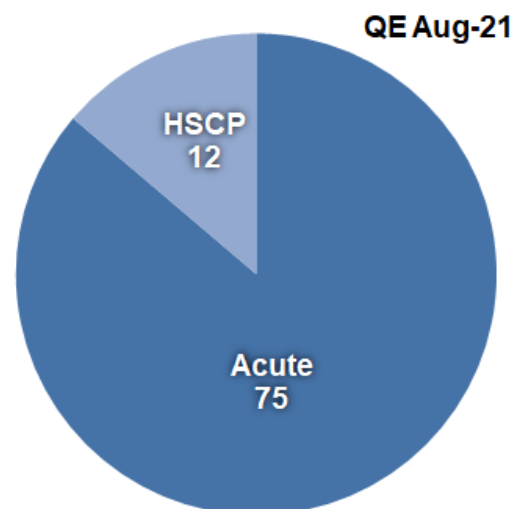
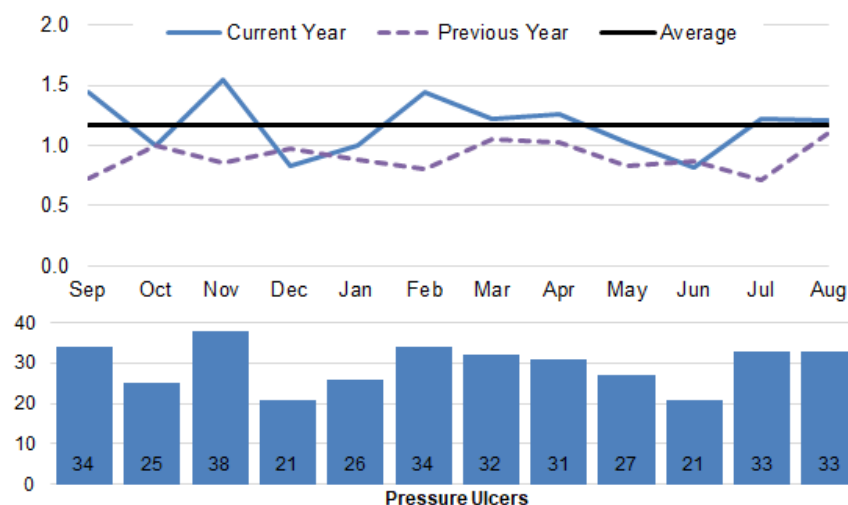
Pressure Ulcers

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

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

NOTE: CURRENTLY USING THE PREVIOUS TARGET TO CALCULATE RAG STATUS

Local Performance



Performance by Service Area

		2020/21							2021/22				
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Grade 2 to 4	NHS Fife	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.26	1.03	0.82	1.22	1.21
	Acute Services	2.73	1.20	2.39	1.17	2.06	2.18	2.12	2.42	1.68	1.58	2.05	2.36
	HSCP	0.32	0.82	0.78	0.53	0.07	0.80	0.43	0.23	0.44	0.15	0.49	0.21

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

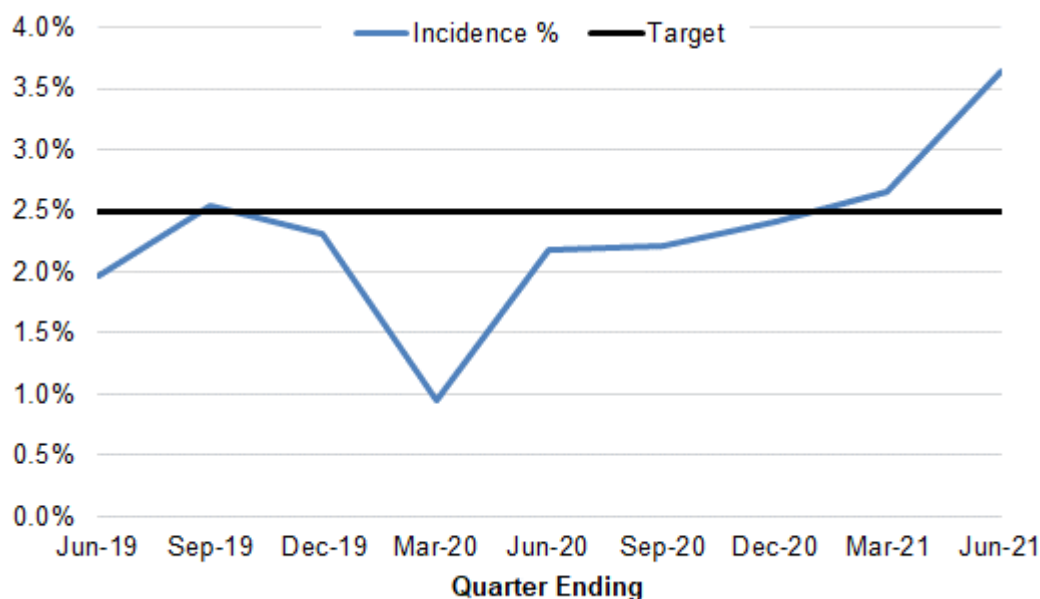
IMPROVEMENT ACTIONS

21.2 Integrated Improvement Collaborative	Complete Jun 2021
21.3 Implementation of robust audit programme for audit of documentation	Complete Jun 2021
22.1 Improvement Collaboratives	By Jan-22
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. The work is currently under review in order to reflect and establish SMART objectives to ensure improvement targets are met.	
22.2 Community Nursing QI Work	By Nov-21
One area within Fife HSCP community nursing teams has implemented a focused piece of work involving a number of improvement initiatives. To complement this work, the team have adopted a “back to basics” approach, to ensure that all relevant skin and risk assessments are completed, and this is having a positive impact on patient outcomes. Restrictions within Datix have been identified and discussions are taking place around expanding the speciality list, which would enable better analysis of data and allow the team to identify targeted support and education.	
22.3 ASD Pressure Ulcer Improvement Programme	By Mar-22
The commencement of third cohort of the Pressure Ulcer Improvement Programme (PUIP) has been paused due to the current staffing pressures. However QI support has been offered to individual areas on a bespoke basis. Teams involved in cohort 1 and 2 continue to collect process measures data and are encouraged to continue to identify and test change ideas until sustained improvement is achieved.	
22.4 Implementation of Focused Improvement Activities	By Mar-22
There are a number of focused improvement activities taking place in a variety of settings. ICU have two projects underway, one aiming to improve the management of moisture related skin damage and a second aiming to improve pressure area care for patients nursed prone. Ward 31 and ED are also carrying out pressure ulcer improvement projects.	

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 instructed/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.

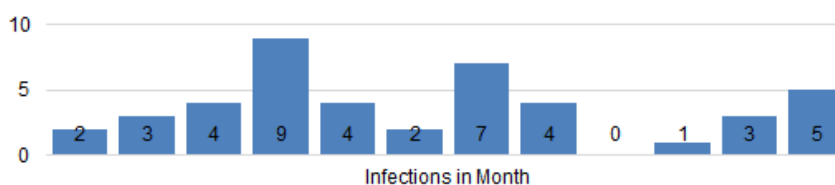
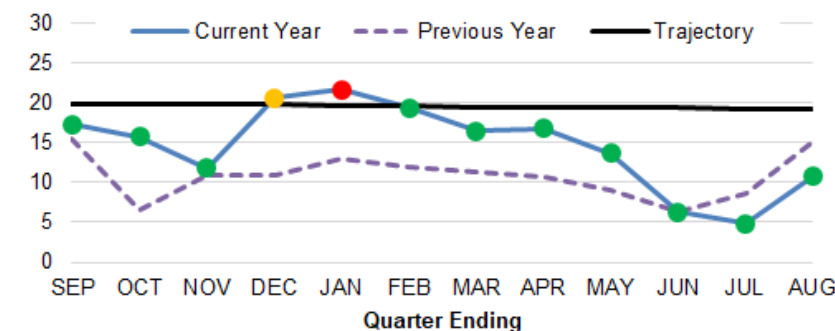
There is currently no date for resumption of SSI surveillance, set by ARHAI (due to the third wave of Covid-19).

On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology 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 surveillance methodology remains the most effective means of capturing SSI cases.

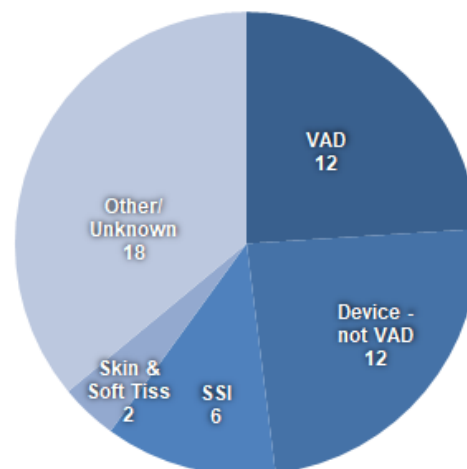
SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Source: YE Aug-21



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	10.9	12.5	6.3	18.7	20.6	17.8	6.3
Scotland	15.2	16.3	20.3	17.3	18.9	18.4	18.7

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

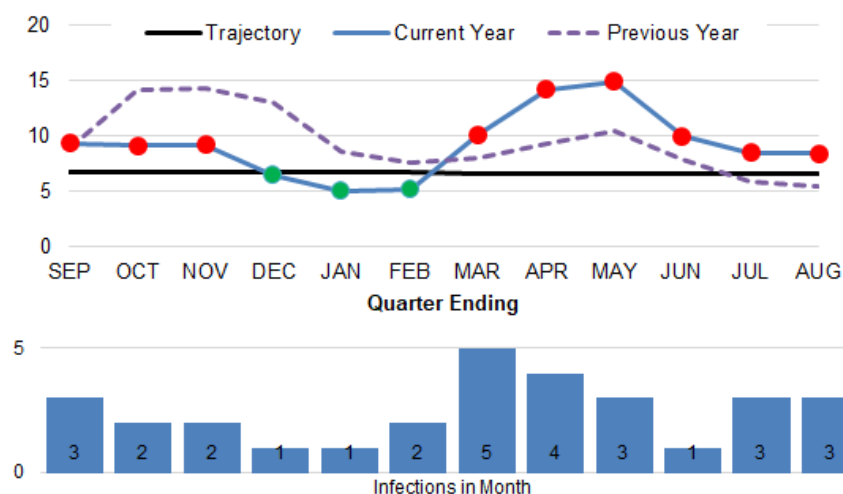
IMPROVEMENT ACTIONS

20.1 Reduce the number of SAB in PWIDs	By Mar-22
The incidence of SABs in PWIDs has continued to reduce, with only 3 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). IPCT continue to support addiction services with the SAB improvement project. The IPCT presentation for wound care training for ANPs has been completed and awaiting dates to deliver sessions from Addiction services. The Addiction outreach team "We are With You" is available to support PWID on a referral basis. The rollout of PGDs for non-medical prescribing of antibiotics by ANPs which was planned for July, is still pending.	
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 and urinary care. The group last met July with the September meeting postponed. The Driver Diagram for the group is currently in the process of being reviewed and updated. 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 are completed on Patienttrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward 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 and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

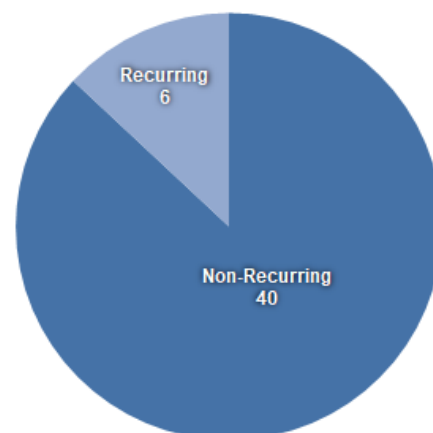
C Diff (HAI/HCAI)

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 Aug-21



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	13.1	8.0	7.9	9.3	7.7	14.0	10.0
Scotland	15.1	13.6	15.4	17.4	16.4	15.8	14.6

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

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.

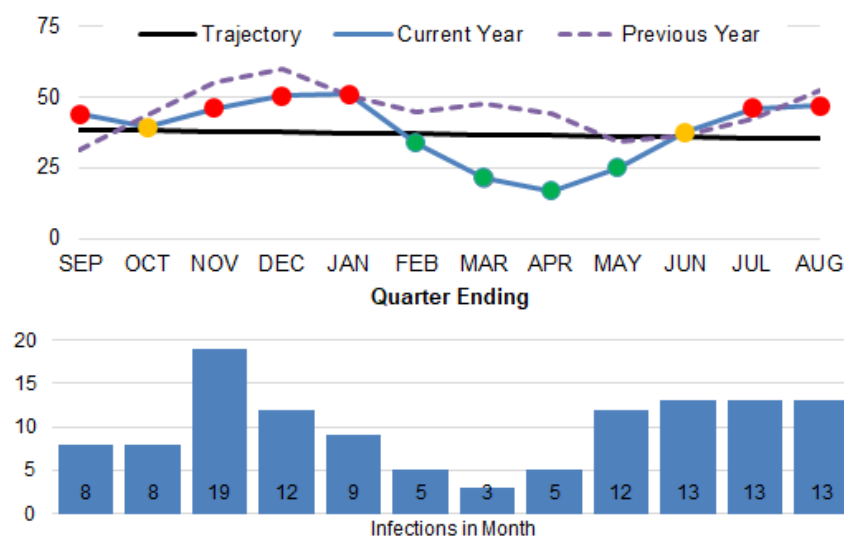
IPCN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.

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

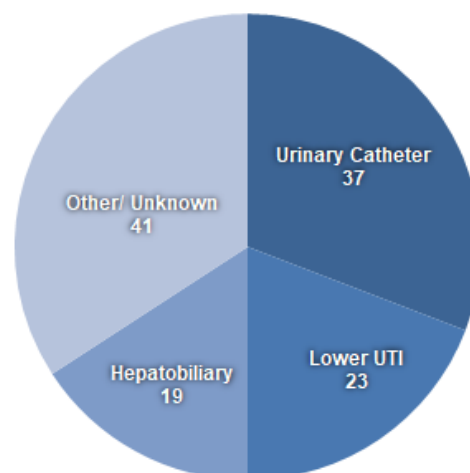
ECB (HAI/HCAI)

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 Aug-21



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	60.0	47.9	36.4	45.3	50.3	21.6	37.6
Scotland	40.8	36.4	39.7	42.0	40.9	34.7	38.2

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 undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding and learning.

As part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX audit was proposed, with resulting LAERs for all catheter associated ECB (including without trauma) being undertaken by the patients clinical team. However, due to hospital pressures, all LAERs are currently on hold.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

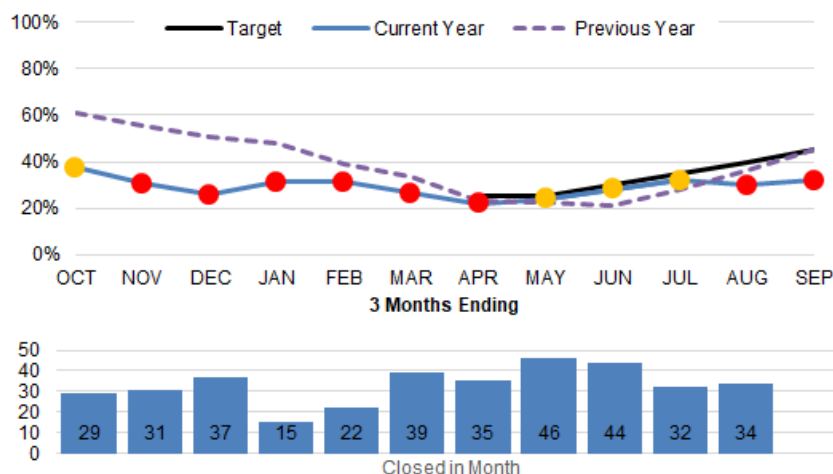
By Mar-22

The UCIG meeting last met in July, with the September meeting being cancelled. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work. Work involves the district nursing service and staff in both private and NHS care homes as well as a QI CAUTI programme at Kelty GP Practice.

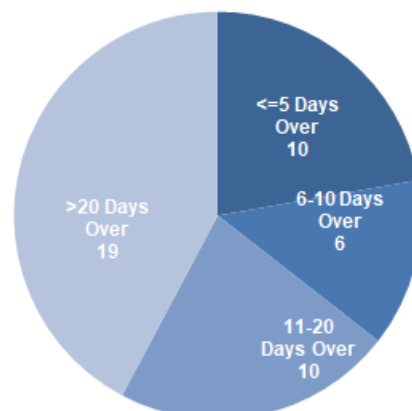
Complaints | Stage 2

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

Local Performance



Closure Breaches; QE Sep-21



Performance by Service Area

3-Month Ending	2020/21							2021/22				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	45.0%	37.3%	30.5%	25.8%	31.3%	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%
Ack <= 3 Days (Monthly)	95.5%	93.1%	100.0%	100.0%	93.3%	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%
ASD	52.8%	39.6%	34.0%	30.5%	36.5%	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%
HSCP	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%

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

22.1 Review complaint handling process and agree measures to ensure quality

By Mar-22

Patient Relations are completing in-house QA checks on draft final responses.

A review of the current complaint handling process by Clinical Governance and Patient Relations has started, but is on hold due to the ongoing response to COVID-19 and current capacity issues.

22.2 Improve education of complaint handling

By Mar-22

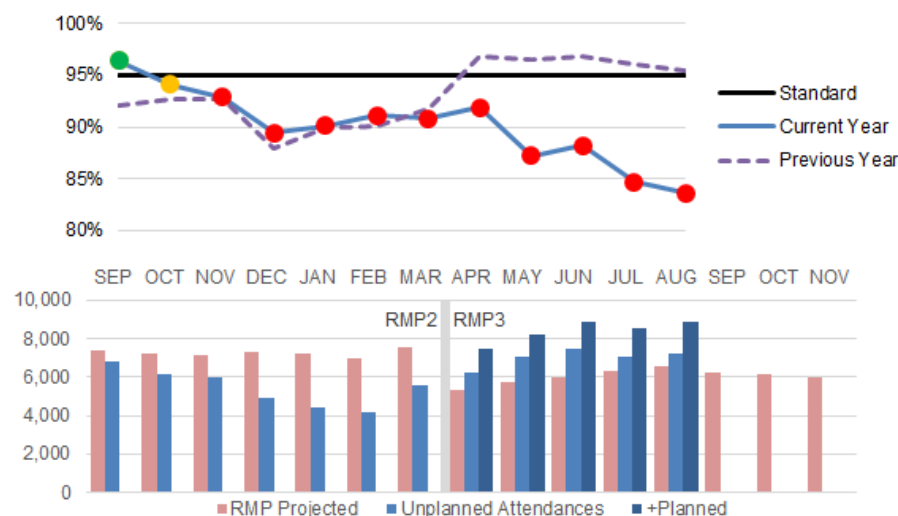
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. While some training sessions have been delivered virtually, this is on hold due to the ongoing response to COVID-19 and current capacity issues.

Bespoke training sessions with Fife Wide & Fife East took place in May and June, and the aim is that this will restart during the remainder of 2021, where there is capacity to do so.

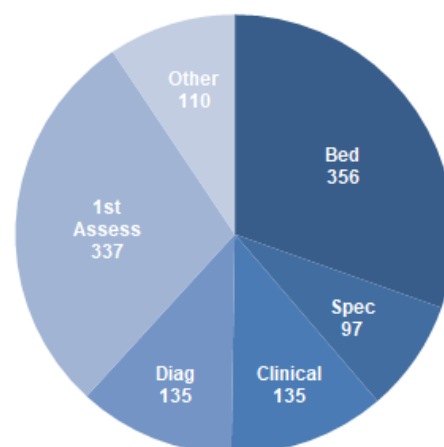
4-Hour Emergency Access

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; Aug-21



National Benchmarking

Month	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%
Scotland	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%

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

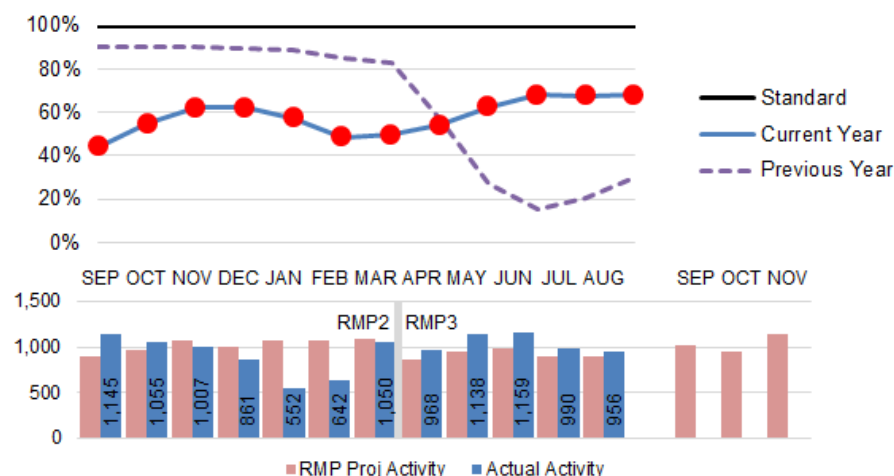
IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	By Mar-22
Flow and Navigation appointments to ED are now in place and the hub has expanded to handle GP calls previously taken through acute consultant staff in-hours. Early indication shows decreased referrals towards the end of the week and expansion for 24/7 handling is in planning.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	By Nov-21
Work continues on ED and MIU pathways via working groups. High numbers of presenters to ED continue to be walk ins, and local surveys have been carried out to source intelligence as to public knowledge of pathways and options for treatments.	
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	By Nov-21
Bed waits continue to be the principal reason for breaches. There has been an increase in 8-hour breaches due to capacity challenges across the site. All directorates are focussed on improvement actions which can improve flow into downstream wards and effectively manage admission demand from front door.	

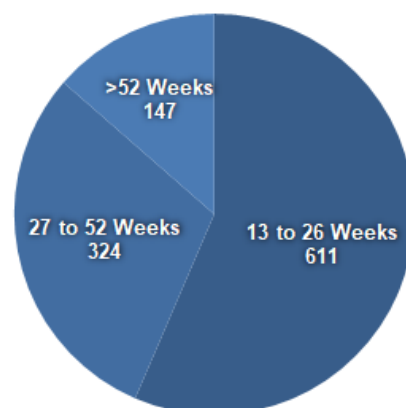
Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Local Performance



Breaches Breakdown Aug-21



National Benchmarking

	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.7%	68.2%
Scotland	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%		

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

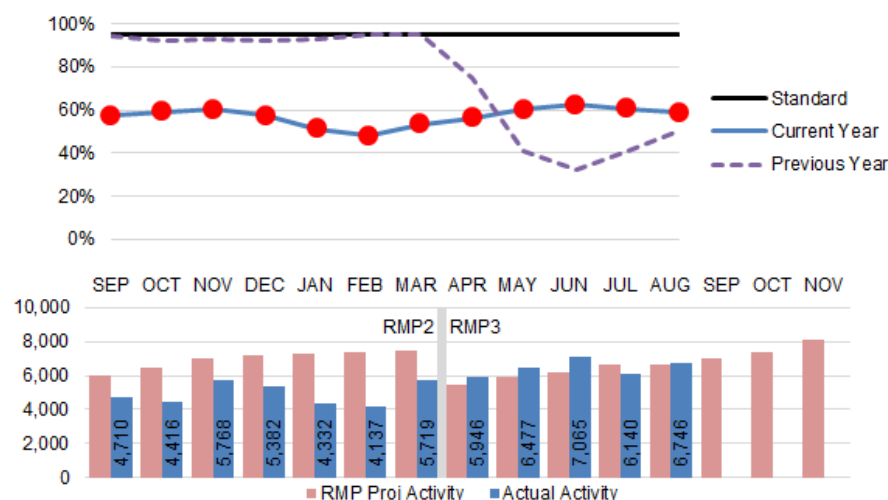
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review undertaken with revised plan submitted Action complete	
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Options appraisal to support a digital solution finalised	
22.3 Undertake waiting list validation against agreed criteria	By Mar-22
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly. This work will continue as clinical prioritisation remains a key activity.	

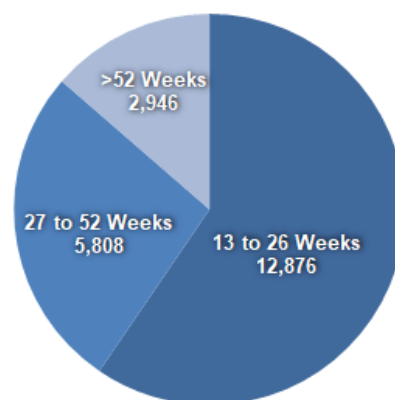
New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance



Breaches Breakdown Aug-21



National Benchmarking

	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%
Scotland	46.5%			47.8%	44.5%	43.9%	48.3%	50.4%	52.1%	53.1%		

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

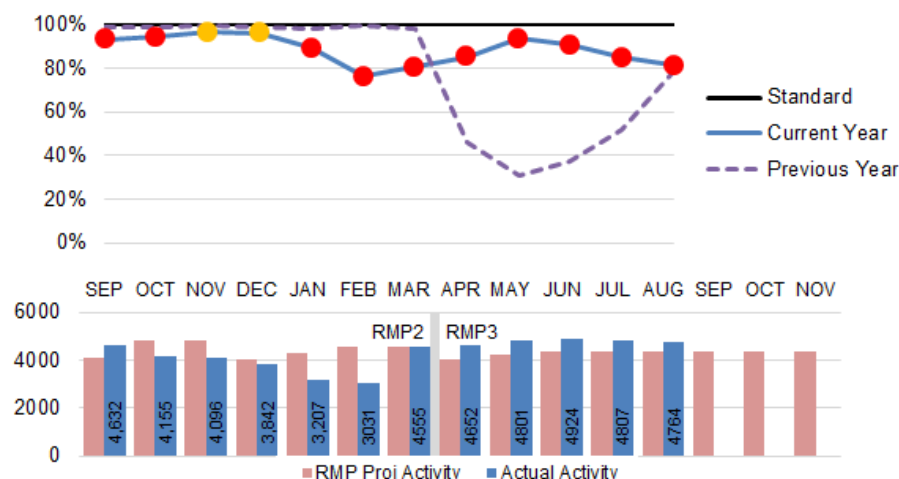
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review undertaken with revised plan submitted Action complete	
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
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	
22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement	By Dec-21
Remodelling work complete and shared with clinic staff, revised guidance issued however additional Infection Control guidance sought form local team	

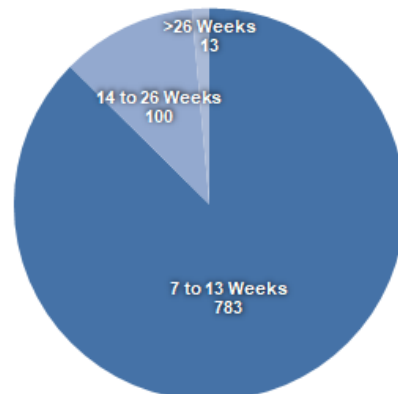
Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Local Performance



Breach Breakdown Aug-21



National Benchmarking

	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%
Scotland	53.3%	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%		

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

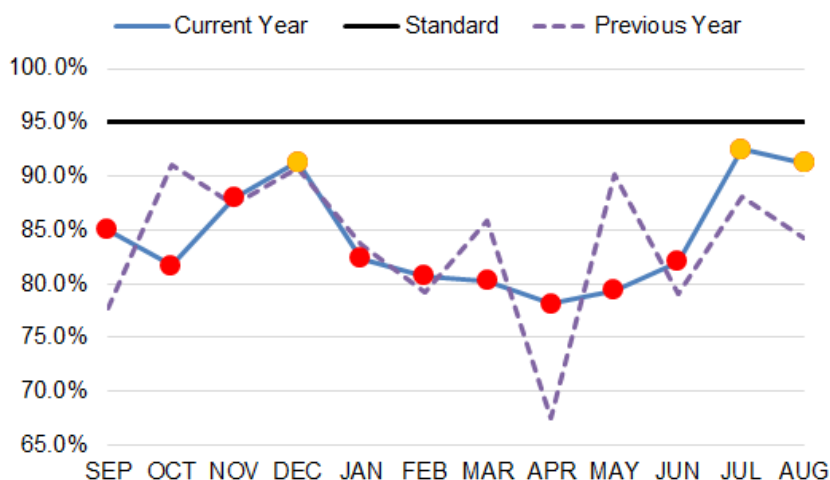
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review undertaken with revised plan submitted Action complete	
22.2 Explore implementation of point of care testing in endoscopy	By Mar-22
Testing platform chosen, governance processes to support implementation underway	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

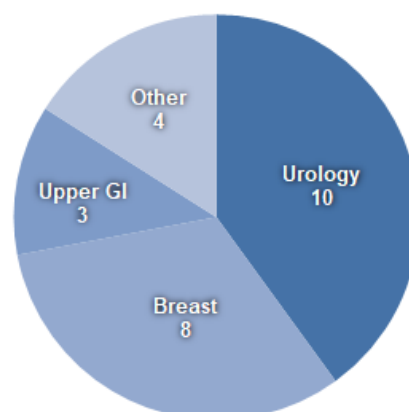
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

Local Performance



Breaches: Jun to Aug 21



National Benchmarking

Month	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%
Scotland	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%

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

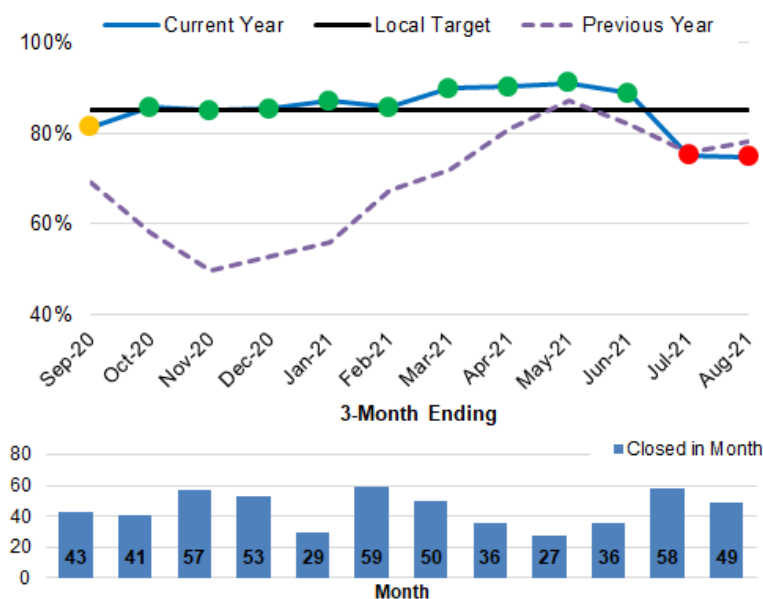
IMPROVEMENT ACTIONS

20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Mar-22
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 Mar-22
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 Oct-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.	

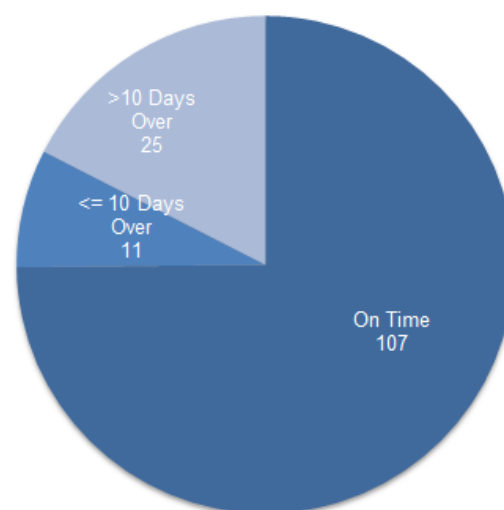
Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Aug-21



Performance by Service Area

Monthly	2020/21							2021/22				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Health Board	82.1%	96.8%	87.5%	93.5%	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%
IJB	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%

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 an Information Governance and Security Advisor is overseeing FOI administration. 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	Complete Jun 2021
21.2 Improve communications relating to FOISA work	By Dec-21

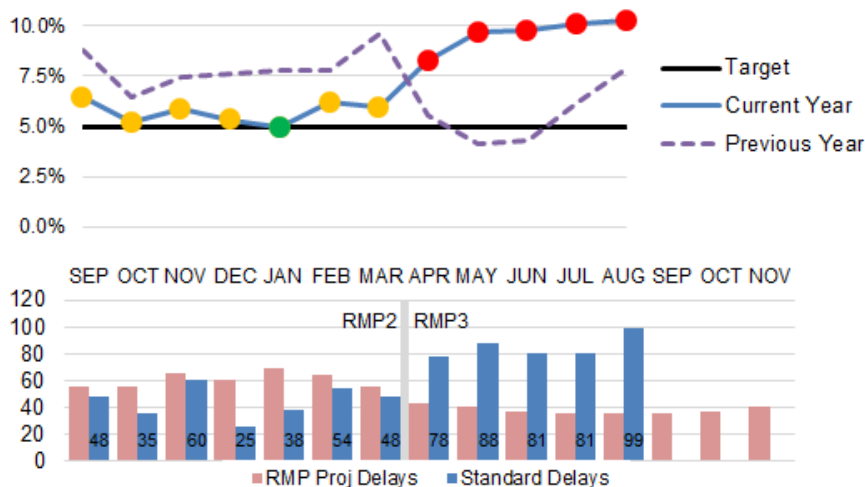
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Forth Valley has undertaken so far to remedy the Board's previous low level of FOISA compliance.

This action will be left open for the rest of 2021, while resourcing issues remain to be resolved.

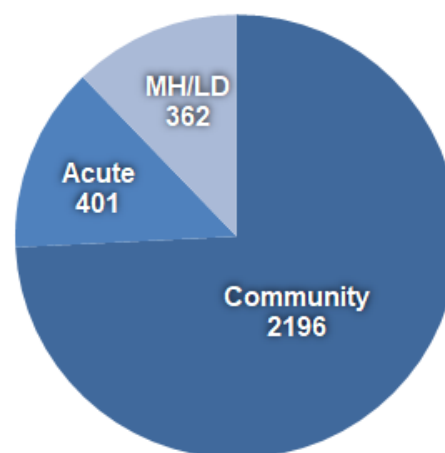
Delayed Discharges (Bed Days Lost)

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 | Aug-21



National Benchmarking

	Quarter Ending	2018/19	2019/20				2020/21			
		Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
% Bed Days Lost	NHS Fife	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.5%	5.6%
% Bed Days Lost	Scotland	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%

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

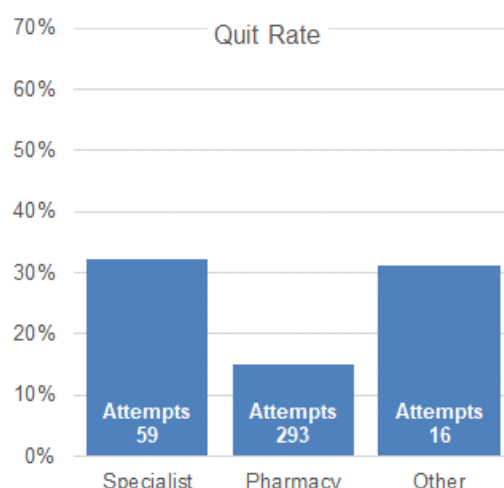
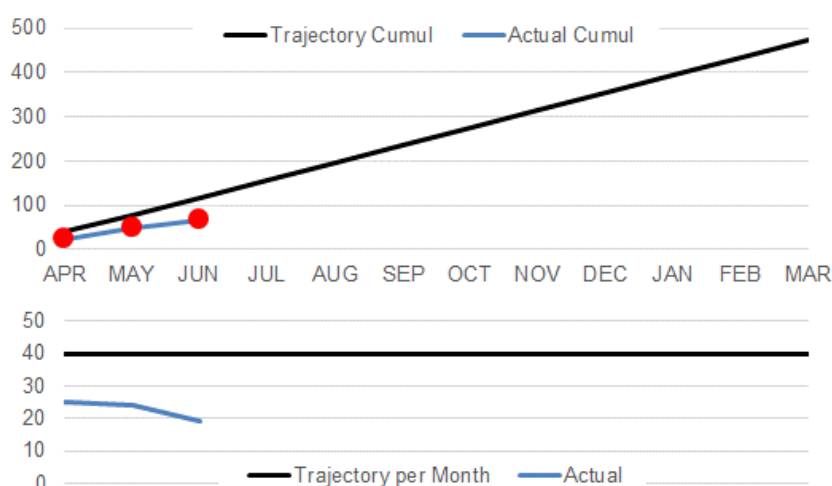
IMPROVEMENT ACTIONS

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	By Dec-21
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	Complete Jul 2021
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Jan-22
An SBAR was submitted to the Senior leadership Team and a test of change will start on 4 th October, running for 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

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	24	19									
	Actual Cumul	25	49	68									
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	57.6%									
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

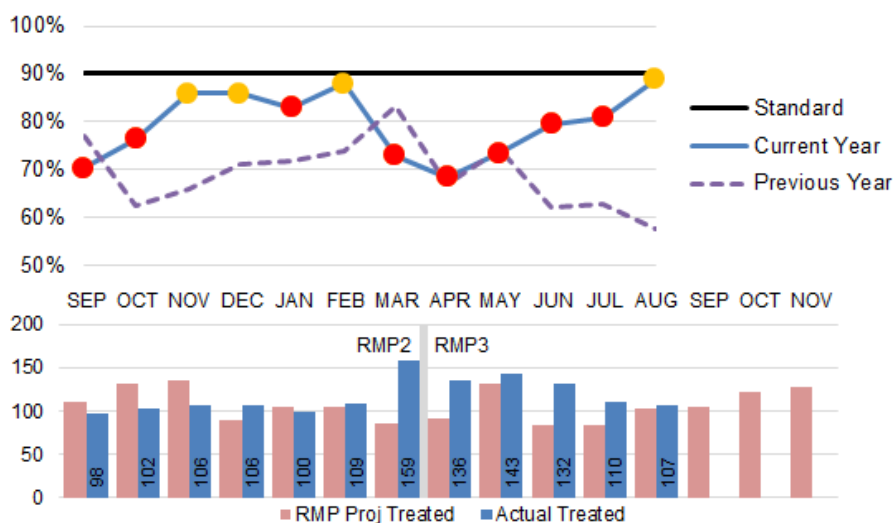
IMPROVEMENT ACTIONS

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	Complete Jul 2021
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	Complete Sep 2021
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 rehabilitation patients have engaged with the service.	
Action complete	
22.1 Test face to face provision in two GP practices and one community venue	By Mar-22
Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans.	

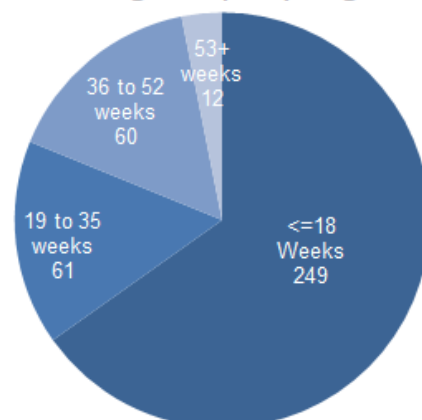
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance



Waiting List (382) Aug-21



National Benchmarking

Month	2020/21							2020/21				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%
Scotland	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%		

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

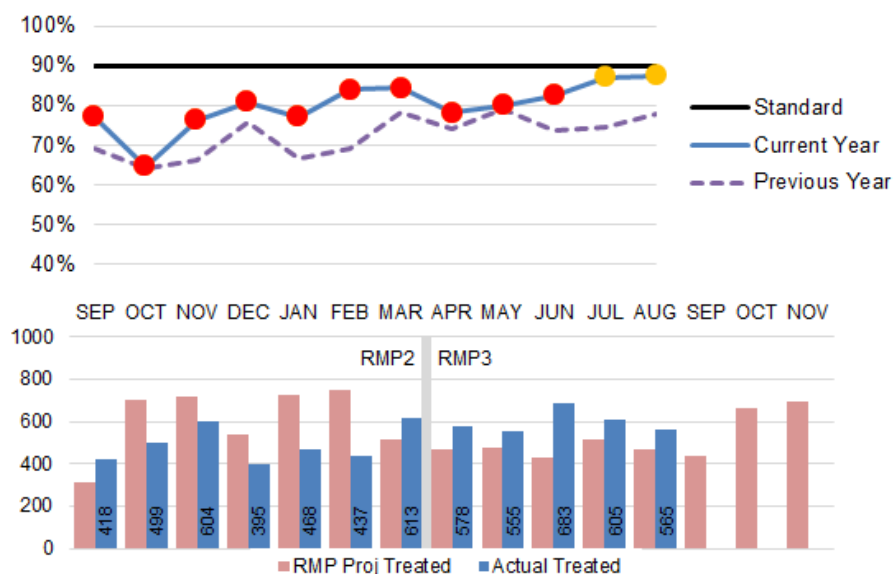
IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme	Complete Jul 2021
21.3 Build CAMHS Urgent Response Team	By Dec-21
<p>The plan to develop a CURT in 2020 was postponed due to the COVID-19 position. Redesign has been incrementally introduced since March 2021 and a model has been implemented that prioritises responsiveness, increases the clinical remit and extends the age range of the previous Self Harm Service. An increase in staffing complement seeks to allow the consolidation of the CURT model through ensuring adequate staffing capacity to meet increasing demand.</p>	
22.1 Recruitment of Additional Workforce	By Dec-21
<p>Investment from Fife HSCP has resulted in resources being made available to recruit additional permanent (8) and temporary (3) staff. To date, 6 permanent staff and 2 temporary staff have been appointed, with the permanent staff starting incrementally from 23/08/21. Vacant posts continue to be advertised and review of banding is underway.</p> <p>SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and Phase 2 recruitment will follow the completion of a Gap analysis against the national specification.</p> <p>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.</p>	
22.2 Workforce Development	By Dec-21
<p>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 SG CAMHS National Service Specification. A Training programme for new and existing staff is being developed, and a training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS.</p>	

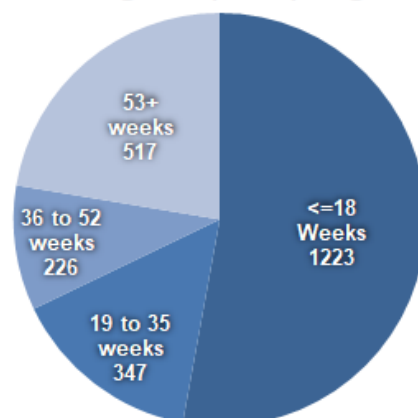
Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance



Waiting List (2313) Aug-21



National Benchmarking

Month	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%
Scotland	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%		

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

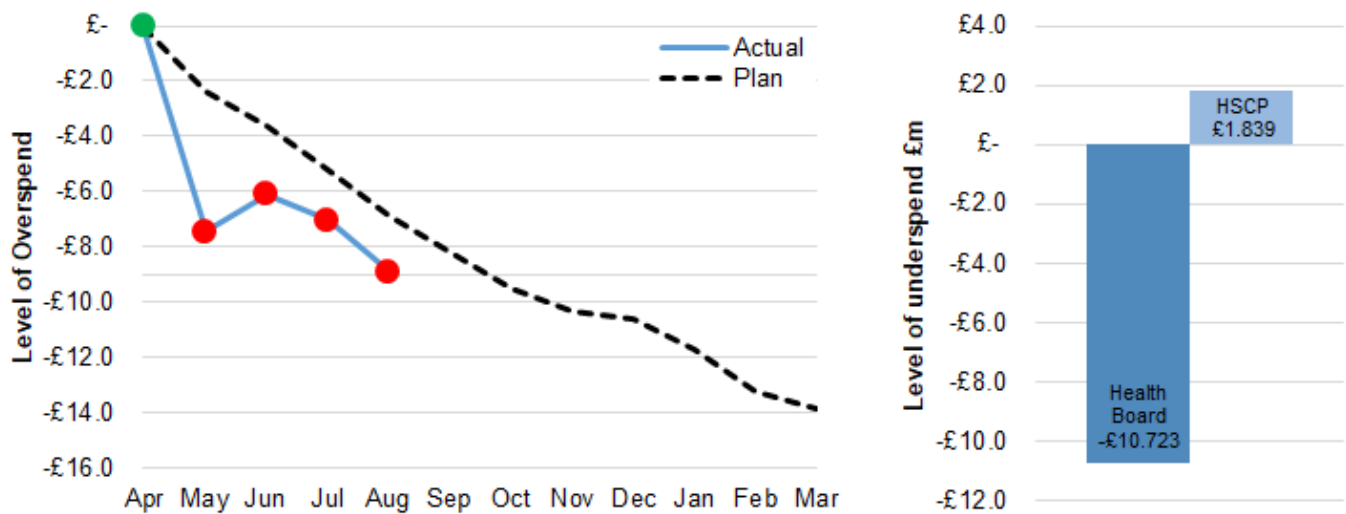
IMPROVEMENT ACTIONS

20.5 Trial of new group-based PT options	Complete Sep-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, now mainstreamed as offer to people with complex needs impacting their personality. Pilot of Compassion Focused therapy group underway. Action complete	
22.1 Increase access via Guided self-help service	Complete Sep-21
Service now launched Action complete	
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 specialities (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 therapy. 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	441,502	467,607	190,345	201,068	-10,723	-5.63%	-3,747	-6,976
Integration Joint Board (Health)	361,006	367,578	153,638	151,799	1,839	1.20%	1,839	0
Risk Share	0	0	0	0	0	0.00%	0	0
Total	802,508	835,185	343,983	352,867	-8,884	-2.58%	-1,908	-6,976

Assessment

NHS Fife's Quarter 1 review meeting with Scottish Government colleagues was held on 6 September. The outcome of this process is awaited (Scottish Government continue their series of meetings with all Boards) which will inform future funding and an approach to funding long Covid savings. Notwithstanding, this report reviews the position to 31 August (month 5).

Key challenges in 2021/22

The 2021/22 financial plan reflects an overall savings target of £21.7m and assumes £8m is achievable in-year: £4m on a recurring basis; and a further £4m on a non-recurring basis. Discussions continue with Scottish Government in relation to supporting the remaining £13.7m this financial year; with work continuing to identify potential recurring cost saving reduction schemes and programmes for both this year and the next 2 financial years.

Continuing uncertainty in relation to the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans

Managing the underlying Acute Services core cost overspend; and emerging pressures including cross boundary flow uplift proposed arrangements

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:

- 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

Working closely with the services to ensure delivery of the £8m target as detailed above; and ensuring this focus extends to develop the agreed plans required to deliver the legacy £13.7m target over the next 2 financial years.

1. RMP Joint Fife Mobilisation Plan

- 1.1 The Remobilisation Plan (RMP) process commenced last financial year. The RMP3 submitted in February 2021 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. The RMP4 guidance has been issued with returns due by 30 September 2021.

2. Financial Allocations

2.1 Revenue Resource Limit (RRL)

NHS Fife received confirmation of the August core revenue amount on 1 September. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £764.901m; and anticipated allocations total £59.758m. Funding this month included £1.16m for Family Nurse Partnership and Unscheduled Care Additional Summer Funding £0.180m. The anticipated allocations include Primary Medical Services and New Medicines 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 August is therefore £835.185m 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 with the IJB Chief Finance Officer, the earmarked reserve and agreed anticipated funding at month 5 is detailed per Appendix 1b.

3. Summary Position

- 3.1 The revenue position for the 5 months to 31 August reflects an overspend of £8.884m; which comprises a core overspend of £3.194m (£1.908m run rate overspend, and £1.286m unmet savings); and 'long Covid' savings of £5.690m.
- 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 £10.723m is attributable to Health Board retained budgets; and an underspend of £1.839m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Combined Financial Position for the period ended August 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	441,502	467,607	190,345	201,068	-10,723	-5.63%	-3,747	-6,976
Integration Joint Board (Health)	361,006	367,578	153,638	151,799	1,839	1.20%	1,839	0
Risk Share	0	0	0	0	0	0.00%	0	0
Total	802,508	835,185	343,983	352,867	-8,884	-2.58%	-1,908	-6,976

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	208,954	219,729	95,497	105,003	-9,506	-9.95%	-3,652	-5,854
IJB Non-Delegated	9,170	9,173	3,818	3,792	26	0.68%	41	-15
Estates & Facilities	76,559	77,020	31,765	31,557	208	0.65%	450	-242
Board Admin & Other Services	66,950	83,826	39,746	38,987	759	1.91%	999	-240
Non-Fife & Other Healthcare Providers	90,837	90,611	37,728	40,746	-3,018	-8.00%	-2,393	-625
Financial Flexibility & Allocations	15,013	23,872	798	0	798	100.00%	798	0
HB retained offsets	0	60	0	0	0	#DIV/0!	0	0
Health Board	467,483	504,291	209,352	220,085	-10,733	-5.13%	-3,757	-6,976
Integration Joint Board - Core	381,164	418,781	179,030	177,185	1,845	1.03%	1,845	0
HSCP offsets	0	270	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	18,559	7,440	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	399,723	426,491	179,030	177,185	1,845	1.03%	1,845	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	399,723	426,491	179,030	177,185	1,845	1.03%	1,845	0
Total Expenditure	867,206	930,782	388,382	397,270	-8,888	-2.29%	-1,912	-6,976
IJB - Health	-38,717	-58,913	-25,392	-25,386	-6	0.02%	-6	0
Health Board	-25,981	-36,684	-19,007	-19,017	10	-0.05%	10	0
Miscellaneous Income	-64,698	-95,597	-44,399	-44,403	4	-0.01%	4	0
Net Position Including Income	802,508	835,185	343,983	352,867	-8,884	-2.58%	-1,908	-6,976

3.3 The combined position is further analysed by core; and Covid-19 as per tables 2 and 3 below. This approach allows transparency of the core position as distinct from additional Covid costs for which funding will be confirmed as part of the formal Q1 review process.

Table 2: Summary Core Financial Position for the period ended August 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	208,954	216,318	92,086	96,275	-4,189	-4.55%	-3,652	-537
IJB Non-Delegated	9,170	9,173	3,818	3,778	40	1.05%	41	-1
Estates & Facilities	76,559	76,586	31,331	30,907	424	1.35%	450	-26
Board Admin & Other Services	66,950	81,412	37,332	36,430	902	2.42%	999	-97
Non-Fife & Other Healthcare Providers	90,837	90,611	37,728	40,746	-3,018	-8.00%	-2,393	-625
Financial Flexibility & Allocations	15,013	23,872	798	0	798	100.00%	798	0
HB retained offsets	0	0	0	0	0	#DIV/0!	0	0
Health Board	467,483	497,972	203,093	208,136	-5,043	-2.48%	-3,757	-1,286
Integration Joint Board - Core	381,164	412,716	172,965	171,120	1,845	1.07%	1,845	0
HSCP offsets	0	0	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	18,559	7,440	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	399,723	420,156	172,965	171,120	1,845	1.07%	1,845	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	399,723	420,156	172,965	171,120	1,845	1.07%	1,845	0
Total Expenditure	867,206	918,128	376,058	379,256	-3,198	-0.85%	-1,912	-1,286
IJB - Health	-38,717	-58,913	-25,392	-25,386	-6	0.02%	-6	0
Health Board	-25,981	-36,684	-19,007	-19,017	10	-0.05%	10	0
Miscellaneous Income	-64,698	-95,597	-44,399	-44,403	4	-0.01%	4	0
Net Position Including Income	802,508	822,531	331,659	334,853	-3,194	-0.96%	-1,908	-1,286

Table 3: Summary Covid-19 Financial Position for the period ended August 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	3,411	3,411	8,728	-5,317		0	-5,317
IJB Non-Delegated	0	0	0	14	-14		0	-14
Estates & Facilities	0	434	434	650	-216		0	-216
Board Admin & Other Services	0	2,414	2,414	2,557	-143		0	-143
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
HB retained offsets	0	60	0	0	0		0	0
Health Board	0	6,319	6,259	11,949	-5,690		0	-5,690
Integration Joint Board - Core	0	6,065	6,065	6,065	0		0	0
HSCP offsets	0	270	0	0	0		0	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	6,335	6,065	6,065	0		0	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	6,335	6,065	6,065	0		0	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	12,654	12,324	18,014	-5,690		0	-5,690

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 £4.189m**. Whilst the 20/21 financial planning process approved the following uplifts for ASD: £1.5m safe staffing; £0.620m drugs; and £0.769m paediatric staffing; there remains an overspend in core run rate performance of £3.652m, and unachieved savings of £0.537m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £1.399m, Junior Medical and Dental £0.746m and Senior Medical £0.286m. Nursing overspend continues to be prominent across Care of the Elderly, Obstetrics and Gynaecology, and Colorectal due to unfunded cost pressures, incremental progression, and safer staffing requirements. Junior medical and dental continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Junior medical and dental staff in WCCS will also require banding supplements dating back to February 2021, with the value yet to be confirmed. Elderly medicine and A&E consultant costs are partially offset by GI vacancies in Emergency Care, and WCCS have cost pressures against Paediatric consultants. Recruitment is in progress to recruit to some consultant posts currently being covered by locums, however they are not expected to be in post before March 2022.

Non pay cost pressures total £1.130m, with medicines overspend of £1.697m. The expenditure on drugs in 2021/22 has increased by 18% compared to the same period last year. Haematology / oncology drugs make up a significant proportion of this increase, with SMC approvals for further indications having an impact. The medicines overspend is partially offset by underspend on surgical sundries £0.417m and diagnostic supplies £0.257m. There is an expectation that these underspends will be utilised later in the year to accommodate increased levels of activity relating to waiting times initiatives. Opportunities on underspending areas need to be explored to determine if these are being driven by a change in service requirement which could be a savings initiative.

Robotic assisted surgery became operational this month. The core position currently carries the cost of unfunded instruments at £0.054m year to date, offset by opportunistic underspend. Redesign of Urgent Care (RUC) will be fully funded this year through a combination of government funding £0.681m and earmarked IJB reserves of £0.935m carried forward from 20/21. The expenditure against the Navigation Flow Hub will be monitored on a fortnightly basis alongside the other workstreams that are focusing on RUC.

Government funding is expected to cover the cost of both elective and unscheduled care waiting list initiatives and there should be no associated costs in the core position.

Table 4: Acute Division Financial Position for the year ended August 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	72,591	76,251	32,116	32,271	-155	-0.48%	-481	326
Emergency Care & Medicine	77,108	79,460	34,626	38,042	-3,416	-9.87%	-3,132	-284
Women, Children & Clinical Services	56,658	57,988	24,429	25,089	-660	-2.70%	-75	-585
Acute Nursing	874	894	380	318	62	16.32%	62	0
Other	1,723	1,725	535	555	-20	-3.74%	-26	6
Total	208,954	216,318	92,086	96,275	-4,189	-4.55%	-3,652	-537

4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.040m**. This is being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.

4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.424m**. This comprises an underspend in pay of £0.245m across several departments including support services, catering, laundry and transport; and non pay underspend of £0.147m on PPP and £0.361m on rates, which has improved due to receipt of disabled rate relief for Lynebank. Heating fuel and power have a year to date underspend of £0.104m which is in keeping with the continued favourable weather. This underspend is partially offset by an overspend on property maintenance of £0.172m, equipment £0.099m and postage £0.081m with the balance being due to the shortfall in delivery of savings.

4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.902m**. 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 (£0.197m) and Nursing (£0.156m) directorates. Digital and Information's underspend is largely attributable to a VAT rebate of £0.228m in July offset against various overspends. 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.

Public Health are continuing with permanent recruitment based on the 'Covid-19: Test and Protect Programme and Public Health Teams' Funding letter on 13 November 2020. This commits recurring spend, however 2022/23 and future funding is not yet known.

4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £3.018m** per Appendix 3. As reported last month, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Discussions are ongoing. Savings yet to be delivered in this area amount to £0.625m.

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 £0.798m** has been released at month 5, with further detail shown in Appendix 4.

4.7 Integration Services

The health budgets delegated to the Integration Joint Board shows an **underspend of £1.845m**. The underlying drivers for the run rate underspend are predominantly driven by ongoing vacancies across several services including: ICASS; administrative teams; district nursing; sexual health and rheumatology; all AHP services; child health; learning disabilities; mental health; psychology; health promotion; and general dental services. Mental health continues to see an increase in additions costs due to activity and laboratory costs for toxicology reports. Work is still ongoing to determine whether additional ADP funding can be sourced to support activity growth over recent years. The mental health services position continues to improve as medical locum costs reduce on the lead up to appointment of 8 consultants which will commence in September. Where surge bed activity has resulted from the impact of Covid-19 this has been captured and reflected as Covid-19 expenditure.

The underspend on non pay of £0.396m is mainly attributable to medicines within sexual health where the anticipated number of Hep C patients in 21/22 is less than previously expected.

Following the IJB financial planning process, supported by detailed analysis, the IJB CFO has indicated the underspend will be used to inform a non-recurring budget realignment this financial year.

Following a review of the Integration Scheme by the respective partners, plans are in place to propose a final position on this matter to both NHS Fife Board and Fife Council in September 2021.

4.8 Income

A small over recovery in income of £0.004m is shown for the period to August.

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 August 2021

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	424,018	181,812	182,315	-504
GP Prescribing	74,587	31,278	31,266	12
Drugs	32,762	14,831	16,091	-1,259
Other Non Pay	385,706	166,639	167,598	-958
Efficiency Savings	-17,603	-6,976	0	-6,976
Commitments	31,312	798	0	798
Income	-95,597	-44,399	-44,403	4
Net overspend	835,185	343,983	352,868	-8,884

5.2 Pay

The overall pay budget reflects an overspend of £0.504m. This comprises an Acute Services pay overspend of £2.523m. Nurse staffing accounts for 60% of this, with unfunded incremental progression, supervision policies and safer staffing being the main factors. Senior medical agency costs account for the remaining 40%, and whilst appointments are underway, the lead time on senior posts means they will not be in post until nearer the end of the financial year. This is offset against underspend across multiple directorates including community care services £0.380m, primary and preventative services £0.443m, complex and critical services £0.438m, corporate £0.363m and facilities £0.183m where vacancies are having an impact.

Against a total funded establishment of 8,222 wte across all staff groups, there was an average 8,721 wte staff in post in August (based on permanent staff plus additional hours worked and bank staff). The increase in staff in post reflects the additional staffing complement beyond recurring funded establishment and is funded from non-recurring sources - in the main, Covid funding. Work continues in that regard to capture our Covid staffing increase by staff group; the financial implications of temporary, fixed term and permanent staff cohorts; and a risk assessed exit plan/strategy.

5.3 Drugs & Prescribing

Across the system there is a net overspend of £1.247m on medicines. Full quarter 1 2021/22 (April – June) GP prescribing data is now available. Using that data, other available indicators and 2 years previous breakeven outturns, the GP prescribing position to August 21 is estimated to be breakeven. To date no significant costs have been identified as being rechargeable to Covid-19 expenditure, however an analysis of quarter 1 data can now be carried out. The forecast financial year end position is also estimated to be breakeven. Whilst the pandemic and economic situation leave supply, demand and prices of medicines at risk to increases, several positive factors influencing prescribing are also on the horizon; a move to single East Region Formulary, stabilised tariff prices and new Primary Care Rebate schemes.

Acute medicines reflect an overspend of £1.697m. The main overspend is in Haematology which is over budget by £1.126m partly due to unconfirmed spend on drugs requiring funding from the new medicines reserve. Neurology is overspent at £0.325m, 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. Whilst costs have been identified and recharged relating to the impact of Covid-19 on the cancer medicines spend, further work is being done to explore whether the scope can be increased.

5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £0.958m. A significant element of overspend is attributable to Non Fife and Other Healthcare Providers across both SLAs and UNPACS is

£2.394m as discussed above. Further overspends derive from purchase of equipment £0.489m, property maintenance £0.187m and postage £0.111. These overspends are offset by underspends within travel and subsistence £0.445m, surgical sundries and supplies £0.344m and CSSD/diagnostic supplies £0.107m.

5.5 Efficiency Savings

The unmet efficiency savings of £6.976m comprise unmet core savings of £1.286m and unachieved legacy savings for which we seek funding support of £5.690m.

6 **Other Funding Allocations**

6.1 Covid-19 funding allocation

We received initial Covid-19 funding of £11.580m in our June allocation to encompass; Test and protect; vaccination funding (Covid-19 and extended flu vaccination programmes); and a general Covid funding allocation. This initial allocation is based on c50% of the retained Health Board's forecast costs per the financial planning process. There was no funding received in this tranche for Health delegated/Integration Authority given the requirement to use the carry forward of reserves from the 2020/21 financial year in the first instance. Additional funded Covid-19 spend to month 5 per Table 3 above is £12.324m; with the long Covid unmet savings to month 5 of £5.690m remaining as a gap until the outcome on funding approach is known following conclusion of the formal quarter one process.

6.2 Waiting List Funding

Waiting list funding of £9.750m based our RMP3 submission has been received to date and work is ongoing to ensure delivery of activity as laid out in our submission and correspondence with SG.

6.3 Redesign of Urgent Care Funding

Funding has been received from SG in June of £0.681m which we are treating as an interim (and on which we seek further clarity). In addition, there is £0.935m in the IJB earmarked reserve for RUC. To that end funding appears sufficient for the 21/22 financial year however there is risk exposure for future financial years where funding is uncertain. 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 £21.7m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8m of the target (£4m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.7m 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 require to operate within this reduced pay budget.

7.3 Tables 6a and 6b summarise the savings position for the 2021/22 financial year. Work continues in earnest to identify potential recurring cost saving reduction schemes and programmes for both this year and the next 2 financial years.

Table 6a: 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 August £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	3,538	696	4,234	3,947
					0		0
Total Savings	21,837	8,181	13,656	3,538	696	4,234	3,947

Table 6b: Savings RAG status

NHS Fife Potential Savings Summary	£000's	Risk level	Identified CY	Outstanding Balance	Identified FY	Outstanding Balance
Workforce Capacity and Utilisation Review	1,000	High	-407	593	-41	959
Pay Vacancy Factor (1%)	3,015	Medium	-3,015	0	-3,015	0
Repatriation of Services	500	Low	0	500	0	500
External Commissioning Cost Review	1,000	Medium	0	1,000	0	1,000
Medicine Utilisation	500	Medium	-59	441	0	500
Contracts	1,500	Low	-129	1,371	0	1,500
Procurement - Non pay	500	Medium	0	500	0	500
Other	166	Low	-624	-458	-482	-316
	8,181		-4,234	3,947	-3,538	4,643

8 Forecast Q1

- 8.1 Our assessment (at month 5) of our forecast outturn to the year end remains as reported to Scottish Government at Q1 - a potential overspend of £19.656m. This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings (for which we have requested Scottish Government support) and a core potential additional overspend of £6m. The pressures contributing to the £6m overspend are: £3m cost pressure in respect of our Service Level Agreement with NHS Lothian; £2m Acute drugs cost pressures; Microsoft 365 licence cost pressures of £0.6m (an emerging increase to the cost model adopted at the financial planning stage); and £0.4m other cost pressures.
- 8.2 The projected forecast does not include any risk share with the Health and Social Care Partnership - any emerging potential risk share identified by the HSCP will require robust review and discussion with the Chief Finance Officer.
- 8.3 In arriving at this forecast outturn, we have signposted to Scottish Government our request for non-core ADEL (Additional Departmental Expenditure Limit) funding of £2m. Existing and planned qualifying expenditure to include replacement of obsolete equipment and software that would normally be charged to revenue has been identified. Approval of this funding would assist in managing the core run rate overspend particularly in our Acute Services Division.
- 8.4 In addition, whilst some progress is being made, in that limited funding has been received, we remain c£5m-£8m away from NRAC funding parity across Scotland. This has a significant bearing on our financial planning arrangements and our qualitative and quantitative performance.

9 Recommendation

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 £3.194m for the 5 months to date
- **Note** the £5.690m underlying unachieved 'long Covid' savings, to month 5;
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £8.884m
- **Note** the potential total overspend outturn position of £19.656m; of which we seek SG funding support for unachieved full year 'long Covid' savings of £13.656m; and, the potential core overspend of £6m which we have highlighted in our Quarter 1 financial return last month to Scottish Government.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1a: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
	Initial Baseline Allocation	712,534			712,534	
Jul-21	June Letter	9,264	12,244	21,030	42,538	
Aug-21	July Letter			7,936	7,936	
	National Cancer Strategy Fund Posts	141			141	Annual Allocation now made recurring
	Support for cervical screening incident			1	1	
	V1P			116	116	Annual Allocation
	School Nurse Commitment Tranche 1		230		230	As Programme for Government
	Unscheduled Care Summer Funding			180	180	As per submission
	Vitamins for Pregnant Women & Children			45	45	As per submission
	Training fo Cardiac Physiologists			24	24	As per allocation letter issued
	Family Nurse Partnership Tranche 1			1,156	1,156	Annual Allocation
					0	
					0	
					0	
					0	
					0	
					0	
					0	
					0	
					0	
					0	
					0	
	Total Core RRL Allocations	721,939	12,474	30,488	764,901	
Anticipated	Primary Medical Services		56,909		56,909	
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	FNP		120		120	
Anticipated	New Medicine Fund		3,415		3,415	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PCIF		682		682	
Anticipated	ADP:seek & treat		1,159		1,159	
Anticipated	£20m 18-19 tariff reduction to global sum		-4,245		-4,245	
Anticipated	Waiting List		1,367		1,367	
Anticipated	Winter		661		661	
Anticipated	Covid Vaccination		1,491		1,491	
Anticipated	NSD Adjustments		-5,022		-5,022	
		0	59,758	0	59,758	
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	721.939	72.232	41.014	835.185	

Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Total £000's	Included within Health Delegated Budgets		Balance £000's
		To M5 £000's	Anticipated £000's	
Vaccine	740	740		0
Care homes	526			526
Urgent Care Redesign	935	704		231
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
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	527	224	499
Total	11,308	3,685	224	7,399

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital and Information	13,085	5,490	5,291	199
Nhs Fife Chief Executive	215	80	96	-16
Nhs Fife Finance Director	6,696	2,723	2,526	197
Nhs Fife Medical Director	8,219	3,011	2,911	100
Nhs Fife Nurse Director	4,245	1,802	1,647	156
Legal Liabilities	11,128	8,707	8,665	42
Early Retirements & Injury Benefits	491	12	-63	75
Regional Funding	222	117	104	13
Depreciation	19,040	7,665	7,665	0
Nhs Fife Public Health	2,651	1,425	1,382	43
Nhs Fife Workforce Directorate	3,219	1,358	1,350	8
Pharmacy Services	12,200	4,942	4,855	86
Total	81,412	37,332	36,430	902

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	41	40	1
Borders	45	19	24	-5
Dumfries & Galloway	25	11	24	-13
Forth Valley	3,227	1,344	1,598	-254
Grampian	365	152	118	34
Greater Glasgow & Clyde	1,680	700	698	2
Highland	137	57	55	2
Lanarkshire	117	49	106	-57
Lothian	31,991	13,330	14,161	-831
Scottish Ambulance Service	103	43	42	1
Tayside	41,584	17,326	17,619	-293
Savings	-1,500	-625		-625
	77,873	32,447	34,485	-2,038
UNPACS				
Health Boards	10,801	4,500	5,577	-1,077
Private Sector	1,151	480	624	-144
	11,952	4,980	6,201	-1,221
OATS				
	721	301	61	240
Grants				
	65			0
Total	90,611	37,728	40,746	-3,018

Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to August-21 £'000
Financial Plan		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	33	4
Discretionary Points	209	0
Consultant Increments	216	73
Cost Pressures	3,883	656
Developments	2,164	65
Sub Total Financial Plan	10,699	798
Allocations		
Waiting List	5,306	0
AME: Impairment	743	0
AME: Provisions	866	0
Insulin Pumps	0	0
Community Pharmacy Champion	19	0
Pay Award:AfC	1,695	0
6 Essential Action	456	0
ICU	485	0
Test & Protect	1,261	0
Covid 19	709	0
Winter	661	0
Cervical Incident	3	0
Cancer Waiting Time	622	0
Scottish Health Survey	18	0
Implementation Health & Care Act	68	0
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
Sub Total Allocations	13,173	0
Total	23,872	798

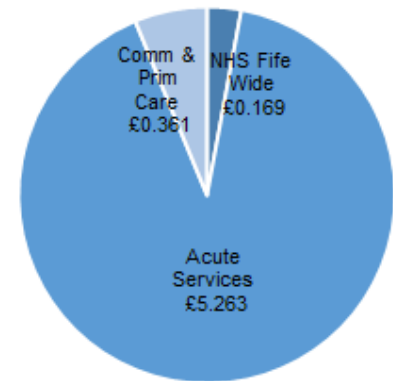
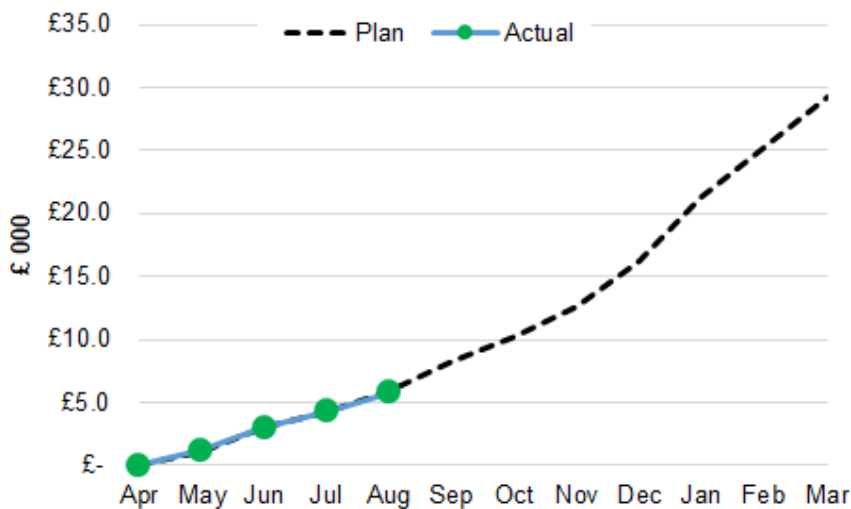
Appendix 5 – Initial Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
HSCP ear marked reserve		1,694		1,694	
Anticipated allocation		1,494		1,494	
Total funding	8,702	6,066	0	14,768	0
Allocations made for Apr to August					
Planned Care & Surgery	411			411	
Emergency Care & Medicine	2,200			2,200	
Women, Children & Clinical Services	800			800	
Acute Nursing	0			0	
Estates & Facilities	434			434	
Board Admin & Other Services	854			854	
Public Health Scale Up	473			473	
Test and Protect	1,560			1,560	
Primary Care & Prevention Serv		70		70	
Community Care Services		428		428	
Complex & Critical Care Serv		159		159	
Professional/Business Enabling		93		93	
Covid Vaccine/Flu		5,316		5,316	
Social Care					
Total allocations made to M5	6,732	6,066	0	12,798	0
Balance In Reserves	1,970	0	0	1,970	0

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 was approved by the FP&R Committee in July and will be tabled at the NHS Fife Board thereafter. NHS Fife has assumed a programme of £29.257m. For the year to date, NHS Fife has received £7.394m as a capital allocation. NHS Fife is also anticipating capital allocations for the Elective Orthopaedic Centre of £18.125m: A reduction of (£0.200m) due to a previous years over-allocation: HEPMA £1.1m: Mental Health Review £0.076m: Lochgelly Health Centre £0.517m and Kincardine Health Centre £0.323m: Energy Scheme Funding of £1.8m: Scheme Development Funding £0.05m. NHS Fife is also requesting to convert £0.072m Cancer Waiting Times Funding from revenue to capital.

NHS Fife is linking with the national infrastructure board on equipment requests to ascertain new and replacement equipment priorities across Scotland. Nationally there may be slippage in capital and NHS Fife has made submissions to this process. This may inform, as a minimum, potential additional capital funding for our required radiology replacement scanner this year.

Due to the current climate there are significant potential risks associated with the capital programme this year and NHS Fife feels it is prudent to highlight them at this time. There are risks regarding the availability of materials, price increases on materials, lead times and deliverability within the financial year end. NHS Fife is striving to mitigate these risks wherever possible.

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 – an offer has been accepted subject to conditions for planning and access - however the GP's have now put in an objection to the planning department

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 £5.79m this equates to 19.8% 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	£1.716m
Equipment	£0.470m
Digital	£0.160m
Elective Orthopaedic Centre	£3.211m
Health Centres	£0.170m

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 August 2021 of £5.79m and the year end spend of the total anticipated capital resource allocation of £29.257m.

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	123	60	123
Statutory Compliance	349	69	349
Capital Equipment	129	59	129
Condemned Equipment	24	0	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
Total Community & Primary Care	625	188	625
ACUTE SERVICES DIVISION			
Statutory Compliance	2,942	1,638	2,942
Capital Equipment	1,625	331	1,625
Clinical Prioritisation	111	1	111
Condemned Equipment	63	9	63
Total Acute Services Division	4,741	1,979	4,741
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	51	0	51
Information Technology	1,000	160	1,000
Clinical Prioritisation	267	0	267
Statutory Compliance	89	0	89
General Reserve - Equipment	99	0	99
Pharmacy Equipment	200	0	200
Condemned Equipment	3	0	3
Fire Safety	60	9	60
Vehicles	60	0	60
Wash Hand Basin Replacement	0	0	0
Total NHS Fife Wide Schemes	2,028	169	2,028
TOTAL CAPITAL ALLOCATION FOR 2021/22	7,394	2,336	7,394
ANTICIPATED ALLOCATIONS 2021/22			
Elective Orthopaedic Centre	18,125	3,212	18,125
HEPMA	1,100	0	1,100
Kincardine Health Centre	323	73	323
Lochgelly Health Centre	517	100	517
Mental Health Review	76	0	76
Energy Funding Grant	1,800	0	1,800
Cancer Waiting Times Funding	72	72	72
Scheme Development Grant	50	0	50
SG Payback	-200	0	-200
Anticipated Allocations for 2021/22	21,863	3,457	21,863
Total Anticipated Allocation for 2021/22	29,257	5,792	29,257

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to July	August Adjustment	Total August
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	78	51	129
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	123	0	123
Covid Equipment	0	0	0	0
Statutory Compliance	0	343	6	349
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
Total Community & Primary Care	0	568	56	625
Acute Services Division				
Capital Equipment	0	1,323	302	1,625
Condemned Equipment	0	16	47	63
Cancer Waiting Times Equipment	0	0	0	0
Clinical Prioritisation	0	85	26	111
Statutory Compliance	0	2,958	-16	2,942
	0	4,382	359	4,741
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,421	10	89
Fife Wide Equipment	1,805	-1,402	-353	51
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-207	-26	267
Condemned Equipment	90	-40	-47	3
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	5	0	99
Pharmacy Equipment	205	-5	0	200
Fife Wide Vehicles	0	60	0	60
Wash Hand Basin Replacement	0	0	0	0
Total Fife Wide	7,394	-4,950	-415	2,028
Total Capital Resource 2021/22	7,394	0	0	7,394

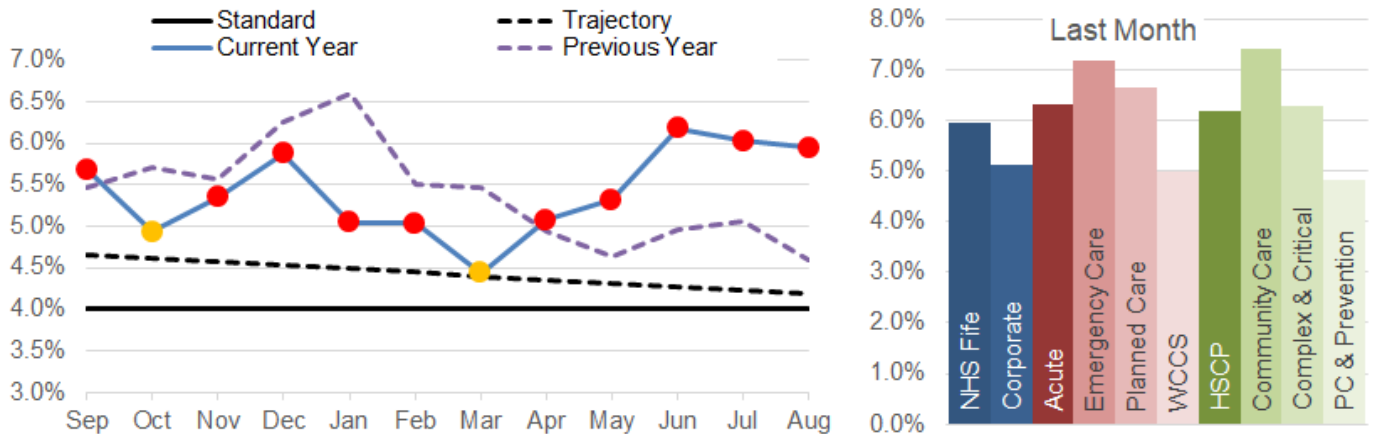
ANTICIPATED ALLOCATIONS 2021/22				
Elective Orthopaedic Centre	18,125	0	0	18,125
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	323	0	0	323
Lochgelly Health Centre	517	0	0	517
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Cancer Waiting Times Fundings	72	0	0	72
Scheme Development Grant	50	0	0	50
SG Payback	-200	0	0	-200
Anticipated Allocations for 2021/22	21,863	0	0	21,863

Total Planned Expenditure for 2021/22	29,257	0	0	29,257
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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				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%
Scotland	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%

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 improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions	By Mar-22
The additional Occupational Health Physician is taking forward specific support for staff affected by Mental Health and mental health training for managers. This is in addition to the ongoing case work with Occupational Health, local managers and HR Officers and Advisors, with input from the 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
Promoting Attendance Review and Improvement Panels continue to meet regularly. This is alongside monthly and bespoke training sessions and use of Tableau and Attendance Management system to identify and analyse "hot spots" / priority areas and trajectory setting / reporting. Communication was issued via StaffLink in May and July to reinforce attendance management processes, and discussions have been held, in partnership, to assess focus of improvement work in light of the changing context. Further scoping work is to be carried out.	
22.3 Consider refinements to COVID-19 absence reporting, including short term manual data capture from SSTs and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to develop MI reporting	By Nov-21
Work has been undertaken with Digital & Information colleagues to provide initial COVID-19 specific absence reports and this will be refined to take account of systems developments. Weekly reports are now being provided to EDG.	

MARGO MCGURK

Director of Finance and Performance
19th October 2021

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 13 AUGUST 2021 AT 10.00 AM VIA MICROSOFT TEAMS

Present: David Graham [Chair]
David Alexander
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
Fiona McKay, Interim Divisional General Manager
Rona Laskowski, Head of Integrated Complex & Clinical Care Services
In attendance:
Carol Notman, Personal Assistant (Minutes)

Apologies for Absence: Norma Aitken, Head of Corporate Service, Fife H&SCP
Helen Hellewell, Associate Medical Director
Lynne Garvey, Head of Integrated Community Care Services
Bryan Davies, Head of Integrated Primary and Preventative Care Services
Tracy Hogg, Finance Officer

No.	ITEM	ACTION
1.	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting. See above for apologies provided.	
2.	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3.	MINUTE OF PREVIOUS MEETINGS – 11 JUNE 2021	
	The Minute from the meeting held on 11 June 2021 was approved.	
4.	MATTERS ARISING / ACTION LOG – 11 JUNE 2021	
	David Graham confirmed that the timescales in the action log have been reviewed and changed to the September Meeting.	
5.	FINANCE PAPER	

Audrey Valente advised that this report was the first Monitoring Report for this financial year. The report projects the Partnership will have an overspend of c. £7M which she considers is a prudent projection. The projection includes the value of the unachieved savings which is £4.8M. Audrey advised that currently it is unknown if funding for the unachieved savings will be provided for by the Scottish Government Health Department; if funding for the unachieved savings is received it will bring the projected overspend down significantly.

Audrey advised that she is working with the Senior Leadership Team to prepare a paper around the unachieved savings which will be brought back to a future meeting.

Audrey confirmed with the Partnership is facing an overspend situation, a recovery plan is required which will be developed and brought back to the committee.

Audrey noted that the Scottish Government has requested that Boards use their reserves to cover covid costs before requesting additional funding.

David Graham confirmed the importance of the Unachieved Savings Paper being brought back to the Committee at the earliest opportunity to allow actions to be taken.

Rosemary Liewald noted with regards Section 5.6 (pg 15) and the Older People Day Centre and asked if the services were any further forward. Fiona McKay advised there were regular meetings and many of the external partners have remobilised. Fiona acknowledged that there is one External Provider Day Centre that has not reopened, with a number of Fife Council Centres that have still to fully remobilise and open their Day Centres. Fiona advised that the opening of care process allowing visitors into the care homes is putting pressure on other services with lateral flow test requiring to be completed. Fiona anticipated a clearer position of the situation by the end of August.

Martin Black noted that the report is coming with projections and commented that there should be plans already in place associated with where there is an overspend. He queried with regards the extra costs associated with 5.6 (pg 15) whether these could be recouped. He noted that he did not feel that the extra cleaning would becoming part of the regular requirements going forward and asked whether this needs to be built into the budget. Martin noted that with regards the overspend for adult placements, it was his opinion that the budget did not reflect the requirement and needs of the service and advised that a action plan is required.

David Graham noted that funding associated to Adult Placements had always been volatile with numbers fluctuating from year to year and asked how confident was the service that the overspend would increase?

Audrey confirmed that adult placements was an area that tends to grow and the budget is matched to the outturn from the previous year; but noted concern that within 3 months the service was so overspent and agreed an investigation was required and she and Rona Laskowski would be investigating and reporting back to the committee.

	<p>Audrey thanked Martin for highlighting the extra cleaning and would investigate if these should be costed to the LMP covid costs. She agreed that action plans are required and advised that the savings from the last financial year and after being reviewed will be brought back to the next committee.</p> <p>David Alexander noted within the Council the first quarter always looked the worst but by the end of the year budgets had realigned and asked if this was the same for the IJB? Audrey advised that it was a prudent estimate and she had received early sight of the budget for adult packages going forward and it has worsened.</p> <p>David Graham noted that the paper was recommending that the report is discussed which he could confirm this had taken place and had approved the paper. He asked that the wording within the recommendations be reviewed as he was not sure around the wording of whether the decision was agreed or disagreed</p>	<p>AV</p> <p>AV</p>
6.	PERFORMANCE REPORT	
	<p>Fiona McKay introduced the Performance Report which provides an overview of progress and performance in relation to local and national information. She wished to highlight that there had been a spike in May with regards assessment beds but this had since reduced with the care homes reopening.</p> <p>Fiona confirmed that there has been some discharges from the Star Beds following a period where people were not able to be discharged until they were free from covid.</p> <p>Fiona wished to note that the demand for services continues to grow with significant pressures across the services. External Partners have advised of challenges with the increased number of staff requiring to isolate.</p> <p>Fiona advised that the area requiring additional work is CAMHS and Psychological Therapies but would not expand on this at this point as they are on the agenda further down.</p> <p>Fiona noted her frustration that Fife Council continue to have issues getting information out of Oracle therefore is only able to update the committee regarding staff sickness for NHS staff.</p> <p>David Graham advised that the Committee is very concerned with this situation which is not allowing scrutiny of staff absence, especially at this point when there is increased absence due to covid adding additional pressures to services.</p> <p>David Graham noted he was pleased to see that Fife is showing as the 5th lowest cost per head within Scotland for prescribing and asked Euan Reid to pass on the Committee's congratulations to the Pharmacy Team. Euan Reid confirmed that last year was unusual and although there has been a slight increase Fife is generally between the 4-5th lowest Board.</p>	

	<p>David Graham noted with regards the Formulary Compliance the numbers looked positive and asked what the Pharmacy Team had done to achieve this? Euan Reid advised that there had been a major overhaul of the formulary over the last few years which has resulted in a stable position for the last 3 years. He noted that there has been a move towards an East Region Formulary and while this has benefits for the patients, the team do not wish to lose any ground that has been gained to date.</p> <p>David Graham asked with regards the self-isolation national guidance changing for those who are double vaccinated. Fiona McKay advised that she had investigated and had found that it applied to England not Scotland as Scotland was already in that position. Fiona advised that the services, care homes in particular, when Covid positive tests are returned it is generally due to staff. This results in risks assessments being undertaken to determine whether the home can remain open albeit without visitors. But it is a challenge for both the Council and External services and she was working closely with Care Scotland to implement the requirements associated with the risk assessments and there is a lot of nervousness associated with the revised guidelines.</p> <p>David Alexander queried with regards the reduction of 30% with A&E Attendances and noted that this is not what is being communicated to the people of Fife. Nicky Connor confirmed that that reporting period outlined within the report covered the 'Stay at Home' command for the Government and the data does not reflect the significant pressures facing the service currently. Martin Black advised that an investigation into the significant increase in A&E attendances is required as staff are fully stretched and he was pleased to see the national communication but noted a local solution is required to ensure that the people of Fife know what to do and where to go.</p> <p>Martin Black queried the weekly hours commissioned through external care at home providers. Fiona McKay advised that the demand for care at home services with external providers providing c.17,000 hours each week and although this has increased over the past year it is keeping people at home reducing the pressures on the acute service</p> <p>David Graham wished to thank Fiona for the report and noted that the Committee accepted the recommendations outlined but wish to acknowledge that there are significant pressures for both the Accident & Emergency Department and Care Sector.</p>	
7.	CAMHS WORKFORCE DEVELOPMENT UPDATE	
	<p>Rona Laskowski advised that she was presenting this paper on behalf of Lee Cowie and noted the position within CAMHS is a national position and one where there has been, and continues to be wide recognition of an improvement agenda.</p> <p>Rona advised that the Scottish Government Mental Health Improvement Team have been working with the team assisting them analyse the</p>	

	<p>demand and the existing waiting list, enabling the service to develop a local improvement plan.</p> <p>Rona was please to note that there has been significant funding received for the service and a further £1.8M allocated by the Scottish Government Health Department to increase capacity and extend the age range for CAMHS patients to the age of 25 (currently 18 years of age).</p> <p>Rona advised that there is a currently a recruitment campaign underway and whilst it has been relatively successful, acknowledged that there was significant competition with other NHS Scotland Boards.</p> <p>Rona advised that Fife's trajectory outlined in page 67 indicates that 70% of the 90% target has been achieved and advised it is anticipated to have the service achieving the full target by the deadline provide by the Government of March 2023.</p> <p>Rona confirmed that attention to those who have experienced the longest wait has been addressed with no-one currently waiting beyond 50 weeks but acknowledged that there is still room for improvement.</p> <p>David Alexander queried whether there were enough staff to make the changes required and what the workforce looked like. Rona advised that the majority or practitioners providing the service were psychologists and nurses, advising that both have received a significant specialised training period. Rona was please to note that the University of Dundee campus based in Dunfermline has recommenced its Mental Health Training two years ago so the students are currently in Year 2 with some NHS Fife staff having Honorary Contracts with the University to build relations and promote NHS Fife to the students.</p> <p>Rosemary Liewald noted historically preventative work through support staff within schools had made a big difference to children and asked if similar initiatives were available. Rona confirmed that similar initiatives were being taken forward by the CAMHS Early Intervention and Prevention Team who are reaching out within the schools.</p> <p>David Graham confirmed that the update had been provided as per the recommendation and all agreed this was of significant interest and requested that an update be provided to the committee. Carol Notman to add the update to the work programme for 6 months' time.</p>	CN
8.	CAPACITY TO MEET THE LDP STANDARD'S REFERRAL TO TREATMENT TARGET FOR PSYCHOLOGICAL THERAPIES: POSITION AT JULY 2021	
	<p>Rona Laskowski gave a presentation to the Committee.</p> <p>Rosemary Liewald queried with regards the recruitment drive which has taken place and asked what staff groups have been recruited. Rona Laskowski confirmed 8 posts have been recruited with 3 remaining outstanding and all appointments to date have been psychologists.</p>	

	<p>Rosemary Liewald noted that slide 4 highlighted there was a significant dip in referrals and queried whether this could be due to the schools being closed. Rona Laskowski advised that the dip was directly related to covid, and the subsequent increase in referrals is also directly related to post pandemic with people experiencing worsening mental health.</p> <p>Martin Black queried with regards the 3 permanent posts and recruitment against these relating to the budget. Rona Laskowski confirmed that the recruitment was brought forward to increase capacity quicker.</p> <p>Martin Black queried with regard to those who have been on the waiting list for over a year whether any delay has resulted in them requiring other services as they have not been able to access any form of therapy? Rona Laskowski confirmed that the service has maintained regular contact with all who are on the waiting list but noted in terms of impact on other services this measurement is not recorded and acknowledged there is a likelihood there has been an impact.</p> <p>It was requested that the slides be shared with the Committee, Rona advised this would be possible but noted they held sensitive information and should be treated with strict confidentiality.</p> <p>David Graham confirmed that update had been provided as per the recommendation and all agreed this was of significant interest and requested that an update be provided to the Committee. Carol Notman to add the update to the work programme for 6 months' time.</p>	CN
9.	<p>AOCB</p> <p>No items were raised under AOCB</p>	
10.	<p>DATE OF NEXT MEETING:</p> <p>Friday 3rd September 2021 at 2.00pm via Microsoft Teams</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 3 SEPTEMBER 2021 AT 2 PM VIA MICROSOFT TEAMS

Present: David Graham [Chair]
David Alexander
Martin Black, NHS Board Member
Rosemary Liewald

Attending: Audrey Valente, Chief Finance Officer
Tracy Hogg, Partnership Finance Manager
Euan Reid, Lead Pharmacist Medicines Management
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Lynne Garvey, Head of Community Care Services
In attendance:
Carol Notman, Personal Assistant (Minutes)

Apologies for Absence: Nicky Connor, Director of Health & Social Care
Norma Aitken, Head of Corporate Service, Fife H&SCP
Helen Hellewell, Associate Medical Director
Bryan Davies, Head of Integrated Primary and Preventative Care Services

No.	Item	Action
1.	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting. Please see above for attendees and apologies.	
2.	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3.	MINUTE OF PREVIOUS MEETINGS – 13 AUGUST 2021	
	The Minute from the meeting held on 13 August 2021 was approved.	
4.	MATTERS ARISING / ACTION LOG – 13 AUGUST 2021	
	Item 6 – Paper on Remobilisation, Fiona McKay assured the committee that the services has been working tremendously hard to get remobilised and further guidance update is expected to be published imminently from Scottish Government Health Department regarding care homes so anticipated that a paper would be available for the next meeting.	

	Fiona confirmed the social work services that ceased during the pandemic, such as respite and day services, a toolkit has been developed to support them as they remobilise. Fiona wished to assure the committee that the Public Health Team is supporting the services to remobilise safely.	
5.	FINANCE PAPER	
	<p>Audrey Valente spoke to her paper highlighting that the combined HSCP delegated and managed services are reporting a projected outturn overspend of £6.798m. Audrey confirmed that there had been no changes to costs associated with covid as they are reported quarterly.</p> <p>Cllr Graham noted that there were sections in the SBAR which were not fully completed but was aware that the templates were new, Audrey Valente confirmed that the SBARs would be reviewed and all sections completed fully as there were implications for NHS Fife and Fife Council associated with the risk share.</p> <p>Martin Black queried with regards the Risk Share Agreement and whether the reports were being considered by both parties. Audrey confirmed that the reports would be considered by both NHS Fife and Fife Council during September/October and once agreed it will be forwarded to the Scottish Government Health department for final approval and sign off.</p> <p>Cllr Graham noted that the recommendations within the SBAR was to ensure that the committee were aware and to approve the financial monitoring position which all agreed.</p>	
6.	TRANSFORMATION UPDATE	
	<p>Audrey Valente advised that this report provided an update on the IJBs Medium-Term Financial Strategy and PIDs that had been approved in March 2021.</p> <p>Cllr Graham noted surprise at the title of the report as it seemed to outline the unachieved savings, but he didn't see much relating to Transformation. Audrey Valente noted that many of the savings relate to transformation as they are linked to efficiencies and redesign and confirmed that the Bed Based Model is part of the Transformation Programme looking at the assets that we have as well as delivering care in a home or homely setting.</p> <p>Audrey confirmed that Transformation is now within her remit and offered to provide a presentation at the next committee meeting outlining the changes that were being put in place. Cllr Graham welcomed the presentation and asked that this was placed on the agenda for the next meeting.</p> <p>Rosemary Liewald queried with regards the supplementary staffing for locums and noted that she was aware that a working group that has been set up to review the difficulties and asked if there had been an update on the findings. Audrey confirmed that the working group is part of the next steps and Dr Hellewell will be taking this forward and setting up to review the issues identified with recruiting consultants to certain specialities.</p> <p>Martin Black queried with regards the bed-based model and how it noted difficulties with making savings due to covid, but yet the next steps is advising research into homely settings which seemed a contradiction? Audrey confirmed research is required to understand the difficulties the</p>	CN

	<p>services are experiencing in more detail around the models that are currently in place.</p> <p>Martin also queried with regards Total Mobile noting that it had been his understanding that it would be the answer to many problems, but now it seems that the Scottish Government are saying that IJBs are to continue to pay commissioned hours therefore impacting projected savings? Audrey advised that the costs are part of the sustainability payments, paying for vacancies and commissioned hours. She noted the situation was constantly evolving around the support that is being provided to our providers and whether this will continue going forward will require further clarity. Longer term the vision is to get back to paying the actual hours but the market is concerning at the moment so any changes will require to be managed appropriately.</p> <p>Fiona McKay confirmed that Total Mobile is still being used extensively internally and there are plans to introduce Liquid Logic which will result in an upgrade to Total Mobile to make it much easier for the external partners to use and hopefully it will be compatible for the external companies so that their staff will not require to double scan. Fiona confirmed that the Scottish Government is covering a lot of costs for care at home and care homes through sustainability payments.</p> <p>Cllr Graham noted concern with moving away from commissioned hours and whether issues will arise again where external providers will only pay for staff when they arrive at the house and not cover travelling costs which previously caused difficulty in getting packages arranged. Fiona advised that there is a Small Working Group looking at the impact of these changes.</p> <p>Cllr Graham noted that the recommendation outlined in the report was that the paper is discussed in relation to the non-achieved savings and that the committee were aware of the position and all agreed that regular updates are to be brought back to the committee.</p>	
7.	CARE HOMES REPLACEMENT PROGRAMME	
	<p>Fiona McKay provided an update on the Care Homes Replacement Programme comprising three Care Villages at Methil, Cupar and Anstruther. Fiona noted that work on the Care Village at Methil was well underway and was anticipated to be completed July 2022.</p> <p>Cupar Care Village is in planning phase and noted there had been a meeting with Cupar Community Council to discuss the path that goes around the building and there has been agreement that there will be restricted access during the building works. It is hoped that ground works will commence in January which will result in building works at Methil and Cupar running at the same time.</p> <p>Anstruther Care Village is in planning phase and due to the size of the site will be quite different with buildings being 3 storeys high.</p> <p>Cllr Graham wished to thank Fiona and her team for getting the projects to this stage and noted that he was delighted to see the progress in all 3 sites.</p>	

	<p>Cllr Liewald was delighted by the models shown in the paper and was impressed with how encompassing the villages were with a nursery and drop-in café.</p> <p>Fiona McKay advised that the buildings on completion will be handed over to Lynne Garvey.</p> <p>Cllr Graham noted that the recommendations noted that the report was for information, but he felt that further updates would be appropriate as the Care Villages progress.</p>	
8.	CARE AT HOME PRESSURES & CHALLENGES	
	<p>Fiona McKay advised that this paper has been written to provide a complete overview of the pressures within care at home.</p> <p>Cllr Graham noted concern that there has been rumours that for those waiting to come out of hospital were told that there will be a package organised imminently on discharge which is increasing the pressures on the Care at Home Service. Lynne Garvey advised that education has been provided to the staff within the Discharge Hub to ensure that unachieved expectations were not provided to patients.</p> <p>Cllr Liewald commended the paper as it stated clearly where the pressures are and outlined the issues for the committee. She noted that she was pleased that recruitment has taken place and is ongoing. Lynne Garvey noted that there had been concerns with the recruitment, that staff from external agencies would apply causing pressures further down the line but was pleased to note there has been less than 10% of the applicants from external agencies.</p> <p>Audrey Valente noted that although the recruitment was good news for the service, it will cause a financial impact for the Partnership as it will create a permanent pressure which potentially will impact on the risk shared agreement. Audrey Valente and Cllr Graham to discuss the pressures out with meeting, Rosemary Liewald asked to be included within this meeting.</p> <p>Martin Black noted concern that the Table on page 53 indicates that there is a disparity around where care packages have been put in with Kirkcaldy receiving 20% of the care packages within Fife. Fiona McKay noted that there are areas within Fife where people are living longer therefore more packages are required.</p> <p>Cllr Graham noted that the recommendations outlined that the paper is for information, however taking into consideration the pressures to the service it is felt that it would be appropriate to highlight the issue to the Board and all agreed.</p> <p>Fiona McKay wished to make the Committee aware that a similar paper was tabled at the Fife Council Scrutiny Committee and in addition Fife Council have been asked to answer a question in respect to shortages with carers.</p>	CN
9.	ESCALATION TO IJB	
	1 Item to be escalated to the IJB:	

	<ul style="list-style-type: none"> Pressures on Care at Home Service, but with a note confirming that the Service has actively addressed the situation with additional recruitment. 	
10.	AOCB	
	No items were raised under AOCB.	
11.	DATE OF NEXT MEETING:	
	7 October 2021 at 2.00pm via MS 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	
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 **JW/MM** and that they would meet to go over the details of this.

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 **JK** Premises Workstream Group was the route for handling this issue.

It was noted that the GP Resilience Group mentioned for risks 2 and 4 **JK** should be changed to the Operational GP Sustainability Group.

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 **JK** next meeting of the Committee.

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.

13/21 AOCB

There was no AOCB.

14/21 DATE OF NEXT MEETING

The next meeting will be held on Tuesday, 7 September 2021.

The remaining date for the 2021 is 7 December.

**MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON
TUESDAY, 7 SEPTEMBER 2021 HELD BY TEAMS CALL**

PRESENT:

Mrs J Kelly (JK) (Chairperson)
Dr F Henderson (FH)

Dr P Duthie (PD)
Dr S Mitchell (SM)

CO-OPTED MEMBER

Dr H Hellewell (HH) for Dr C McKenna Mr Neil McCormick (NM) for Mrs M McGurk

IN ATTENDANCE:

Miss J Parkinson (JP)
Miss D Watson

Mrs J Watson (JW)

NO	HEADING	ACTION
14/21	CHAIRPERSON'S WELCOME AND OPENING REMARKS The Chair welcomed the Committee and introduced NM.	
15/21	DECLARATION OF MEMBERS' INTERESTS There were no declarations of interest.	
16/21	APOLOGIES FOR ABSENCE Apologies were received from Mrs M McGurk.	
17/21	MINUTES OF PREVIOUS MEETING The minute of the meeting held on 1 June 2021 was acknowledged and agreed as a true record of proceedings.	
18/21	MATTERS ARISING – ACTION POINTS a) <u>PMS Expenditure Overspend</u> JW confirmed she had spoken to MM b) <u>Path House Maternity/Sickness payments</u> JP advised the practice the Committee had refused their request for payment for a GP working from home during her pregnancy. c) <u>Routine Reporting</u> JP confirmed Dr H Murray's entry had been amended.	
19/21	PMS EXPENDITURE BUDGET JW informed the Committee that as of July the PMS budget was overspent by £308k. JW stated that she was still awaiting the allocation letter from the Scottish Government. It was hoped this would be received in October.	

She advised that 2c practices were £44k overspent, with the locum costs at High Valleyfield accounting for a large proportion of this. JK asked that they look at these costs as it seemed high for the size of the practice.

JW/JK

JW also advised that maternity and sickness payments for the first quarter of 2021/22 were significantly higher (£129k) than in 2020/21.

She confirmed that money had been accrued for backscanning and the Bennoch improvement grant.

JW informed the Committee that although allocations had not been confirmed a pro rata of the expected uplifts had been included in her calculations.

20/21 SUSPENSION OF ENHANCED SERVICES (ES)

The Committee was reminded that it has approved the suspension of ES until September 2021.

The Committee is now being asked to extend this suspension until the end of March 2022.

It was agreed that due to the pressure GP practices are currently under due to staff shortages caused by staff being asked to self isolate, that they would not be able to cope with the added workload the reinstatement of ES would cause.

The Committee therefore agreed that ES could be suspended until March 2022.

JK

This item will be retained on the agenda for the December meeting so that if there are any changes, practices could be advised in a timely manner.

21/21 IMPROVEMENT GRANTS

JP informed the Committee she had two grants over £5k which required a decision to be made by them.

The application from Bellyeoman Practice in Dunfermline, which is phase 3 of a project to create an additional clinical room was approved by the Committee. Phase 3 would be upgrading the reception area.

JP

The application from Anstruther to create a new clinical room from their records room was also approved.

JP

JP advised that she had added Health Centres which required an upgrade to clinical rooms to meet post covid standards. She had also added the practices which would require funding to convert their record rooms to clinical rooms once their backscanning was complete but at present had no costings for these projects. It was hoped money could be sourced from elsewhere to cover this cost.

22/21 ROUTINE REPORTING

Memorandum number PCD/PMSC/04/21 was enclosed for consideration.

The Committee noted the content of the report.

230/21 AOCB

There was no AOCB.

24/21 DATE OF NEXT MEETING

The remaining date for the 2021 is 7 December.

Unconfirmed

Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 May 2021
Title:	Revised Committee Annual Workplan 2021-22
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Margo McGurk, Director of Finance

1. Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Local policy

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

- Effective

2. Report Summary

2.1 Situation

The NHS Fife Code of Corporate Governance states that all Committees “*will draw up and approve, before the start of each year, an annual work plan for the Committee’s planned work during the forthcoming year*”. The Annual Workplan for 2021/22 is therefore to be presented to the Finance, Performance and Resources Committee.

2.2 Background

The Finance, Performance & Resources Committee normally sets out the planned work for the financial year in its annual workplan, which is used to inform the content of individual meeting agendas. The NHS Fife Code of Corporate Governance states that all Committees “*will draw up and approve, before the start of each year, an annual workplan for the Committee’s planned work during the forthcoming year*”.

2.3 Assessment

The Workplan attached sets out the key plans, reports, business cases and proposals which the Committee will receive, consider and be asked to endorse during 2021/22.

2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation supports sustaining and improving patient care and quality standards.

2.3.2 Workforce

Workforce considerations as included as appropriate in proposals considered by the Committee.

2.3.3 Financial

Ensuring appropriate scrutiny of NHS Fife's organisation and financial planning and performance is a core part of the Committee's remit.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and Director of Finance & Strategy and takes account of any initial comments thus received.

2.4 Recommendation

The paper is provided for:

- **Approval** – subject to members' comments regarding any amendments necessary

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Revised Annual Workplan 2021-22

Report Contact

Margo McGurk
Director of Finance and Strategy
Margo.McGurk@nhs.scot

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE – REVISED ANNUAL WORKPLAN 2021/22

	Lead	May	July	September	November	January	March
Governance							
Minutes of Previous Meetings	Chair	√	√	√	√	√	√
Minutes of other Committees & Groups	Chair	√	√	√	√	√	√
Escalation of Issues from IJB	DoH&SC	√	√	√	√	√	√
Escalation of Issues to NHS Board	Chair	√	√	√	√	√	√
Board Assurance Framework (BAF)	DoN	√	√	√	√	√	√
Review of Terms of Reference	Board Secretary						√
Committee Self Assessment	Board Secretary	√					√
Annual Assurance Statement	Board Secretary	√					
PPP Performance Monitoring Report	DoP&AM				√		
Labs MSC Performance Report	DAS		√				
Review of General Policies & Procedures	Board Secretary	√			√		
Annual Workplan	Board Secretary	√					√
Corporate Calendar	Board Secretary			√			
Planning							
Remobilisation / Annual Operational Plan	DoF	√		√			
Medium Term Financial Strategy & AOP Financial Plan 2021/22 – 2023/24 – Capital and Revenue	DoF	√		√		√	
Annual Budget Setting Process 2021/22	DoF	√					
Property & Asset Management Strategy (PAMS)	DoP&AM		√				
Winter Plan / Winter Performance Report	DoH&SC	√		√ Review	√ Plan 2021-22	√	√
Fife Capital Investment Group Reports 2021/22	DoF/DoP&AM		√	√	√	√	√
Orthopaedic Elective Project	DoN	√	√		√		√
NHS Fife Health and Wellbeing Strategy Development Progress Reporting	CE	√	√	√	√	√	√
NHS Fife – Anchor Institution Programme Board Reporting	DPH	√	√	√	√	√	√

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE – REVISED ANNUAL WORKPLAN 2021/22 (continued)

	Lead	May	July	September	November	January	March
Performance							
Integrated Performance & Quality Report	DoF	√	√	√	√	√	√
Other / Adhoc							
Receipt of Business Cases	As required						
Property Transaction Matters							
Consideration of awards of tenders							
Asset Disposals							