FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

Tue 11 January 2022, 09:30 - 10:30

MS TEAMS

Agenda

09:30 - 09:30
0 min

1. Apologies for Absence (RL)

09:30 - 09:30
0 min

2. Declaration of Members' Interests (RL)

09:30 - 09:30
0 min

3. Minutes of Previous Meeting held on Tuesday 9 November 2021 (RL)

- Item 3 - Unconfirmed FPR Minutes November Final.pdf (13 pages)

09:30 - 09:30
0 min

4. Matters Arising / Action List (RL)

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

09:30 - 09:30
0 min

5. GOVERNANCE / ASSURANCE

5.1. SE Payroll Consortium – Business Case (MM)

- Item 5.1 - SBAR on Payroll Services Consortium Decision for FPR 11 January 2022.pdf (3 pages)
- Item 5.1 - SEPC Business Case Addendum Report.pdf (46 pages)

5.2. Community Asset Transfer Request for Land at Stratheden - Lucky Ewe (NM)

- Item 5.2 FP&R Jan 2022 SBAR Community Asset Transfer (NMcC).pdf (4 pages)
- Item 5.2 Appendix 1 Asset Transfer Request Application Nov 21.pdf (18 pages)
- Item 5.2 Appendix 2 Plan - CAT Request.pdf (1 pages)
- Item 5.2 - Appendix 3 Lucky Ewe CAT Validation (Links).pdf (2 pages)

09:30 - 09:30
0 min

6. STRATEGY / PLANNING

6.1. Financial Improvement / Sustainability Programme (MM)

- Item 6.1 SBAR Financial Improvement Sustainability Programme for FP&R.pdf (5 pages)
- Item 6.1 Annex 1 NHS Fife Financial Plan 202122 180521.pdf (9 pages)
- Item 6.1 Annex 2 NHS Fife Financial Position & Plan 231121.pdf (11 pages)

09:30 - 09:30
0 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance and Quality Report (MM)

- Item 7.1 SBAR FPR Committee.pdf (4 pages)
- Item 7.1 09 Dec 2021 IPQR.pdf (44 pages)

09:30 - 09:30
0 min

8. LINKED COMMITTEE MINUTES

8.1. Minute of IJB Finance & Performance Committee dated 7 October 2021

- Item 8.1 Confirmed Notes F&P Committee - 7.10.21.pdf (6 pages)

8.2. Minute of Primary Medical Services Committee dated 17 December 2021

- Item 8.2 MINS171221.pdf (3 pages)

8.3. Minute of Pharmacy Practice Committee dates 19 November 2021

- Item 8.3 PPC Report - Final.pdf (48 pages)
- Item 8.3 PPC Report - Appendix 1.pdf (13 pages)
- Item 8.3 PPC Report - Appendix 2.pdf (5 pages)

09:30 - 09:30
0 min

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

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

09:30 - 09:30
0 min

10. ANY OTHER BUSINESS

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 9 NOVEMBER 2021 AT 09:30AM VIA MS TEAMS

RONA LAING
Chair

Present:

R Laing, Non-Executive Director (Chair)
C Potter, Chief Executive
A Lawrie, Non-Executive Director
A Grant, Non-Executive Director
W Brown, Employee Director
C McKenna, Medical Director
Dr J Tomlinson, Director of Public Health
J Owens, Director of Nursing
M Mahmood, Non-Executive Director
A Morris, Non-Executive 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
Susan Fraser, Associate Director of Planning and Performance
L Stewart, PA to Director of Finance (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to meeting. Acknowledgement was made of staff's efforts and all their continued hard work during this time of extreme pressure on services.

The Chair welcomed A Grant and M Mahmood to their first meeting of the Finance, Performance & Resources Committee in their new roles as Non-Executive members of the Board.

Apologies for the meeting had been received from member M McGurk (Director of Finance/Deputy Chief Executive).

2. Declaration of Members' Interests

R Laing declared an interest against the PAMS report as a current patient of Lochgelly Medical Centre.

3. Minute of the last Meeting held on 7 September 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 Deputy 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. The content of the BAF was reviewed in September on financial information provided in August. However, it was noted that the Board has since received updated information and a better position can now be reported.

It was highlighted that confirmation has been received from Scottish Government that the Board and HSCP Partnership will receive non repayable financial support to enable a break-even position to be achieved at the financial year end. The Committee were advised that, as of 1 April 2021, the Board has a funding gap of £21.7m. There is a commitment by the board to deliver £8m of savings in-year, with £13.6m outstanding for which support from Scottish Government has been sought. The Scottish Government have confirmed they will not provide funding support for unachieved savings but will provide support to the board to break even. Due to this update, the financial sustainability risk levels will move to medium, acknowledging the recurrent financial gap and the requirement to deliver on cost improvements. Further work is required to improve the current forecast outturn and minimise the funding support required in year from Scottish Government.

The Scottish Government have set out a number of actions the Board is required to deliver as a consequence of the funding support they will provide. One action required is that the Board must develop a savings plan to deliver 50 percent of the 2022-2023 financial gap by quarter 3 of the current financial year.

A Morris noted the importance of ensuring savings targets are made a focus of the organisation again, as we continue to deal with Covid pressures, as it can be expected that the Scottish Government will monitor closely the Board's likely achievement of the target. Assurance was sought and received that the targets agreed to are indeed achievable.

M Michie noted that it will be imperative that the plans implemented are deliverable, as there is no commitment from Scottish Government for continued support beyond what has been currently agreed. It was highlighted that staff within services also need the capacity to take saving plans forward, which is challenging given the ongoing situation and pressure on services. There will however be enhancement to the Programme Management Office (PMO) team, which will provide support to the service managers to allow plans to be progressed.

C Potter offered assurance that senior management has taken on board the message from Scottish Government. The financial support received this year is extremely welcome and it is an additional benefit to the Board moving into 2022/23 that no repayment is required. It was noted that for the last 5 years NHS Fife has struggled with the financial position in terms of the scale of the challenge. Pre-pandemic a thorough report was undertaken by Deloittes, which identified a number of savings opportunities in Acute Services and in the Partnership. The Pandemic paused this work but moving forward NHS Fife will need to be bold and brave in their transformation. The Executive Team, service leads and Finance will provide commitment and work together on this. However, given the challenge onsite, the capacity to develop robust and deliverable plans may be tough. The implementation of the PMO infrastructure will be a priority to ensure these plans can be achieved.

It was agreed that under agenda item 7.1, IPQR, a detailed discussion should take place to identify what the current financial position is. This will include an in-depth backward look at what money has been allocated and what has been spent to date to understand contribution and savings.

C Potter reported that there have been significant funds allocated in letters received very recently. However, determining the spread of those allocations and overall totals are currently live discussions and we cannot report yet on how those will be spent.

It was agreed that a focused paper should be submitted to the Committee in January and March, to detail the full support received and to encourage an in-depth discussion. It was noted that the SPRA 2022/23 will also capture that information and can provide the Committee with a deeper understanding of the full financial plan.

Action: Director of Finance & Strategy

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 Associate Director of Planning & Performance gave background on the Board Assurance Framework (BAF) for Strategic Planning and provided an update on the recent review of its content.

It was advised that work is ongoing relating to the Population Health and Wellbeing Strategy, and thus the related risk still remains. The Public Health Survey should be approved for publication and distribution within the next few weeks. Work is underway to review the recommendations and delivery of the Clinical Strategy, which will support developments within clinical services. Work on the Public Health Strategy is progressing, as per the update shared at the Board Development Session earlier in the month. The SPRA for 2022/23 has now been distributed for service completion, and this will be discussed in further detail on agenda item 6.1. The RMP4 has been submitted to Scottish Government, which provides objectives and actions up until 2022. Work is underway with the government to identify what will follow thereafter. Assurance was provided that all work that has been done anchors around clinical priorities.

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.

It was reported that there are two longstanding risks on this BAF that relate to the tower block of Phase 2, VHK. The risk refers to ensuring non-ambulatory patients are housed out of the tower block, to reduce the risk of patients being injured during an evacuation should a fire occur. . Moving forward, theatres and inpatient wards for orthopaedics will be located in the new building that is currently under construction. This will be complete by October 2022. Once the new Orthopaedic Centre is operational, there will be no inpatients remaining within the tower block, which will reduce this risk significantly. Work has also been undertaken at present to review patient safety in terms of an evacuation. It was identified that there is extensive mitigation that could be put in place meantime, particularly in terms of training, which would also reduce this risk. It was agreed that the risk score should be reduced from 25 to 20.

N McCormick agreed to amend the typing error against the review date to 2022.

Action: Director of Property & Asset Management

It was reported that the third high risk on the BAF relates to the PFI provider replacing flexible hoses within Phase 3, VHK. The provider has worked through all high-risk ones and are currently moving through all others that are outstanding.

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

5.4 Review of General Policies and Procedures

The Head of Corporate Governance and Board Secretary introduced the report.

It was advised that this report is presented to the committee twice a year. The last paper presented noted a fairly static position, due to pressures across the services caused by Covid. However, this report highlights progress, particularly around enhancements to the administration of policies. The Board Committee Support Officer came into post in June 2021, and this post now provides dedicated administrative support to this area. This has ensured that contact has been made with every policy and procedure author, to prompt the review process. The format of the current report has also been tweaked to provide clearer detail and assurance around areas that require further work.

From October 2021, there are 23 policies which require to be followed up. The Board Committee Support Officer has now made contact with all policy authors noted to check in on progress. A number of meetings have also been arranged with departments (for example, Estates) to provide direct support. The Director of Property & Asset Management remarked on the usefulness of such a meeting in moving forward any outstanding areas.

Assurance was provided to the Committee that work on reducing the number of outstanding policies should begin to progress and a more positive report is expected to be submitted in March.

Discussions are currently ongoing to identify an electronic system that can be utilised for managing general policies and other such policies. An optional appraisal is currently underway by colleagues in the Clinical Governance team to look at what software could be implemented across the organisation. Due to the associated cost, it would require to be an organisational decision, as the cost is greater than one service alone could bear.

The contribution of the Board Committee Support Officer in improving the administrative processes in this area was recognised and welcomed by the Committee.

The Committee **noted** the update provided and took assurance on the progress made in this area.

5.5 Annual Internal Audit Report 2020/21

The Deputy Director of Finance provided an update on the Annual Internal Audit Report 2020/21. It was reported that this paper was being presented to all committees in this cycle for assurance purposes and for each committee to consider the content on areas relevant to their own remit.

The overall conclusions of the Internal Audit Report 2020/21 were positive and it notes an improvement from the position last year, which is a good achievement given the pressure the Board has been under. The Committee's attention was drawn to the positive and encouraging acknowledgement from Internal Audit on taking forward the SPRA process and the Population Health & Wellbeing Strategy development.

The Committee **noted** the report and took assurance from its findings.

5.6 Use of Directions from the IJB

The Director of Health & Social Care Partnership introduced the Use of Directions Policy from the IJB and outlined its main sections for the Committee.

It was reported that the policy on issuing directions was agreed between all partners of the IJB. It details the purpose of the directions and provides information on how the directions will be issued and responded to. The purpose of this paper is to ensure the committee is formally aware of the policy which is now in place. Moving forward, assurance was provided that more directions would be issued to support improved governance and shared understanding.

It was highlighted that three directions have been issued to date: they include the Wellesley Unit, which is now concluded; Mental Health Strategy, where a detailed report will shortly be presented to the Public Health and Wellbeing Committee; and the Immunisation Strategic Framework, which is around the delivery element of the immunisation programme.

The Committee **noted the** report on the Use of IJB Directions, which was provided to the Committee for awareness and assurance.

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

The Chief Executive reported on the enclosed Direction from the IJB. It was highlighted that Directions can be a complex concept to understand. Essentially, directions clarify in writing what is already being done by the Partners, under instruction from the IJB.

In relation to the Immunisation Strategic Framework, the professional responsibility of the Director of Public Health remains unchanged. However, the direction formally documents the responsibility of the Director of Health & Social Care in the capacity of the operational director to implement the services, rather than the role of Chief Officer of IJB. The document sets out the operational team within the HSCP, the responsibilities intended for delivering the programme, the financial resources associated with this and performance monitoring.

The Committee has not received directions until now. However, it was agreed, as an enhancement of governance, that one committee of the Board should receive the directions. As there will be a performance monitoring aspect, it was agreed that it should be part of this committee's remit. Moving forward it was hoped that a direction will be allocated on an annual basis to cover the routine service delivery and reported in to the committee detailing a progress report. This would then be the framework that is operated under unless any transformation is required. The directions help to clarify the role and split of operational and strategic responsibility.

The Committee **noted** the Direction received and the performance monitoring arrangements for its delivery.

6. STRATEGY / PLANNING

6.1 SPRA Process 2022/23

The Associate Director of Planning & Performance provided an update on the ongoing SPRA process for 2022/23.

It was reported that this is the second year that this process has been in place. It brings together strategic planning, workforce planning and financial planning. The template used last year has been adapted and is now aligned with the delivery action remobilisation plan template to ensure the same information is gathered across the organisation. This allows the information to be used for both processes and avoid unnecessary duplication. The service has been asked to forward look to the next 5 years, in line with the Clinical Strategy

The SPRA 2022/23 document has been distributed to all services and responses are due this week. It is expected that work will be undertaken to collate these, and an updated report presented to the January Committee for approval.

The output for this process will produce service plans for all operational services, which will input into the next mobilisation plan and corporate objectives process for 2022/23.

It was advised that teams are largely positive and encouraged by the importance of completing the SPRA 2022/23. Teams are more engaged and aware of the process this year, after its introduction last year. They have been working closely with the Planning

and Performance Team and Finance Business Partners to develop individual submissions.

M Michie confirmed that leads are aware of the ask from Scottish Government and are aware of the financial position of NHS Fife. Once the information is provided by the service, the Finance Management Team will validate the information and provide robust challenge to ensure savings can be achieved. They will look to ensure linkages are there across the wider organisation and link directly to strategies. All information received will help inform the financial plan.

The Committee **noted** the update on the SPRA Process 2022/23.

6.2 Fife Capital Investment Group Report 2021/22

The Deputy Director of Finance introduced the Fife Capital Investment Group (FCIG) Report for 2021/22 and advised that the paper provides oversight of the capital programme spend to the Committee.

It was reported that there are a number of challenges at present relating to the impact of both Covid and Brexit on the supply chain. In addition to this, there are also challenges around workforce. Assurance was provided that every action possible has been taken to mitigate those risks.

The Board has been successful in achieving additional capital funding, with the National Equipping Infrastructure Group confirming £1.5m. Almost half of this will be spent on a replacement CT Scanner. The remainder of the funding will be spent on priority items of equipment that have been formally identified.

It was confirmed that the bid submitted to Scottish Government for capital spend to manage Covid and IT infrastructure was successful. £1.8m was allocated and work has commenced to allow this to be spent by 31 March 2022.

It was confirmed it is a statutory target that the Board must spend the capital allocation provided by year end. FCIG and sub-groups constantly monitor this and assurance was provided that there are back-up projects and lists of equipment that can be taken forward if there is a risk of not achieving the target in the time permitted. M Michie noted confidence on achieving the target by year end.

The Committee **noted** the contents of the report, which provided assurance on capital spend.

6.3 Orthopaedic Elective Project

The Director of Nursing provided an update on the progress of the NHS Fife Orthopaedic Elective Project. It was noted that this is the quarterly report for the Committee's assurance.

Considering the impact of Covid in general on the construction industry, the project has been progressing well. There have been three issues that have arisen, which have unfortunately caused a 13 day delay to the project completion date. These include unchartered ground services, late delivery of concrete and the crane operator

contracting Covid. Mitigation has been put in place to ensure these are not encountered again.

The project board has established two sub groups to look at service delivery and workforce. The service model is being led by Andy Ballantyne, Orthopaedic Surgeon Consultant and Lead for the Centre. Fiona Cameron is leading the group for Workforce.

The National Treatment Centre Group are also looking at workforce from a national perspective. The Full Business Case for the centre in Fife was developed in advance of the NHS recovery plan, therefore Fife are looking to identify any additional staff for the centre going forward.

Fife Health Charity has agreed to support a request for environmental enhancements to benefit patients and staff, which are expected to cost £312k. The support from the charity will make the centre a special place for patients and their visitors.

The Committee **noted** the update on the Elective Orthopaedic Project.

6.4 Property and Asset Management Strategy (PAMS)

The Director of Property & Asset Management gave an update on the most recent iteration of the Property and Asset Management Strategy.

It was noted that the report is a national return that each NHS Board provides to the Scottish Government to provide an understanding of what the NHS Estate in Scotland looks like. This year the team have worked to make the prescriptive document more relevant to NHS Fife. The Executive Summary identifies the main areas of work for consideration. There is a challenge in timing, as this document is compiled on a bi-annual basis that at present has fallen before the publication of the new Public Health and Wellbeing Strategy. Tweaks will be made to ensure that the document is kept up to date and relevant, in line with the strategy's content.

The key focus this year was to include more relevant content for NHS Fife, and thus the report focuses on the Anchor Institution Work, Environmental Sustainability and Zero Carbon issues and Green Space and Bio-Diversity.

A learning point from the pandemic is the impact of agile working, which has been positive for the organisation but has the potential to impact on use of the estate. It will be important to continue this work as the Board moves forward.

There is a current focus to reduce the amount of backlog maintenance and clinical prioritisation work, which is outstanding through the capital plan. Work has commenced to introduce a longer-term capital plan to obtain a wider focus.

Overall NHS Fife has a large estate with plenty of space and potential, which is positive.

N McCormick confirmed that the Board is working collectively with Fife Council to develop the Plan for Fife. There is regular meetings and an agreement that together they will look at all assets across Fife to plot where existing assets are and where there could be potential areas for development.

It was reported that, in order to ensure cost efficiency, the Board works with National Procurement to ensure best quality, value and cost savings are achieved through the use of national contracts in procuring goods. However, as the Board moves towards delivering on its ambition to be an anchor institution, a balance will be required to ensure there is engagement and support to local businesses and smaller retailers.

C Potter reported that the content of the report this year has a more strategic focus across the wider organisation rather than just the Estates & Facilities department. It provides a broad picture and extensive overview on how the Board's entire asset base can support our strategic priorities.

R Laing identified an error in the report relating to the completion dates of the Kincardine and Lochgelly Health and Wellbeing Hubs. N McCormick agreed to look at the dates and correct the mismatch, prior to submission to the Board.

Action: Director of Property & Asset Management

The Committee **endorsed** the report, for onward submission to the Board.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Chair introduced the Integrated Performance & Quality Report (IPQR).

The Director of Acute Services provided an update on the Acute element of the IPQR report, as follows:

- The 4-hour access target shows a continued trend of high attendances on top of a very busy and full hospital. The target is impacted by waits for beds and admission of patients.
- Resus remodelling work within the emergency department has now been complete, which helps the flow across the department.
- Flow and Navigation hub is now starting to embed, which is supporting GP Flows into admission areas. Pathways into the admission areas remain challenged.
- Patient Treatment Time Guarantee performance has plateaued, but NHS Fife remain to be a strong performer in comparison to other boards. Clinical Prioritisation is a key element.
- Outpatient activity performance has deteriorated, and the waiting lists continue to rise.
- Urgent referral and urgent suspicion of cancer remains a priority. There is a recovery plan associated with this, which is currently being implemented.
- Diagnostics is under pressure. The high level of referral and staff absence has impacted on performance.
- The Referral-to-treatment (RTT) for Cancer shows an improvement in performance. Urgent suspicion of cancer referrals do, however, remain high. Breached are occurring in a number of areas.

It was reported that projections are monitored closely in terms of what activity the system advises will be required and what is anticipated. Acute do want to achieve the 4-hour access target and do not wish to normalise long waits. However, it is important to

recognise the extreme pressure on the system. A lot of work is underway to support this, but it is very challenging at present.

W Brown recognised the stressful and emotional effect experienced by staff when beds cannot be allocated to patients. It was recognised that beds show as empty on the system when are on hold for emergency elective activity, therefore patients cannot be allocated to them, which can be challenging for staff to understand given the requirement to achieve the 4-hour access target. It is important that longer waits are not normalised.

C Dobson reported that it is extremely challenging at present to move patients throughout the system. However, beds are allocated to emergency elective surgery to allow the elective programme to continue. However, in times of extremity staff are aware that these beds should be utilised.

C Potter noted that the Scottish Government are continuing to monitor the 4-hour access target closely and assurance was provided that the Executive Team will continue to work closely with the departments to ensure everything that can be done is actioned to reduce the wait times. C Dobson is working closely with the senior leads in Unscheduled Care to develop actions to be put in place. It was agreed that further detail will be provided at a future committee on this.

Action: Director of Acute Services

C Potter provided assurance that staff are kept well informed and further work will be done on this. It was also advised that the Executive Team are currently developing an escalation plan, which is hoped will inform staff on what level of performance activity should trigger a response and ensure action is taken to make beds made available.

The Director of Health & Social Care provided an update on the Health & Social Care element of the IPQR report. It was noted that a steer will be sought on what update should be provided to Finance, Performance & Resources Committee moving forward, following the establishment of the Public Health and Wellbeing Committee.

- The August position of delayed discharge is included in the report. The position is very challenging and performance has been unacceptable. Actions are in place to support this as a whole system approach.
    - HSCP are working as part of a programme for discharge without delay, which focuses on 3 key areas including: how to prioritise early, how to create tomorrow's capacity today, and how to discharge to avoid patients remaining in hospital.
    - Significant resource has been made available recently. The investment for HSCP focuses on increasing capacity for internal care at home services, how to bring stability to external providers and how to provide intermediate care to support the step up and step down process, which will focus on prevention.
    - Capacity has increased within community hospitals, which increases the delay position. HSCP are looking at how to use short term assessment beds and interim beds to support patients within a more homely setting.
    - Whole system planning is discussed at EDG Gold Command meetings and feeds into the Winter Planning to ensure a joined-up approach has been taken.

- Assurance was provided that there is a commitment to improve this position.

- Smoking cessation services are being delivered remotely and staffing levels are now starting to improve following the recruitment process. An improved trajectory should be expected in the coming months.

- The Child and Adolescent Mental Health Service (CAMHS) target has been reported at the highest performance to date at 88.8%. However, there are still improvements to be made.
    - The length of waits and referral to treatment time still require improvement.
    - Additional funding has been provided by HSCP and there is national funding available through the mental health recovery fund.
    - 6 out of 11 posts have been recruited to at present.
    - A revised position is targeted for June 2022 to eradicate the waiting list. In view of Recruitment Challenges this will now be December 2022. Assurance was provided that this target is 3 months in advance of the Scottish Government Deadline of March 2023. Progress reports will be provided through the IPQR and will also be discussed at the Public Health & Wellbeing Committee.

- Psychological Therapies demonstrate the highest monthly performance since this measure was initiated. Work continues to address the waiting list by March 2023 through additional funding from HSCP and Mental Health Renewal and Recovery.
    - A number of posts will be recruited to in order to develop the workforce and increase capacity.

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

It was reported that there is an overspend of £8.884m, which principally relates to the legacy unachieved savings target and a significant overspend in Acute Services in relation to the unprecedented demand on unscheduled care services.

A further area of challenge is Service Level Agreement (SLA), in particular for NHS Lothian. However, since August, there has been further correspondence where a downward trend in the cost associated with this SLA has been noted. This will have a favourable impact on the forecast outturn in March 2022. The Tayside SLA has a savings target of £1.5m. There will be a meeting in the next few weeks to discuss and confirm this with NHS Tayside.

Each quarter there is a requirement for NHS Fife to submit a template detailing Covid Spend to date and anticipated spend on Covid to year end. Across NHS Fife retained services and services delegated to the H&SCP £12.324m has been spent on Covid to date, which is accounted for separately to the core position. In July, the first tranche of funding support from Scottish Government of £11.8m was allocated to services. During October, NHS Fife was notified of the second tranche, when it was confirmed that a further £13.8m has now been allocated for Covid. However, the total allocation does not reflect the full annual ask from NHS Fife as Scottish Government have held back 30

percent at this time. The service areas and finance team regularly review areas to identify Covid spend.

It was reported that the Elective Programme expenditure is also included in reported spend, including allocations received directly relating to the programme. Every year the Scottish Government provide Boards with a waiting time allocation and the majority of this spend is committed to in terms of posts. Additional allocations have been received to support the RMP4 in the push towards delivering the elective programme, and to date the majority of that funding is committed to.

It was advised that the funding allocations received to date will not support savings and will be utilised in line with the defined requirement in the allocation letter issued by Scottish Government.

The Committee were guided to Table 1, which provides detail of the Financial Position at the end of August. There is an area of underspend in corporate functions, which is reflective of the challenge in recruitment of staff. This underspend will help offset clinical services overspend. The underspend in HSCP of £1.8m does offset the financial position of the Board as reported in the financial ledger; however, this is not available to the Board and will support the H&SCP position.

The Committee were guided to tables 2 and 3, which extracts Covid spend and legacy savings targets to highlight the impact on the position. Table 2 details that within Acute Services, excluding the legacy saving target, the overspend decreases from £9.5m to £4.1m. Legacy savings do create significant challenge.

It was reported that in August the projected outturn was £19.6m. This was made up of £13.6 of savings, £3m from the Lothian SLA increase, £2m on drugs pressures and additional minor operational overspend. At this time there was also potential that there may require to be a risk share agreement with the H&SCP. However, the Scottish Government has now confirmed that there will be support available to ensure a break-even position for both the board and the H&SCP

It was reported that the Board will move to monthly monitoring by Scottish Government due to the current position on savings delivery in Fife and the savings plan. It was noted £21.8m was the total savings required for the full year, £8.1m was targeted for in-year savings and £13.6m which the board was seeking support for. £4m of savings has been achieved to date. Assurance was provided that £8m should be achieved this year.

The forecast has now been revised to £16.6m.

It was emphasised that all efforts are in place to reduce the support from Scottish Government. The Board has started to look at Financial Planning for 2022/23 and this will be taken into account alongside the SPRA process.

All funding received to the end of August has been included in Appendix 1A. As more funding allocations are received, discussions will take place with services to determine how this money should be spent. Allocations are very fluid and complex to understand but assurance was provided to the committee that the finance team are working very closely to this.

In terms of capital spend, programmes are progressing as expected, with no concern.

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

8. LINKED COMMITTEE MINUTES

8.1 Minutes of Integration Joint Board Finance & Performance Committee, dated 13 August 2021 and 3 September 2021

The Committee **noted** the Minutes of the Integration Joint Board Finance & Performance Committee, dated 13 August 2021 and 3 September 2021.

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

The Committee **noted** the Minutes of the Primary Medical Services Committee, dated 1 June 2021 and 7 September 2021.

9. ITEMS FOR NOTING

9.1 Finance, Performance & Resources Committee Workplan 2021/22

The Committee **noted** the Finance, Performance & Resources Committee Workplan 2021/22, which was tabled for the information of the new members joining the Committee.

10. ITEMS TO BE ESCALATED TO THE BOARD

A paper will be submitted to the Committee in January and March to support a focussed discussion on efficiency and savings proposals which will underpin delivery of the 2022/23 Financial Plan.

11. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Tuesday 11 January 2022 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 steams as well as preparing a full technical brief for the project. The digital initiatives under consideration at this stage are listed below: •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	November 2021 - Closed	Closed
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	November 2021 - Closed	Closed

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	November 2021 - Closed	Closed
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	November 2021 - Closed	Closed
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	RL to check if this should move to H&WB Committee	
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	Further directions will come forward to the FPR Committee when available.	Closed
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
9.	09/11/21	**SPRA – Financial Information**	The Director of Finance should provide a detailed paper on the financial support received to date and the full financial plan. Alongside the SPRA process.	**MM**	January and March 2022		
10.	09/11/21	**BAF Environmental Sustainability**	It was agreed that the Director of Property and Asset Management will review the typo included in the risk review date for the BAF.	**NM**	January 2022		
11.	09/11/21	**Action Plan for 4 hour access target**	The Director of Acute services will provide a paper detailing the actions in place regarding the 4 hour access target following meetings with the unscheduled care team.	**CD**	January 2022		

NHS Fife

Meeting:	Finance, Performance and Resources Committee
Meeting Date:	11 January 2022
Title:	South East Payroll Services Consortium Decision
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Kevin Booth, Head of Financial Services

1. Purpose

This is presented to the Committee for:

- Approval of the refreshed Business Case Addendum and agreement to recommend for the Board approval.

This report relates to:

- Delivery against the national "Once for Scotland Policy"

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The SE Payroll Service Consortium Business Case has been developed in line with the "Once for Scotland" national policy. The development of the business case was paused in March 2020 in the context of the COVID-19 pandemic but has since recommenced. At a meeting of the regions Directors of Finance in January 2021 it was agreed that due to the elapsing of time, it would be beneficial to the Boards where governance committees have yet to approve and formally sign off the busines case, for the Programme Board to carry out a re-scoping plan to highlight the benefits and provide a refreshed assurance to the Directors of Finance and their Boards. A copy of the refreshed Business Case Addendum is now provided for assurance.

2.2 Background

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

2.3 Assessment

At the January 2021 meetings of both EDG, and the Staff Governance Committee, whilst both groups supported the resilience aspects of the business case, the Director of Finance proposed that contact should be made with National Services Scotland (NSS) to request that consideration be given to phasing the implementation of this change and also that NSS be asked to reconsider the rational and requirement to TUPE transfer staff involved.

In March 2021, NSS agreed (as did the other Boards in the proposed consortium) to accept the request to implement the change in a phased way. The first phase involves establishing the management arrangements required to support the change and the expectation is that recruitment will complete by early 2022. The second phase involved refreshing the business case for final approval which also should include reconsideration of the need to TUPE transfer the staff involved. The third phase, post final business case approval will see the full implementation of the service by December 2022.

On the 20th October 2021 the South East Regions Directors of Finance met with the programme Board and were presented with the refreshed Business Case Addendum report. The report concluded that the Business Case had not materially altered and if anything had strengthened following the challenges encountered during the Covid-19 pandemic. Options involving the non-TUPE of staff were explored but the conclusion was that none of these options were viable from a service management perspective. The Directors of Finance accepted the assurances and additional detail presented in the report and agreed with the Project Board that they were satisfied to recommend to their own Boards, to proceed with the shared service via a single supplier, multiple base model.

The Programme Board have revised the anticipated timeline on the assumption that the remaining Boards (NHS Fife and NHS Forth Valley) will obtain governance sign off by the end of March 2022. It would then be assumed that a 90-day consultation period would run from April 2022. The TUPE transfer of staff to NSS would then subsequently take place in July 2022, with a six-month service stabilisation exercise commencing from late July 2022. Service redesign and transformation implementation would not begin until 2023 at the earliest. NHS Forth Valley confirmed last week that the business case has now been approved at Board level.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The full proposal represents a significant change to the current arrangements for staff where they will require to be TUPE transferred to NSS on approval of the full Business Case.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

NHS Fife payroll staff are aware and have been actively engaged in the development of the proposed model and the business case. There have been several staff briefing and engagement sessions over the past 12-18 months.

As part of the Re-scoping plan a number of workshops will continue to be held to discuss and propose priority improvements to improve day-to-day working lives for the payroll staff and to provide assurances to staff of the benefits to them of the proposed Regional model.

2.3.8 Route to the Meeting

- Staff Governance, 1 of July 2021, as an updated paper.
- EDG, 8 of July 2021, as an updated paper.
- Board Meeting 29 September 2021, as an update paper
- EDG Meeting 4th November 2021, as an update paper

2.4 Recommendation

The Committee members are asked to approve the refreshed Business Case Addendum and recommend for the Board approval.

3. List of Appendices

- SEPC Business Case Addendum Report

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NHS National Services Scotland

South East Payroll Consortium

Business Case Addendum and Benefits Reassurance

Contents

Executive Summary

Due to the amount of change experienced by all areas of the Health Service in Scotland over the last eighteen months, there has in some cases been a desire to pause and reflect on major change programmes to ensure the paths on which they are set remain the correct ones.

For the South East Payroll Consortium (SEPC), the region's Directors of Finance (DoFs) requested additional reassurance that the preferred option of providing shared payroll services via a single supplier, multiple base model remains the correct approach (ref 1).

The scope of the work (ref 2) which the SEPC Programme Team planned to carry out with the goal of providing the necessary reassurance was based on the note from the initial meeting (ref 1) between the SEPC Programme Board Senior Responsible Owner (SRO), Craig Marriott, and the region's DoFs on the 21st of January 2021.

The plan and scope was approved the SEPC Programme Board on 6th May 2021 and shared with DoFs on 17th May 2021.

The outcomes of that work are summarised here. The following sections of the report provide the full rationale and clarification which directly address the areas of concern raised by at the DoFs meeting with the SEPC SRO on 21st January 2021.

Strategic Fit

The strategic fit of the preferred option from the business case has been reaffirmed by our Scottish Government sponsor. Richard McCallum, Director, Health Finance and Governance is expected to meet with the region's Directors of Finance in the weeks following completion of this report to provide additional reassurance that the South East Payroll Service is one of many services moving towards a national approach via regional working.

Alternatives to TUPE

The SEPC Board are confident that TUPE of staff to a single employer, with multiple bases remains the service model which maximises anticipated benefits as described in the original business case (ref 3).

A working group was established which consists Deputy or Associate Directors responsible for the Payroll service in their respective Boards, along with Partnership and HR specialist representation.

The group systematically re-appraised each of the non-TUPE options from the original business case, then analysed the movement of the scores of each short-listed option against the agreed benefits criteria to account for the impact of Covid-19.

The arguments *against* all other service model options are stronger than originally documented in the SE Payroll Service Business Case options appraisal.

The non-TUPE options and the partial TUPE options do not fit with strategic objectives and introduce complex, obstructive matrix management team structures. It is acknowledged that while some options may provide short-term relief for operational pressure, they do not address the risks to long term service sustainability.

In addition, the rationale for choosing the preferred option of a 'single employer, multiple base' have been strengthened.

A larger team with consistent – more digital - ways of working and clearer, unified strategic direction is better positioned to flex and support all territorial Boards.

Addressing Staff Concerns

The SEPC Board has committed to providing more clarity to Payroll team members on concerns they have raised, in particular around TUPE and protection.

To date, queries on all topics including those mentioned above have been answered, catalogued in a Frequently Asked Questions (FAQ) document and distributed to staff. This FAQ will be enhanced to emphasise points that:

a) the service stabilization period, following TUPE would last for a minimum of six months during which time staff will continue providing the service as they do just now to the same customer base
b) no member of staff will be on pay protection during this period. Only after this period and when the long term service model has been designed will the extent of pay protection become apparent, along with opportunities for career development expected to be available to staff

Workforce Profiling and Transaction Volume

As expected, an update of the Payroll team workforce figures in the region alongside a refresh of the transactional statistics shows that already stretched teams have been asked to process more payslips than ever before.

Whilst incomplete, there are enough data (from a combination of Board workforce projections and numbers of payslips processed) to present a more current picture than was given in the original business case.

The trend for decreasing head-count in Payroll teams in preceding years, which was noted in the original Business Case, has abated over the last eighteen months. Across the region payroll teams' WTE has increased by 11%. There are several vacancies in the teams which are proving difficult to recruit to.

At the same time, increased recruitment across Health Boards and new pay awards have meant further transactions on top of previous baseline measures.

These factors have contributed to rising rates of sickness absence and multiple instances of staff working more overtime, unpaid in some Payroll teams. The exact measures are not known because some team members are doing this extra work out of a sense of duty to and pride in the standard of service and it is not being recorded. Clearly, this extra work has implications for the accuracy of the service capacity as well as the wellbeing of individuals.

The impact of Covid-19 associated workload has exacerbated these issues and makes the case for change more urgent if service stability is to be maintained.

Benefits to Boards

The benefits to Boards and the benefits for payroll staff have all been rearticulated and updated (where appropriate) with more detail than was originally set out in the SE Payroll Services Business Case (ref 3).

There is a strong argument for increased service stability and resilience with a larger payroll team covering the whole of the SE region.

A larger team working more closely together offers greater cover for staff absence. In addition, a dedicated training and technical team for the region would allow remaining team members to focus efforts on core payroll activity.

The larger, region-wide team structure would offer multiple career pathway options to encourage retention of valuable, highly skilled staff, improving service stability.

The risk of localised recruitment problems is dissipated across the wider region because of the multiple bases available and also due to an element of off-site working likely to remain encouraged.

A Payroll Services Customer Board will more robustly and consistently hold the single supplier of payroll services to account by agreeing standards and levels of service.

NSS Finance has considerable experience providing financial services, including Payroll, to other Health Boards across Scotland.

Benefits to Staff

Likewise, we summarise how staff will benefit from having a larger, more responsive team, pooling resources from across the region.

There are increased development opportunities and a reduced number of single points of failure due to adopting a digital first approach to consolidated working processes. There would also be a region-wide dedicated training and technical team making for a leaner on-boarding process for new members of the payroll team with an emphasis on increasing capability from within.

As mentioned above, the “grow your own” approach to staff development mitigates existing difficulties in recruiting appropriately experienced payroll officers, which in turn eases pinch points where particular members of staff may be single points of failure.

Communication of benefits to staff

We have also created a comprehensive Communications and Engagement Strategy (ref 4) and corresponding Action Plan, already underway, to make improvements in how these benefits are communicated to Payroll staff.

This document then details how answers to payroll staff concerns have been communicated to date and how the SEPC Board will build on this engagement as part of the aforementioned Communications Action Plan.

Work done to date

Finally, the document lists what progress has been made to date in a phased approach moving towards regional working. The members of the SEPC Board feel that the benefits to date can be increased by further embracing the collaborative approach.

A key part of the proposed regional collaborative team is the creation of the new Head of Service role within NSS to lead all payroll staff across the region. A job description has been approved and once recruitment begins, representation from across the region will be sought for the interview panels.

All analysis was conducted and agreed in partnership.

Recommendations

It is hoped that these findings will provide the Directors of Finance with necessary reassurance to recommend the single supplier approach to their own Boards.

The SEPC Board recommends that Directors of Finance in the region agree to support the shared service model from a single supplier. The case for change has been made stronger due to the pressure of workload on Payroll teams with the resilience of the service being severely threatened recently as single points of failure are exposed.

The SEPC Programme Board also recommends Directors in NHS Forth Valley and NHS Fife ensure the proposal is ratified by their respective Finance & Audit and Staff Governance Committees as a matter of urgency.

Only then, can the SEPC Programme Board begin to plan for TUPE implementation followed by design of a future service model to ensure the long term efficiency and resilience of Payroll in the region.

Timeline

Payroll staff have faced years of uncertainty over their future, whilst being asked to do more than ever. As can be seen from the timeline below:

- Several years have passed since the formation of the regional Payroll consortia in Scotland
- NSS was announced as the preferred single supplier of payroll services for the region in January 2020, more than eighteen months ago
- The anticipated implementation of several new national systems is now on the horizon. eRostering roll-out is already underway.
- Preparation for and implementation of TUPE, including the consultation period for the associated organisational changes will take in the region of six months, currently forecast for the first half of 2022 at the earliest
- There would then follow a service stabilisation period of six months
- Service redesign and transformation would then take place, with implementation not beginning until 2023

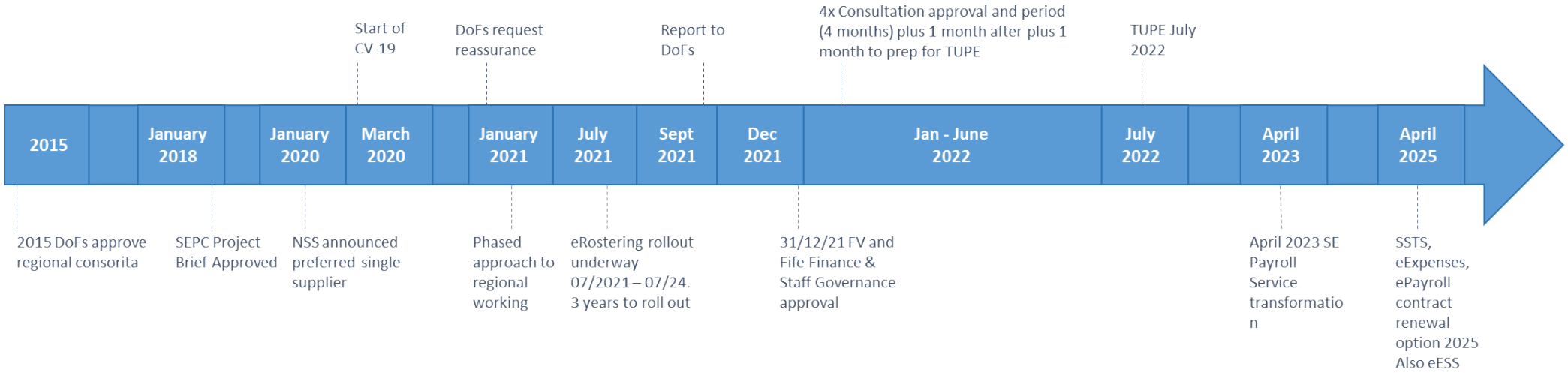


Figure 1: Timeline of lifetime of SE Payroll Consortium

Strategic Alignment

The service model is in line with national payroll strategic direction and Scottish Government agenda; and the service model will simplify governance and management arrangements.

NSS will fully engage with Scottish Government and National Payroll Programme Board objectives:

Scottish Government

NSS is uniquely placed to provide a national payroll service to NHSScotland, which supports the Health and Social Care Delivery Plan commitment to “provide efficient and consistent delivery of functions and prioritise those non-patient facing services which make sense to be delivered on a national basis.”

Richard McCallum, Director of Health Finance and Governance in Scottish Government, has also reaffirmed his support for the shared service approach via a single supplier for SE Payroll Services as this is the direction of travel in other service areas.

National Payroll Programme

As we implement the single employer arrangements for the South East, NSS will continue to support the National Payroll Programme Board on the delivery of the “Once for Scotland” payroll agenda.

By fully embracing regional collaboration when adopting the new national Payroll related systems, rather than working in territorial silos where effort will be duplicated, disruption can be minimised and opportunities to consolidate ways of working maximised.

In due course following the successful implementation of the single employer arrangements, NSS will explore opportunities to offer Payroll Services to other boards.

Payroll Staffing Levels

Analysis

Payroll staffing levels were analysed as part of the initial business case (ref 3, Table 1, p8). These figures have now been updated to include the position at 31st August 2021:

NHS Board	Head Count (December 2019)	WTE (December 2019)	Head Count (August 2021)	WTE (August 2021)	% Change
Fife	16	13.88	17	13.88*	0%
Forth Valley	13	11.65	14	13.25*	14%
Lothian	40	35.51	44*	37.71*	6%
NSS	10	10	14	14	40%
SAS	7	6.5	8	7.5	7%
Total	**86**	**77.51**	**97**	**86.34**	**11%**

**includes vacancies*

What the updated figures in the above table show are an actual increase in WTE in all Payroll teams except in Fife. However, three Boards reported current vacancies, some of which have been unfilled for long periods of time.

A request was submitted to Payroll managers for details of amount of overtime paid in the first six months of 2021, as this would provide a more nuanced picture of payroll service capacity.

No figures were returned at the time of writing. Based on anecdotal reports, there has been an increase in overtime worked by staff in some if not all Boards over this time.

In some cases, colleagues in Payroll teams have been working extra hours unpaid for an extended period of time without being recorded.

Summary

Based on the data returned along with verbal reports on succession plans and the recruitment and retention positions, the general trend across the region is towards a gradual reduction in payroll services capacity since the original business case was written.

This has resulted in an increase in pressure on staff members in teams, to the point where some colleagues felt the need to work extra hours unpaid – since the start of the pandemic - to maintain service standards.

Workforce Projections

Analysis

Workforce projections were analysed as part of the initial business case (ref 3, Table 2, p10). These figures have now been updated to include the position at 31st March 2021:

NHS Board	Board baseline 31 March 2019	31 March 2020 Projections	31 March 2021 position	Change	% Change
Fife	7,356.50	7,550	7,886	529.5	7.2
Forth Valley	5,382.3	5,554.2	5,726	343.7	6.4
HIS	408.6	416.5			
Lothian	20,664.0	20,847.8	23,093	2,429.0	11.8
NES	1,628.3	2,201.1			
NSS	3,238.2	3,438.4	3,097	-141.2	-4.4
PHS			1,043	1,043.0	100.0
SAS	4,672.0	4,759.4			
Total	**43,329.9**	**44,767.0**			

Summary

Conclusions can only be drawn based on updated data which has been returned. However, when considered alongside the more complete view given by the payslip numbers presented in the next section, we can say with a high degree of confidence that across the region there remains a pattern of increase in demand for payroll services associated with an increasing workforce.

Volume of Payslip Transactions

Analysis

The following table updates the figures shown in Table 23 of the Business Case (ref 3, p34) based on data received.

The impact of the Lead Employer model for junior doctors must also be considered (ref 3, p9, section 2.3).

NHS Board	Weekly	Monthly	Weekly (July 2021)	Monthly (July 2021)	Change Weekly	Change Monthly
Fife	3210	8862	4539	9549	1329	687
Forth Valley	4226	6915	4416	7168	190	253
Lothian	12292	25503	15,447	27,516	3155	2013
NSS	30	3666	725	3653	695	-13
NES	0	4836	0	5690	0	854
HIS	0	501	0	550	0	49
SAS	0	5236	0	7000	0	1764
PHS			0	1200	0	1200
Total	**19758**	**55519**	**25127**	**62326**	**5369**	**6807**

Summary

While limited conclusions can only be drawn based on the latest data which has been returned, it is known that the volume of payslips processed has either increased or remained steady at each Board across the region. Increases are predominantly due to the need for Covid-19 related services.

It follows that the reasons behind selecting the preferred option in the original business case based on Payroll service demand remain valid and have overall become more pressing, especially when considered alongside the general trend of a decrease in payroll service capacity.

Analysis of non-TUPE Options

Business Case Long List Options (p13, Section 3.4)

The DoFs made a specific request to explore whether a shared services model could be progressed without the need to TUPE staff. Non TUPE options were considered as part of the initial SE Payroll Consortium Business Case. The following is from the **SEPC Business Case, Appendix D - South East Payroll Services – Initial Long List of Options (ref 3)**:

From this Initial Long List, for the purposes of the exercise of exploring non TUPE options, we can immediately remove all other options which *do* involve TUPE:

Option	Name	Viable (V)/ Non-viable (N)	Rationale
1	Status Quo		
2	Status Quo & Opportunistic Collaboration		
3	Status Quo & Formal Resource Allocation		
4	Outsourced Payroll Services		
5	Extended Role Service (Human Resources)		
6a	Hub & Spoke Model (Single Employer)	N	Involves TUPE
6b	Hub & Spoke Model (Multiple Employers)		
7a	Single Consortium Service (Single Employer & teams split by payroll services function and all located in one base)	N	Involves TUPE

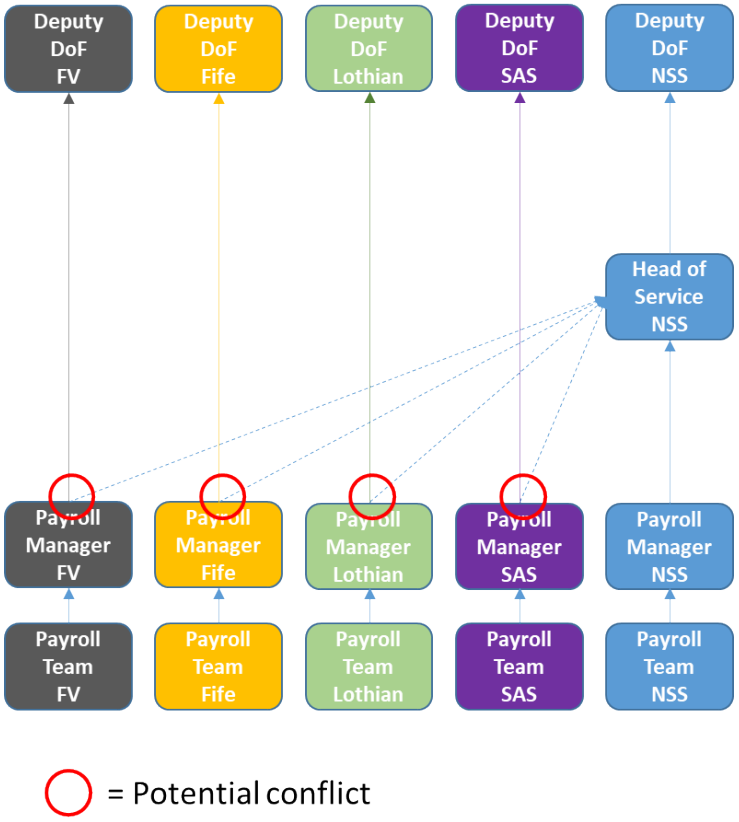
Option	Name	Viable (V)/ Non-viable (N)	Rationale
7b	Single Consortium Service (Single Employer & teams split by function and located in multiple bases)	N	Involves TUPE
8a	Single Consortium Service (Single Employer & teams split by Board and all located in one base)	N	Involves TUPE
8b	Single Consortium Service (Single Employer & teams split by Board and located in multiple bases)	N	Involves TUPE
9a	Single Management Structure Only with Consortium Wide specialist function teams in one base (multiple employers)		
9b	Single Management Structure Only & Consortium Wide specialist function teams in multiple bases (multiple employers)		
10a	Single Management Structure Only & teams split by Board and located in one base (multiple employers)		
10b	Single Management Structure Only & teams split by Board and located in multiple bases (multiple employers)		

Further analysis of the remaining options was undertaken to consider whether the viability has changed as a result of the Covid-19 pandemic:

Option	Name	Viable (V)/ Non-viable (N)	Rationale
1	Status Quo	N	Does not address either the risks around immediate operational pressure or long term service sustainability. There are significant dis-benefits to things remaining as they are just now: • predicted natural workforce shrinkage over the next five years • increased workload • increasing levels of stress/sickness absence in Payroll teams • unpredictability of peaks in workload is not in line with national payroll services strategic direction
2	Status Quo & Opportunistic Collaboration	N	Does not build towards a cohesive service. May provide reactive short-term relief for operational pressure **but does not address the risks to long term service sustainability.** Is not in line with national payroll services strategic direction. Risk of continual change of team which staff are working for would lead to a rise in uncertainty for staff.

Option	Name	Viable (V)/ Non-viable (N)	Rationale
3	Status Quo & Formal Resource Allocation	N	Does not build towards a cohesive service. May provide more formal short-term relief for operational **pressure but does not address the risks to long term service sustainability.** Does not provide stability for staff. Is not in line with national payroll services strategic direction. Risk of continual change of team which staff are working for would lead to a rise in uncertainty for staff.
4	Outsourced Payroll Services	N	Is not in line with national payroll services strategic direction. Does not fit with Scottish Government workforce commitments. Would not be supported by Trade Unions, staff or local organisations.
5	Extended Role Service (Human Resources)	N	Lack of capacity to include wider HR transactions e.g. recruitment contracts. Does not address either the risks around immediate operational pressure or long term service sustainability.
6b	Hub & Spoke Model	N	The complexity of TUPE of only parts of the Payroll departments would make this option not viable.

Option	Name	Viable (V)/ Non-viable (N)	Rationale
	• Single Employer Management Structure • Additional payroll 'support' services staff e.g. helpdesk, training/ development, systems, service improvement & project, flexible resource (i.e. partial TUPE of Payroll Teams) Existing Board level teams to be the 'spokes'		Team management in this scenario would also be so complex as to make this option not workable. These are the reasons why this option was discounted originally and why it must still be.
9a	• Single Employer Management Structure • Consortium Wide specialist function teams (with multiple employers) • Board level teams leading on a function area on behalf of the consortium as a 'Centre for Excellence' Located in one base	N	Single base not an option because NSS were previously identified as the only board who had capacity to host all teams. This is now not viable for two reasons a) staff reluctant to change base and b) due to Covid-19 related property reviews capacity of bases will continue to decrease.
9b	• Single Employer Management Structure • Consortium Wide specialist function teams (with multiple employers) • Board level teams leading on a function area on behalf of the consortium as a 'Centre for Excellence' Multiple bases	N	We assume Payroll team managers remain with their teams in their current Health Boards and the "single management structure" is led by the new NSS Head of Service working with Payroll team managers (still employed in current Health Boards) on a collaborative basis:

Option	Name	Viable (V)/ Non-viable (N)	Rationale
			 Figure 2: Potential Conflict in Single Employment Management Structure

Option	Name	Viable (V)/ Non-viable (N)	Rationale
			• Those benefits which would be experienced from consistent ways of working (as articulated in the subsequent Benefits section of report) would be greatly reduced because they would be limited by an obstructive matrix management set-up rather than strong governance and clarity of a coherent single team: ○ The authority of the new NSS Head of Service would be undermined by sitting in a different line management structures from: a) the Payroll teams themselves and b) senior leadership in each territorial board ○ The Payroll managers cannot implement Collaborative Leadership Team decisions if their own Board's Associate Director disagrees and gives instruction to the contrary Advice was sought from HR colleagues and there are not anticipated to be any increase in problems experienced for staff in territorial boards having a management team in another Board. There would potentially need to be a (long term) continuation and/or expansion of the situation whereby individual Payroll Managers have contracts of

Option	Name	Viable (V)/ Non-viable (N)	Rationale
			employment with more than one Health Board. To date, under this arrangement there have been limited opportunities for the payroll teams to move towards working in consistent ways, where appropriate.
10a	• Single Employer Management Structure • Teams split by Board (multiple employers) Located in one base	N	Non-viable as a single base option. See 9a for similar rationale.
10b	• Single Employer Management Structure Only • Teams split by Board (multiple employers remain) Multiple bases	N	This is similar to the first phase of increased regional working with the Collaborative Leadership Team. This is good in the short term because it encourages small, step changes away from the status quo allowing relationships and trust to build. In the longer term however, the same issues with a cross-Board matrix management approach (see 9b rationale, above) will stifle further change and innovation. Previous attempts to work in consistent ways between NSS and SAS were not successful for these reasons.
1	Status Quo	N	Does not address either the risks around immediate operational pressure or long term service sustainability.

Option	Name	Viable (V)/ Non-viable (N)	Rationale
			There are significant dis-benefits to things remaining as they are just now: • predicted natural workforce shrinkage over the next five years • increased workload • increasing levels of stress/sickness absence in Payroll teams • unpredictability of peaks in workload is not in line with national payroll services strategic direction

Outcome of analysis of long-list options

The SE Payroll Consortium (SEPC) Board suggests that **none of the non-shortlisted options** have changed from being non-viable to viable as a result of the impact of Covid-19. The analysis was conducted by the Business Case Addendum and Benefits (BCAB) sub-group of the SEPC Programme. (Ref DoF-C-013[1]).

Analysis of Business Case Short–list Options

Scoring against Benefits Criteria (ref 3: p15, Section 3.9)

The BCAB sub-group analysed the original scoring of the shortlisted options (ref 3: p14, Table 7) for a service model against the benefits criteria (ref 3: p12, section 3.2; p48, Appendix E) to determine if and how the original scoring has this changed due to the impact of the Covid-19 pandemic:

- **Option 1:** Status Quo (Current Service)
- **Option 2:** Single Employer, Single Base
- **Option 3:** Single Employer, Multiple Base
- **Option 4:** Multiple Employer, Single Base
- **Option 5:** Multiple Employer, Multiple Base

The scores below are those from the original business case. Red indicates the lowest scoring option for each criterion. Green indicates the highest.

Given the changes in the payroll landscape which have occurred since the start of the Covid-19 pandemic, the arrows indicate whether the SEPC Board believes that the scores have now increased, decreased or remain the same:

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

- **Sustainability**
  - Would expect multiple base options to score higher due to Covid-19 risk being bigger for single base options due to an increased likelihood and

[1] Cross reference showing how each concern raised by DoFs (ref 1) is traced to specific actions in the work plan (ref 2) and outputs from that work

impact of an outbreak causing sickness absence, even in blended working scenario (i.e. teams working in the office and from home).

- Also NSS strategy in the Future Ready programme is likely to not involve a return to office full time, as evidenced by a recent NSS staff survey.
- NSS is undertaking an estates rationalisation programme. There is a long-term objective to reduce the organisation's estate footprint. Single base options are less viable because NSS were the only organisation who could have hosted a single Payroll team base and this will now not be possible.
- When considering the age profile of the workforce, the sustainability score does not change with any option. Difficulties in recruiting have not changed due to Covid-19.
  Note: the proposed structure as shown in the day 1 service model (ref 3: p26, Figure 3) would make it easier to recruit at junior roles and share experienced workforce across the region to mitigate recruitment issues.

- **Staff focus**
  - Due to more unpredictable changes in transaction numbers and workload since the start of the Covid-19 pandemic, the status quo (Option 1) and multiple employer options (Options 4 & 5) cannot reduce the risk to staff and their workload when compared with the ability of a large single team to balance resource across the region.
  - Anticipated logistical challenges of multiple bases for Option 3 (Single employer, multiple base) will reduce as the response to the Covid-19 pandemic has accelerated the adoption of remote working. The likelihood of a return to full time office based working for entire teams is small. Option 3 scores higher for staff focus as a result.
- **Service Quality:**
  - Due to the increased operational pressures still being experienced across the region, the Status Quo option would result in reduced service quality eventually as staff absence and recruitment issues continue to affect capacity.
  - Those options which would result in a single regional payroll team would be more likely to retain a higher service quality as they would inherently have greater resilience.
- **Efficiency and Productivity:**
  - The level of efficiency gains from an entire team being based in the same building (Option 2, Option 4) relative to being split across multiple bases (Options 1, 3 & 5) is decreased now the workforce is present in work premises less.
  - Increased demand on Payroll Services has prevented efficiency and productivity changes for the status quo model (Option 1).
- **Customer Focus:**
  - Since the beginning of the Covid-19 pandemic, all Payroll teams have had to adapt to engaging with customers in different ways; All teams making changes to the same engagement methods would result in increased

benefits for the single supplier options and therefore higher scoring on this benefit criterion.
    - As per workshops, rebuilding customer relationships is easier if it is being done once by one team with a consistent approach.
    - Any impact of anticipated logistical challenges for multiple base approaches decreases with increased prevalence of remote working across the region.
- **Strategic Fit:** More corporate services will have to work in this way going forward due to Covid-19. E.g. east region procurement and recruitment services. In addition, the overall strategic direction for National Payroll services has not changed.
- **Technology and Innovation:** Now scores higher for Option 2 (single employer, single base) & 3 (single employer, multiple base) as within NSS there is a greater commitment to invest for support services. Staff have shown they can adapt to new technologies due to Covid-19 therefore combined with a single employer it would be easier to innovate.

Outcome of analysis of short-listed options

The SE Payroll Consortium (SEPC) Board recommends that **Option 3: Single Employer, Multiple Base** remains the preferred option as a result of the impact of Covid-19. The analysis was conducted by the Business Case Addendum and Benefits (BCAB) sub-group of the SEPC Programme and agreed on 2nd August 2021. (DoF-C-013).

Reason Status Quo is not Sustainable

It is apparent that Payroll service sustainability is threatened by the current staffing model. Localised variance in processes and siloed, unconnected (or limited connections between) teams have not fully embraced the opportunity to provide regionalised backing in a pro-active fully collaborative manner. Yet at crisis points teams reach out to their peers in the region for support in “fire-fighting” mode.

Recent retirals, difficulty in recruiting in some regions and increased sickness absence have resulted in less availability to develop shared leadership and co-operation via the forum (i.e. the Collaborative Leadership Team) established as part of the phased approach requested by the DoFs.

Significant coaching and change management support provided by Organisational Development teams for Payroll Teams and their managers is recommended, regardless of the future direction of the shared service.

Benefits to Member Boards

With reference to the benefits of the proposal to transform to a Payroll Shared Services model in the SE region, the following key concerns were raised by the region’s Directors of Finance (ref 1, DoF-C-003):

"The benefits of the BC to all Boards in terms of resilience, succession planning, technology and service improvements required to be further evidenced. This was causing some non-execs to push back on the Shared Services proposal."

This section of the document aims to address each of these categories of concerns by providing more detail on the benefits which will be realised.

Resilience

Day 1 Service Stabilisation

- The customer Boards will not notice any difference between the payroll service provided on Day 1 compared to the service provided on the day prior to that
- It is expected that the payroll teams will remain in their current structure during the stabilisation period after Day 1
- The stabilisation period is expected to last for at least six months
- As agreed by the SEPC Board and as will be stated in the SLA, changes will gradually be implemented through organisational change after that date
- NSS have a good track record on TUPE and the infrastructure and expertise to support a stable service during implementation of the organisational change
- NSS successfully began delivering payroll services to PHS at a time when the pandemic was at its peak; this is evidence that the service will not fall over after TUPE

Recruitment

- NSS and the SEPC Board both remain committed to the multiple base aspect of the Business Case and to recruitment from across the whole of Scotland
- There is a likelihood that, where possible and accommodating business and personal needs, a blended approach to working (at home vs in the office) will be in place within NSS. This is in line with the anticipated approach in other NHSS Boards. It is therefore expected that candidates for advertised roles will be from a wider geographical catchment area
- A larger, more responsive team leveraging region-wide experience means a lower level of risk to service sustainability associated with vacancies than with the

status quo service model (as well as the other alternative service model options); See previous section on analysis of service model options

- The proposed service model (ref 3: Section 7.2, p26) highlights the opportunity to recruit less experienced payroll staff and grow the capability from within while providing wider options for career progression
- This would be enabled by a dedicated, region-wide training team which would release other Payroll staff from the significant workload associated with on-boarding new starts.

Succession Planning

- NHS Lothian and NSS have successful training models upon which the region can expand into the new SE-wide training team as defined in the proposed day 1 model (ref 3: Section 7.2, p26)
- NSS Finance would expand upon the existing modern apprenticeship model to increase opportunities for longer term succession planning within Payroll
- A new larger, region-wide team structure would offer multiple career pathway options to encourage retention of valuable, highly skilled staff.

Technology

Helpdesk

- There will be a consistent approach to helpdesk management across the region by consolidating all query handling into one portal
- An accompanying “once for SE region” knowledge base would also prevent duplication of effort for supporting documentation, training material etc. whilst offering a more visible and significant presence to reduce self-solvable queries from customers

National Systems

- Where appropriate, NSS pursue a digital first approach by default in all service transformation by harnessing the NHSS standard tools i.e. M365, MS Teams
- A single, region-wide payroll team will be better positioned to implement the forecast new national SSTS, eRostering and ePayroll systems (see timeline in previous section). Adopting these systems once at a regional level in a

streamlined way rather than duplicating in each Board will be a more efficient, time-releasing approach

- At the regional level, a centralised, dedicated Technology and Training team will take the lead in the adoption of new national payroll systems. This means enhanced business continuity as other Payroll staff would not have their capacity reduced during this phase.

Service Improvements and Quality

Accountability and Governance

- A single supplier of payroll services will be more consistently and robustly accountable across the region than the status quo
- This will be enabled by establishing a Payroll Services Customer Board (i.e. a Quality Board), on which HR Directors and Directors of Finance will be invited to sit to ensure the voice of the customer is heard and acted upon
- This forum will be used to agree standards and levels of service
-

Customer Service

- NSS will provide the management team with dedicated expert advice and support in developing and maintaining relationships with our customers, through our customer engagement team
- We will also provide all payroll staff with customer services training and development to ensure we build and maintain good working relationships
- NSS are developing a Shared Services Partnership Charter (previously Customer Charter) which sets out how the organisation promises to interact with its customers

Service Quality

- Agile approach; NSS has in-house capability and a track record of delivering in an iterative, incremental way which is responsive to customer feedback
- NSS Finance have in post a dedicated Service Improvement Manager which oversees improvements across all functions, including the payroll service

- Quality will be measured via. Key Performance Indicators (KPIs), which relate specifically to Payroll, on a quarterly basis
- KPIs will be agreed in partnership with customer boards and customers will have the opportunity to feed back at a minimum on a quarterly basis

Long-term Service Transformation

- NSS have a well-established in-house service design capability putting the customer at the heart of change by aligning to the Scottish Approach to Service Design (SAtSD)[2]
- This is consistent with Scottish Government “Once for Scotland” strategic direction
- Follow Once for Scotland policies national policies and guidance for organisational change to assure staff they will be treated fairly and consistently

Financial Benefits

- The original SE Payroll Services Business Case was built around non-financial benefits
- It is expected that NSS will build cash releasing efficiency savings (CRES) into the SLAs
- These will be met via natural attrition balanced with up-skilling less experienced staff and new starts.

[2] https://www.gov.scot/publications/the-scottish-approach-to-service-design/

Benefits to Staff

Note: Specific concerns relating to TUPE which have already been raised by staff will be addressed in a subsequent section of the report to DoFs. This section aims to focus on emphasising the benefits of the preferred service delivery option.

The original Business Case contained references to benefits criteria (ref 3: p46, Appendix C) which were scored at workshops attended by representatives of all stakeholder groups to decide on the preferred option for a future service model. However, from the SE Payroll Programme Scoping Definition (ref 2) in response to concerns raised by DoFs (ref 1):

- **Concern (DoF-C-001, DoF-C-002):** Sufficient assurance of the benefits has not been provided to Payroll staff in the original Business Case (ref 3: p46, Appendix C).
- **Action:** Clarification, measurement and communication of benefits as above

The following sections take the description of the benefits criteria from the original business case which are most relevant to staff and expands upon these to illustrate how the SEPC Programme will clarify, measure and communicate these benefits.

Selected subset of benefits criteria most relevant to staff:

Key:

- Grey shaded boxes indicate verbatim content from the agreed SE Payroll consortium business case
- Green text represents further detail provided from the final NSS Bid for single supplier

Benefit Criteria	Description	Rationale for preferred model (single employer, multiple base)	Assessment from NSS Bid
Sustainability	• Manages service demand and capacity	• Delivers descriptors: demand and capacity management,	Day-to-day working pressure on payroll team members will be reduced because:

		flexibility, business continuity, resilience • Likely to retain all or most experienced staff due to Multiple Base aspect of model	• NSS is fully committed to implementing the agreed structure and amending working practices, if necessary, to deliver a payroll service that meets the long term sustainability requirements but also fully addresses the short term challenges that payroll teams experience • The change in working practices within the new structure are the key to providing a service model that is flexible and can be easily adapted to meet changes in demand (e.g. Junior Doctor rotations) or to cover for short or long term absence within the team • Part of the commitment to the new model is the Multiple Base aspect, addressing concerns of staff who feared having to change from their current base • The SE Payroll Programme team are already working with staff to free up capacity by reducing unnecessary queries and improving data quality in systems linked to Payroll (i.e. SSTS, eESS) via training and awareness campaigns. This will increase service sustainability.
Staff focus and experience *The importance of valuing and recognising staff (and the vital role of payroll*	• Supports staff training and development • Enables career progression (for staff who would like to progress) • Supports succession planning • Positive impact on staff wellbeing	• Delivers descriptors – training and development, career progression, succession planning • Single Employer aspect supports this benefit criteria • Multiple Base aspect introduces an element of logistical challenge	• NSS has significant experience in large scale organisational change, and has highly experienced teams in Programme Management and HR to support this • These teams are fully aware of the legislative, policy and support requirements associated with a large scale change programme, including TUPE transfer, organisational development and learning and development support and Occupational Health advice and support

services in the NHS) has emerged as a theme during workshop discussions whatever service model option is agreed		• Positive impact on staff wellbeing due to Multiple Base aspect of model	• NSS will develop a communications and engagement plan in partnership to ensure staff are fully briefed and supported throughout the transition (see next section for further detail) • A new larger, region-wide team structure would offer multiple career pathway options to encourage retention of valuable, highly skilled staff • This new structure will also free up time for staff development • NSS has placed significant focus on making our organisation a great place to work and are in the upper quartile of NHSScotland performance[3] • NSS is fully committed to working with the Partnership Forum for SE Payroll services • NSS considers itself an exemplar organisation for working inclusively with colleagues on staff governance matters • NSS Finance have introduced a system where each payroll team member has 2 hours per month of allocated time to focus on development activities which is undertaken away from their desk to ensure that the time is protected • As part of our commitment to staff development we hold regular finance “away days” which gives staff the opportunity to discuss a variety of relevant topics away from the pressures of day to day activity • NSS has resources in place to provide OD support for new managers and leaders (e.g. an Essential Line Management

[3] https://www.nss.nhs.scot/media/1516/nhs_nss_strategy2019to2024.pdf

			framework) to allow them to grow into the role receiving guidance from more experienced colleagues • Initial hybrid model of payroll transaction processing to balance staff experience and customer needs • The new model will have a dedicated helpdesk service to provide more uninterrupted time for processing activity.
Service Quality	• Reduces the likelihood of rework • Promotes best practice, standardisation and consistency	• Promotes best practice, standardisation and consistency • Staff wellbeing more likely to lead to engaged staff wanting to 'get it right'	• Will build on the existing expertise which staff currently have – opening up opportunities to increase collaboration, learn from each other and spread best practice • NSS will commit fully to the process of standardisation of operating practices across the team and, by doing so, will strive to maintain the highest possible service standards • NSS Finance has a dedicated Service Improvement Manager who will work with the Payroll team • NSS has in-house capability in the disciplines of Business Analysis, Lean and Agile approaches to Service Transformation • The SEPC Programme team have already been working directly with SE Payroll teams to make changes to ways of working which will reduce unnecessary time spent on customer queries. The team is also looking to improve the quality of data input at source therefore reducing rework
Efficiency and Productivity	• Supports smarter/ better ways of working e.g. reduce manual intervention	• Delivers descriptors	• The SEPC Programme team are already working with Payroll teams to look at changes to ways of working they see as a priority for Payroll teams and customer health boards to work smarter and

			build on what changes have worked since the start of the pandemi (e.g. reduce manual intervention) • NSS will work with staff to review all payroll processes as part of the long term organisational change. A standard, consistent payroll process will be a key to providing an efficient productive service • NSS will utilise all available management information, such as productivity data provided by Atos, to ensure that we monitor the impact of introducing new working practices as well as any other changes.
Customer focus and experience	• Payroll services staff have the knowledge to address (or know who to signpost to) customer enquiries or issues	• Delivers descriptors • Potential to have dedicated 'customer helpdesk' service • More consistent approach for all customers • Multiple Base aspect supports more local accessibility	• NSS has operated a helpdesk model within Payroll Services for more than 10 years and would commit to extending and improving this in line with the vision for South East Payroll Services that has been agreed • Potential helpdesk collaborations with other SE Payroll teams are already being explored • With the aim of freeing up time for Payroll staff by reducing the number of queries they receive, NSS will provide education and support to our customers through a variety of methods, including online training, roadshows and workshops. • NSS adopts a multi-level approach to managing customer relationships and this would be applied to South East Payroll Services.
Strategic Fit	• Simplification of governances and management arrangements	• Single Employer aspect could support improvements and sharing of solutions	• As requested by the SE region DoFs, a phased approach to increased collaboration across the region is underway

			• A Collaborative Leadership Team forum has been established providing payroll managers across the region the opportunity to focus on regional approaches to easing operational pressures • The CLT was also established to encourage innovative changes to ways of working with the support of the SEPC Programme Team.
Technology and Innovation	• Delivers due to role of dedicated technical support function; helpdesk technology; training function supporting staff and customers to maximise technology. N.B. This benefit will also be delivered through service improvement activity that is not service model dependent.	•	• The proposed service model includes a dedicated technical support and training function • These clearly defined roles will allow the rest of the Payroll teams to focus on core transactional activity.

Communications and Engagement Strategy and Plan

In order to address the concern that "Sufficient assurance of the benefits has not been provided to Payroll staff in the original Business Case" (ref 1), the SEPC Programme Team have taken the following action:

Communication and Engagement Strategy

- A full Stakeholder Engagement and Communication Strategy has been developed, including but not limited to, how to engage with Payroll teams and improve understanding of the benefits of the chose approach
- A dedicated Communications Officer resource with extensive experience in organisation change programmes which bring together staff from multiple health boards (i.e. formation of PHS in April 2020) has joined the programme team
- The strategy is now baselined having been formally signed-off at the SEPC Programme Board on 23rd July 2021
- The launch of an on-line Communications Hub to provide a single source of truth and increase overall transparency and visibility including of benefits to staff is a core component of the strategy
- NSS will continue to maintain the existing FAQ of all queries from payroll teams relating to TUPE and the new service model and ensure multiple opportunities are presented for two-way engagement with the SEPC Board on related matters
- The transformation programme will follow the approach as set out in the Scottish Approach to Service Design (SAtSD)[4]. This is how the Scottish Government wants us to ensure we design the right thing, before designing the thing right.
- Payroll staff will be a key cohort during the user research activity and we will need their input when co-designing the new service with them.

Communication Plan

- The draft Communications plan is expected to be signed off and baselined at the SE Payroll Board on 24th August 2021
- This plan details how and when the programme team will implement the aforementioned strategy

[4] https://www.gov.scot/publications/the-scottish-approach-to-service-design/

- The communications plan also encompasses an awareness campaign, jointly created with eESS colleagues, aimed at all staff in Boards on the importance of accurate and timely data entry into source systems such as eESS and SSTS. This will reduce the volume of queries payroll staff have to handle.

Key Messages

- One of our key messages to staff is to emphasise that the proposed change will be positive in future when considered alongside the status quo alternative “path” in five years’ time due to continuing difficulties in recruitment, expected retirals and succession planning
- Relative to other models considered in the initial workshops, e.g. the shared management team only options, the single employer option offers staff more confidence in the process because NHS Scotland Boards adhere to legislation which applies to organisational change and TUPE
- Further key messages regarding specific concerns around topics raised previously such as TUPE, where individuals will fit into the day 1 structure etc will be detailed in the subsequent section of this document and as per phase 2 of the Communications and Engagement Strategy (ref4)

Benefits Realisation and Measurement

Service Level Agreement KPIs

- In response to KPI measures which are established in partnership during Service Level Agreement development, a continuous improvement approach taking on board feedback from staff will be put in place and used where appropriate

Benefits already being realised

- The first phase of collaborative working is already underway. This has started the process of realising benefits, the recipients of which include staff in the payroll teams.
- This is illustrated by the creation of a platform for Payroll Managers to find region-wider solutions to operational issues and prioritise change initiatives

- The SE Payroll Programme team have already used these techniques to identify what has worked well for payroll staff and what hasn't worked so well since the Covid-19 pandemic disrupted "normal" ways of working.
- We are also helping them implement the changes which they told us will release valuable capacity in their day-to-day work tasks
- It is hoped that the teams will see a measurable reduction in unnecessary queries and increase in data quality as a result of these actions. The SEPC Programme team will endeavour to communicate these improvements to the payroll staff

Lessons learned from NSS Finance Transformation

The NSS Finance department and the SEPC Programme Team previously worked together during NSS' Finance Transformation programme.

A number of lessons learned can be carried forward and applied to the SEPC service redesign.

NSS extended its customer base and services at same time as undergoing a service redesign.

An agile, co-design approach ensured staff input was given priority consideration when designing services such as digital end-to-end procurement requests, budget holder engagements and on-line invoice requesting.

We propose a similar iterative, incremental approach for Payroll services transformation.

Staff engagement / Positive experience of partnership working

- The successful organisation change experience was conducted in line with the aforementioned regulatory requirements and at all times with full partnership working at its heart
- A focused People project team with dedicated project management support and partnership, HR, management and communications representation ensured optimal engagement with staff at all times throughout the organisational change process

Embracing new digital solutions

- Out with the national payroll systems, tools such as MS Teams, M365 and ServiceNow offer more options than ever before to improve how payroll teams can engage with customers

- Dedicated customer channels, drop-in clinics, virtual show-and-tell sessions, videos recorded and distributed on Stream are just some of the options available to enhance customer relationships
- Experience has shown that because of the disruptive changes enforced by the Covid-19 pandemic to ways of working, customers are more receptive than ever to these new digital options

Refinements to Day One Service Model

Appropriate refinements to the Day One Service model in relation to the Technical & Training team and Helpdesk team requirements will be looked at again as issues and pressures relating to these teams in particular are now more acute since Covid-19 (DoF-C-001).

Should the SE region DoFs agree to proceed with staff TUPE to NSS, the SEPC Programme Board will investigate in more detail how the structure and outline job roles for these teams in particular can operate effectively as region-wide teams.

This will be a key part of the preparation and implementation workstreams for TUPE as part of the on-going programme and an appropriately detailed plan will be developed.

Addressing Specific Staff Concerns

The DoFs had noted (ref 1):

"…the proposed restructuring and TUPE approach had raised several legitimate concerns from staff. There is also a more specific concern about staff moving onto protection in some areas."

This section will outline how staff concerns in general, and those explicitly mentioned above in particular, have been addressed to date and how they will be going forward.

How has this been done to date?

A record of all specific queries raised by staff throughout the lifetime of the programme had been kept updated with agreed responses by the SEPC Working Group and distributed to staff in payroll teams periodically in the form of a comprehensive Frequently Asked Questions (FAQ) document.

Queries were raised via Payroll Managers or at staff engagement sessions with members of the SEPC Board.

The last updated FAQ was sent to staff in November 2020.

What will be done differently going forward?

The SEPC Programme team have been tasked with separating out core FAQs into a more succinct version whilst keeping a full archive of all questions asked.

The SEPC Programme Communications and Engagement plan has identified the need to increase two-way communication with payroll teams.

A means to raise further queries will be made available as part of the proposed Communications Hub, which is a work in progress at the time of writing.

There will be an anonymous channel as well as a way for a staff member to leave contact details.

Where is my place in day 1 structure?

Concerns specifically about protection have been linked to uncertainty around staff members' place in the Day 1 structure as outlined in the Business Case (ref 3).

Upon reflection, members of the SE Payroll Consortium Board agreed this structure could be communicated more clearly.

To reassure staff that following TUPE, and for a minimum service stabilisation period of six months, their current roles will not change, the following organisation chart will be included in the business case addendum:

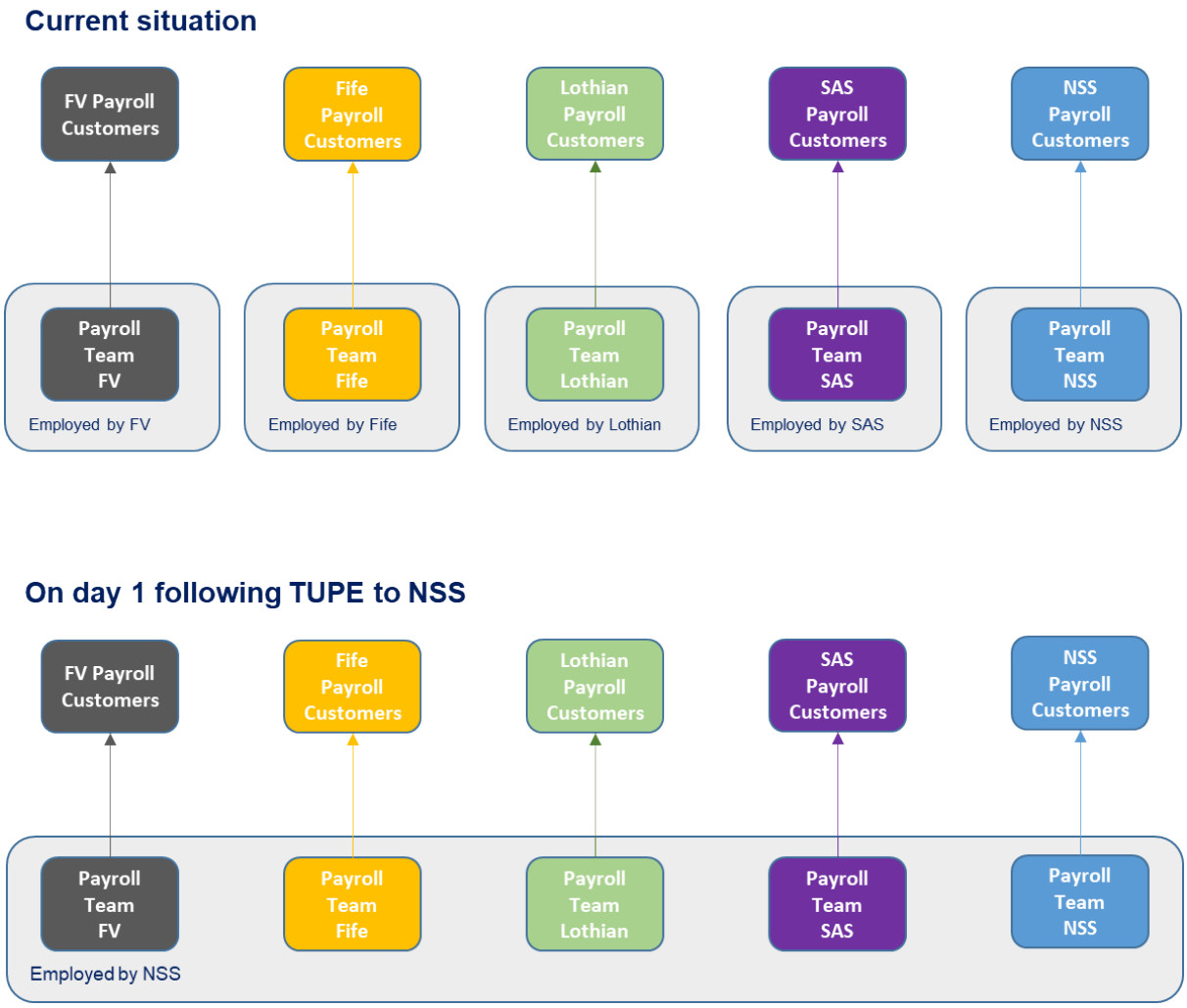


Figure 3: Customer base per team before and after TUPE

It will also be used in further communications to staff from the SEPC Board.

Concerns about Protection

Staff have raised concerns regarding the possible impact of pay protection on them (DoF-C-002).

The archive of frequently asked questions which has been maintained and distributed over the lifetime of the programme contains responses to all protection related queries raised to date.

The SEPC Board will also reinforce the following messages:

- On Day 1, and for the duration of the service stabilisation period, payroll staff retain their current job descriptions and continue to do the same job for the same customers as now (see *Figure 3*)

- This means that no staff member will be on pay protection during this period, expected to last a minimum of six months from Day 1 following TUPE
- During the stabilisation period, the long term service model and accompanying team structure will be designed in full detail. The full job descriptions and associated bandings will be agreed in partnership and following organisation change processes at this stage
- Only then will the likelihood and extent of pay protection become apparent, along with opportunities for career development expected to be available to staff

Regional Work Done to Date

As part of the requested phased approach to collaborative working in payroll services in the SE region, several work streams have been established since the start of 2021 (DoF-C-006). The South East Payroll Consortium Programme Team are responsible for establishing and facilitating these work streams.

The effectiveness of these initiatives is improving with each iteration. It is expected that greater economies of scale will be experienced following TUPE and full Payroll team integration in a region-wide service model.

Collaborative Leadership Team

A regional leadership forum has been established and has been running for a number of months (DoF-C-005).

The CLT meets fortnightly and provides payroll managers with the opportunity to reach out to colleagues for support with operational issues with a secondary focus on change activity, quick wins and improvements to ways of working.

Organisational Development ideas are also identified and taken forward where appropriate.

Payroll staff engagement workshops

The SEPC Board are keen to take on board staff suggestions on improvements which can be made to ways of working and customer engagement. It is important to work with staff to make changes which will relieve some of the operational pressure on their day-to-day working lives.

To this end, the Programme team facilitates monthly staff engagement workshops focusing on the areas which are important to the teams.

Achievements to date include:

- Identifying local training material (SSTS “how to” videos and 1-page quick guides) which can be shared regionally with all line managers to reduce unnecessary queries and data input errors which result in incorrect pay
- Working with national eESS team and local eESS administrators to highlight importance of accurate data entry to line managers and admin teams across Boards
- Establishing contacts with Communications teams in all health boards to ensure messages reach the intended audience
- Utilising MS Teams and other technologies to make it easier for payroll teams to work together and get to know their peers better

The outcomes of these sessions are fed back to the CLT and SEPC Board.

Sessions are in the diary each month until the end of financial year 2021/22.

Levels of engagement and enthusiasm from those who attend is encouraging. Staff side representatives have also provided positive feedback and recommend payroll managers encourage wider participation among their teams.

Efforts continue to make contributing as inclusive as possible.

Conclusion & Recommendations

The South East region’s Directors of Finance (DoFs) requested further reassurance be provided that a single employer, multiple base shared service approach to Payroll services remains the correct way forward in light of the unique challenges presented to the Health Service in Scotland as a result of the impact of the Covid-19 pandemic since early 2020.

The preceding sections of this document have addressed each of the points raised by DoFs in the original note (ref 1). This has been accomplished by following the work plan as detailed in the Scoping document (ref 2) which was agreed by the SE Payroll Consortium Board on 6th May 2021 and sent to DoFs on 17th May 2021.

In conclusion, the SEPC Programme Board recommends that the SE region DoFs agree to continue with the single employer, multiple base approach for SE payroll services.

In addition the SEPC Programme Board requests that the Directors from NHS Forth Valley and NHS Fife take the business case through their respective governance channels for sign off required for TUPE of payroll staff to NSS.

References

No.	Title	Document Name
1.	Note from DoFs Request for SE Payroll Reassurance	2021 Note of SE Consortium Payroll DoF.docx
2.	SE Payroll Programme Scoping Definition (cross-reference to ref 1 to show coverage)	SE Payroll Programme Scoping Definition.docx (SE Payroll Coverage of DoFs Concerns v1 0.xlsx)
3.	South East Payroll Services Consortium Business Case	South East Payroll Services Consortium Business Case v1.0.pdf
4.	SEPC Communications and Engagement Strategy	South East Payroll - comms strategy v1.0.pptx

Document Control Sheet

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This document has been distributed to:

Version	Date of Issue	Name	Role / Area

v1.0	18/10/2021	Andrew Bone Julie Carter Susan Goldsmith Carolyn Low Margo McGurk Angela Moodie Janice Sinclair Scott Urquhart	SEPC Directors of Finance

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting Date:	**11 January 2022**
Title:	**Community Asset Transfer (CAT) Request**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Neil McCormick, Director of Property & Asset Management**

1 Purpose

This is presented to FP&R for:

- Awareness
- Discussion

This report relates to a:

- Legal requirement

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

- Effective

2 Report Summary

2.1 Situation

The Community Empowerment (Scotland) Act 2015 states that a community group can make an asset transfer request for any land or buildings which a relevant authority owns, or rents from someone else. They can ask to buy or lease the land or buildings or have other legal rights, for example to occupy or use the land. Relevant authorities include the Scottish Government, local councils, health boards and some other bodies.

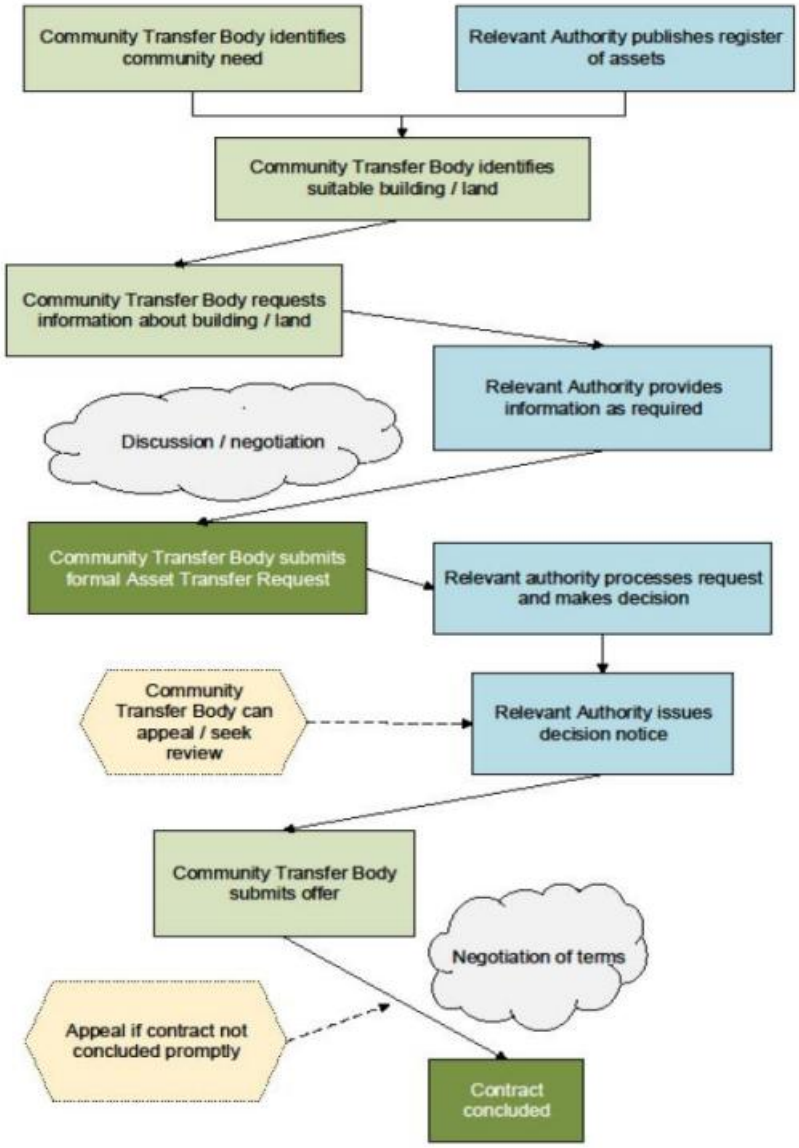
The relevant authority must listen to what the community transfer body wants to do with the land or building. If their plan will help people more than other ways of using the land, they will be allowed to do it.

2.2 Background

A Community Asset Transfer (CAT) request has been submitted by Lucky Ewe in October 2020 (see Appendix 1) and further to ongoing discussions was responded to by NHS Fife on 31 March 2021.

The Board has taken legal advice from the CLO and has also enlisted the support of Chris Van Rietvelde a Property Manager from NHS Lothian.

The process for determining the request is summarised in the diagram below:



2.3 Assessment

There have been several issues raised with Lucky Ewe including their constitution which have been addressed by the charity and NHS Fife have "validated" the CAT request on 22 November 2021.

The request requires to be considered by NHS Fife over a fixed period (6 months) under the terms of the Community Empowerment (Scotland) Act 2015. A response to the request is, therefore, due by 22 May 2022.

The community use of parts of the Stratheden site could potentially be in line with the wider objectives of the Anchor Institute Programme Board.

The land is currently tended by a local farmer on an informal basis without an agricultural lease.

2.3.1 Quality/ Patient Care

The CAT request may bring benefits to several of the patient groups served by Stratheden.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

There is unlikely to be any financial impact other than legal and professional fees to support the Board in its deliberations.

2.3.4 Risk Assessment/Management

- The request for land is quite extensive (see Appendix 2) and it is requested that the NHS grant a lease to Lucky Ewe for a very nominal sum.
- NHS Fife has also previously been considering the potential for disposal/ development of parts of the Stratheden site.
- NHS Fife is currently undertaking an exercise in determining the extent of Mental Health inpatient facilities required on the Stratheden site and may need to retain some of the land for future expansion.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed.

2.3.6 Other impact

None Identified.

2.3.7 Communication, involvement, engagement and consultation

A limited consultation has been carried out by Lucky-Ewe.

2.3.8 Route to the meeting

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

- EDG on 22 July 2021

2.4 Recommendation

The paper is circulated for members awareness and discussion prior to the formal request being received and the formal timescale for response being triggered.

3 List of Appendices

The following appendices are included with this report:

- Appendix 1, CAT Request
- Appendix 2, CAT Request Plan
- Appendix 3, Validation Notice

Report Contact
Neil McCormick
Director of Property & Asset Management
Email neil.mccormick@nhs.scot

COMMUNITY EMPOWERMENT (SCOTLAND) ACT 2015

ASSET TRANSFER REQUEST FORM

IMPORTANT NOTES:

This is a standard asset transfer request form which can be used to make a request to any relevant authority. Relevant authorities may also provide their own forms in their own style.

You do not need to use this form or a relevant authority's form to make an asset transfer request, but using a form will help you to make sure you include all the required information.

You should read the asset transfer guidance provided by the Scottish Government before making a request. Relevant authorities may also provide additional guidance on their schemes.

You are strongly advised to contact the relevant authority and discuss your proposals with them before making an asset transfer request.

When completed, this form must be sent to the relevant authority which owns or leases the land your request relates to.

This is an asset transfer request made under Part 5 of the Community Empowerment (Scotland) Act 2015.

Section 1: Information about the community transfer body (CTB) making the request

1.1 Name of the CTB making the asset transfer request

Lucky Ewe

1.2 CTB address. This should be the registered address, if you have one.

Postal address: 15 Ceres Road Cupar Fife Postcode: KY15 5JT

1.3 Contact details. Please provide the name and contact address to which correspondence in relation to this asset transfer request should be sent.

Contact name: Joan Brown Postal address: As above Postcode: As above Email: [redacted] and contact.luckyewe@gmail.com Telephone: [redacted] and mobile [redacted]

✓ We agree that correspondence in relation to this asset transfer request may be sent by email to the email address given above. *(Please tick to indicate agreement)*

You can ask the relevant authority to stop sending correspondence by email, or change the email address, by telling them at any time, as long as 5 working days' notice is given.

1.4 Please mark an "X" in the relevant box to confirm the type of CTB and its official number, if it has one.

	Company, and its company number is …….	Lucky Ewe
	Scottish Charitable Incorporated Organisation (SCIO), and its charity number is ……..	SC050034
	Community Benefit Society (BenCom), and its registered number is ……	
	Unincorporated organisation (no number)	

Please attach a copy of the CTB's constitution, articles of association or registered rules.

1.5 Has the organisation been individually designated as a community transfer body by the Scottish Ministers?

No ✓

Yes ☐

Please give the title and date of the designation order:

N/A

1.6 Does the organisation fall within a class of bodies which has been designated as community transfer bodies by the Scottish Ministers?

No ☐

Yes ✓

If yes what class of bodies does it fall within?

Community Controlled Body

Section 2: Information about the land and rights requested

2.1 Please identify the land to which this asset transfer request relates.

You should provide a street address or grid reference and any name by which the land or building is known. If you have identified the land on the relevant authority's register of land, please enter the details listed there.

It may be helpful to provide one or more maps or drawings to show the boundaries of the land requested. If you are requesting part of a piece of land, you must give a full description of the boundaries of the area to which your request relates. If you are requesting part of a building, please make clear what area you require. A drawing may be helpful.

All of the agricultural land owned by NHS Fife at Stratheden, near Cupar, Fife.

The 6 arable fields, 3 grass paddocks and the disused building (ex-mortuary) situated within an arable field, are the subjects of this asset transfer request.

The map of the fields and the floor plan of the building are attached for information.

The land area amounts to 26.57 hectares

2.2 Please provide the UPRN (Unique Property Reference Number), if known.

If the property has a UPRN you will find it in the relevant authority's register of land.

UPRN: Not known

Section 3: Type of request, payment and conditions

3.1 Please tick what type of request is being made:

☐ for ownership (under section 79(2)(a)) - go to section 3A

☑ for lease (under section 79(2)(b)(i)) – go to section 3B

☐ for other rights (section 79(2)(b)(ii)) - go to section 3C

3A – Request for ownership

What price are you prepared to pay for the land requested? :

Proposed price: £

Please attach a note setting out any other terms and conditions you wish to apply to the request.

3B – request for lease

What is the length of lease you are requesting?

25 years

How much rent are you prepared to pay? Please make clear whether this is per year or per month.

Proposed rent: £ 52.00 per year

Please attach a note setting out any other terms and conditions you wish to be included in the lease, or to apply to the request in any other way.

3C – request for other rights

What are the rights you are requesting?

Lucky Ewe is requesting vehicular access through NHS Stratheden Campus. The charity also requests a water supply, sewerage and drainage, an electrical supply and all local services.

Do you propose to make any payment for these rights?

No

If yes, how much are you prepared to pay? Please make clear what period this would cover, for example per week, per month, per day?

Proposed payment: £ N/A per

Please attach a note setting out any other terms and conditions you wish to apply to the request.

Section 4: Community Proposal

4.1 Please set out the reasons for making the request and how the land or building will be used.

This should explain the objectives of your project, why there is a need for it, any development or changes you plan to make to the land or building, and any activities that will take place there.

Lucky Ewe's objective is to provide, for people with additional support needs, opportunities in farming and food production, land management and environmental protection at a pre-entry level. Our aim is to allow people of all abilities and backgrounds access to farming to build skills and experience that will help them progress in their careers. Some of the 23 beneficiaries we have worked with so far during 2020 and 2021 may, perhaps, go on to find careers in farming, while others will develop self-confidence and the transferrable skills essential in any future career.

We know from consultation with statutory providers, as well as partner services, that there is a need for pre-entry level work placements. (*Please see the collated report from our 2020 consultation with partners submitted alongside this request*) People

with learning disabilities including autistic spectrum disorder, people who are care-experienced, those with chaotic backgrounds, perhaps because of substance misuse, as well as the growing number of people with mental health problems are benefitting and will continue to benefit from time at Lucky Ewe.

The agricultural land at Stratheden is currently farmed according to regular large farm practices, that is, growing extensive monocultures of arable crops. Lucky Ewe will develop and change this approach by adopting a new and more sustainable system of land usage. Working from the soil up, we will make improvements. Carbon sequestration, soil health and maximising biodiversity will be our targets, as we develop Stratheden into a smallholding-size food production system. Working towards these land management aims, Lucky Ewe will meet our most important target - that of providing meaningful, skill-developing work experiences throughout the seasons for our beneficiaries. So, for example, this means that a wet area or pond will be created, woodland and/or hedges will be planted, pollinator plant species will be grown. At the same time, mixed sward grassland will be sown and improved, and paddocks created for our small ruminant flock. We will grow various fodder crops and later vegetables and fruit. In this way, the activities on the land will change. Our beneficiaries will be out working in pairs and small groups, preparing to produce food from the land. So, the land at Stratheden will see a big increase from the current level of activity, (which presently is the intermittent appearance of a tractor or farm implement operated by just one single person).

Another development of note will be the construction of farm buildings, on a smallholding scale, for the housing and milking of animals and the storage of equipment and feed. A stock-tunnel and an implement shed will be erected from the start of the project. Later, the neglected ex-mortuary building will be repaired and redesigned to provide a community hub for the beneficiaries, volunteers and, going forward, the customers of Lucky Ewe. So, the buildings will form part of the learning environment for beneficiaries, for feeding and rearing sheep and lambs, for milking and processing dairy produce and in the longer term for welcoming visitors and selling the produce. The agricultural land and building belonging to NHS Fife at Stratheden will become a thriving hive of community activity and benefit.

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Benefits of the proposal

4.2 Please set out the benefits that you consider will arise if the request is agreed to.

This section should explain how the project will benefit your community, and others. Please refer to the guidance on how the relevant authority will consider the benefits of a request.

If this CAT request is accepted, Lucky Ewe will make the land and building resources at Stratheden, which are currently **not** being deployed for public benefit, our home. In so doing, Lucky Ewe will enable NHS Fife to meet its priority, number 5 of the Fife Health and Social Care Plan – to avoid waste. These assets are currently being wasted since they are 'looked after' by a nearby farmer, in effect 'given' to private enterprise. Lucky Ewe, as a community controlled body, will bring these publicly owned resources back into the service of the public health and wellbeing of the people of Fife.

Our charity will promote and improve the economic development of Fife by providing a new and much needed accessible learning environment for disadvantaged and disabled learners. We aim to bridge the gap into volunteering placements, modern apprenticeships, college places and employment for learners who need additional support. As our plan progresses, Lucky Ewe will enhance the food production and retail environment locally. In year 5, the café and shop will become a visitor attraction, bringing new economic activity to the Springfield area.

Our plans to repurpose a derelict morgue building, which has been left sadly neglected for over a decade, will augment the much needed regeneration of the nearby NHS Stratheden Campus. Instead of remaining a dismal spot, a magnet for vandals, it will become a pleasant destination for walkers, staff and visitors to the hospital, as well as giving opportunities for recovering patients. Lucky Ewe will build up soil health and regenerate the land so that it can support the biodiversity needed to address some of the worst effects of climate change.

Public health improvements will be afforded by Lucky Ewe at Stratheden since it will offer various opportunities for outdoor work with its known benefits to mental health. Mental health practitioners will continue to be able to meet with their clients in a non-clinical setting, as they currently do on our rented holding at Bonnyton Farm, and offer their support for the healing process. The beneficiaries will also see improvements in physical strength as well as experiencing the benefits of team-working. In this way the project will address social isolation and disempowerment in the community.

By transferring the agricultural land and building to Lucky Ewe, the NHS will be affording a solid base for our charity which is aimed at improving the personal, social and educational wellbeing of the people of Fife. The transfer of the land to Lucky Ewe will take it out of mono-cultural production, which relies on chemical fertilizers and inhibits natural regeneration and biodiversity. It will become a farm system with good animal husbandry at its heart, and because of the animals present on the land, the insect life and bird life will thrive. Gradually, with careful management and considered planting of trees and other species, the environment around Stratheden Hospital will regenerate and biodiversity will increase.

The founding Trustees of Lucky Ewe have given decades of their working lives to public service in education, working with the less able and the less advantaged members of society, in learning support and basic education. The charitable work we are undertaking at Lucky Ewe is aimed to continue the work of social and

educational services, in reducing inequalities of outcome which result from socio-economic disadvantage.

Restrictions on use of the land

4.3 If there are any restrictions on the use or development of the land, please explain how your project will comply with these.

Restrictions might include, amongst others, environmental designations such as a Site of Special Scientific Interest (SSI), heritage designations such as listed building status, controls on contaminated land or planning restrictions.

There are no restrictions

Negative consequences

4.4 What negative consequences (if any) may occur if your request is agreed to? How would you propose to minimise these?

You should consider any potential negative consequences for the local economy, environment, or any group of people, and explain how you could reduce these.

The loss of rent, normally the most obvious negative consequence of asset transfer, does not pertain in this case. For the last 6 years, since the sale of adjacent Elmwood College Farm, the NHS Fife fields have been cropped under an 'informal agreement' with neighbouring farmer R Dawson, for which, we are informed by NHS Estates Team, he pays no rent. So, for the last 6 years this land has been removed from providing public benefit and has supplemented the private farming enterprise and income of the neighbouring landowner. Bringing the land back to the public good is a significant positive consequence of this proposed asset transfer.

However, in the Lucky Ewe system, a stock tunnel for animal housing and a shed for storing equipment and milking will be erected. The smallholding agricultural building plan will be discussed with NHS Fife to address and mitigate any potential negative consequences. There will be the usual waste products in the farming of dairy sheep e.g. dung, whey and feed wraps. These will be recycled in the normal way. The midden will be positioned to give the least negative impact to those living and working nearby. Traffic and vehicular access might have a negative impact on NHS Stratheden patients and other neighbours. Preferred routes for Lucky Ewe access will be agreed with NHS. All Lucky Ewe personnel and beneficiaries will be encouraged to travel actively, by walking or cycling from Cupar, or making use of the regular bus, services 64 and 94, from Cupar centre. A parking plan will be created as part of the ex-mortuary building renovation.

Capacity to deliver

4.5 Please show how your organisation will be able to manage the project and achieve your objectives.

This could include the skills and experience of members of the organisation, any track record of previous projects, whether you intend to use professional advisers, etc.

Lucky Ewe Trustees, Members and Employees offer skills and experience across teaching and supported learning, community development, farming and cheese making. Lucky Ewe is developing a strong track record of successful work with our beneficiaries.

- Chair of Lucky Ewe, Joan Brown, has a background in education and lifelong learning with a 35 year career in teaching that encompassed Learning Support teaching in both Secondary and Tertiary education.

Joan's doctorate in *Post-school Transitions for Young People with Additional Support Needs 2012* reflects one of the founding principles behind Lucky Ewe: the need to provide a bridge between leaving school and entering employment or tertiary education for people with additional support needs.

On retirement from teaching, with a view to creating a suitable learning environment to allow beneficiaries to thrive, Joan set up as a new entrant to farming in 2017 producing dairy sheep. She learned day-to-day animal husbandry, land management, the practicalities of food production, built up skills and took courses necessary to become a sheep farmer and cheesemaker. So now, Joan is able to manage and offer a land-based learning environment at Lucky Ewe. As a member of the British Sheep Dairying Association, the Specialist Cheesemakers Association and the Fine Cheesemakers of Scotland she has access to professional support. As a Trustee of Sustainable Cupar, Joan led the work in 2016 to renovate and restore the Old Moor Road footpath between Cupar and Ceres which is now a delightful walkable route between the towns. As a trustee of the Moncur Trust, former chair and now member of Sustainable Cupar, and a past committee member of Cupar Festival, Joan has a sound knowledge of the teamwork involved in running a charity and being a Board Member.

- Treasurer and Trustee, Jill Dawson is currently a Support Teacher at Auchmuty High School and thus has first-hand knowledge of the difficulties young people, particularly pupils with additional support needs, can experience in transition from secondary school to college or work.

Whilst pursuing her career in education, Jill also ran a conservation club in liaison with the Fife Ranger Service. This involved pupils from Glenrothes in conservation activities throughout Fife and many of her pupils gained John Muir Awards, some at Gold Level. The self-confidence and self-esteem these young people developed

from their volunteering activities - and which could lead to supporting a job application or college course - determined Jill to organise similar volunteering placements for Lucky Ewe beneficiaries. Her breadth of experience both in teaching and in carrying through successful projects is an asset in working with Lucky Ewe beneficiaries. Jill is an active volunteer with Lucky Ewe, working with the dairy flock in all aspects of their care.

- Secretary and Trustee, Mary Gibbon's working life has been in education as a secondary school teacher and as an adult literacies tutor for Adult Basic Education (ABE) in Fife.

After teaching English in secondary schools for twenty years, Mary moved into tutoring adults in numeracy, literacy and computing skills. The remit of ABE was to create a warm and welcoming environment for adults of all ages to improve their basic skills and then to move onwards to a job or a college course. Many had unhappy memories of mainstream education and needed encouragement and a sense of their own empowerment before they could begin learning. ABE tutors worked with small groups and on a one-to-one level with learners each having an Individual Learning Plan tailored to their needs. The majority of learners moved on either to follow relevant courses at college or into work. All gained in terms of self-esteem and confidence in their abilities.

Mary's experience of working with adults in this area of lifelong learning is an asset in working with Lucky Ewe beneficiaries aware as she is of the many barriers which can lead to disempowerment in the community. Mary is an active volunteer with Lucky Ewe, working with the dairy flock in all aspects of their care.

- Trustee, Alana Paterson-Brown was co-opted to the board in May 2020, (then elected in February 2021) due to her special interest in and knowledge of learning disabilities.

Alana has personal experience of learning disability and experience of advocacy for learning disabled groups through past membership of Enable. As a Supported Employment service user, in her work as a Catering Assistant at Ladybank Primary School, and as a member of Options in Life and S Club (supported sport group), Alana has direct connections with potential beneficiaries. She is an active volunteer with Lucky Ewe, and daughter of the Chair.

- Trustee Richard Young was elected to Lucky Ewe at our AGM in February 2021. Richard studied for a degree in Agriculture at Harper Adams University and with his background in the family beef, sheep and arable farm in Northumberland, Richard lends Lucky Ewe an agriculturally experienced voice.

Richard currently works as a Service Administrator at Reekie LTD Cupar. He is also the Chair of the local Scottish Young Farmers Club and volunteers at Lucky Ewe most weekends.

- Trustee Elizabeth Elliot (Libby) was elected in July 2021 at our Special General Meeting. Libby has a background in Community Learning, having worked as a Community Learning Co-ordinator, as a peer educator for Syrian refugee families and as an artist and tutor within the community. Libby is also the current President of Howe of Fife Rotary Club.

Libby's wide experience in working within the community, her extensive network, and ability in maintaining professional links, makes her an ideal trustee to help to bring Lucky Ewe forward into its new premises at Stratheden.

- Business Development and Fund Raising Manager, Alex Scott from Marcscott Consulting, St Andrews

Lucky Ewe Trustees make use of Alex's professional skills and knowledge. He has decades of experience of business development and a strong track record in supporting and successful funding of local charitable groups. Alex has, so far, helped us raise over £25k for Lucky Ewe.

- Education Officer Jenny Donoghue has been employed to lead activities for beneficiaries at Lucky Ewe since December 2020. Jenny works 12.25 hours per week

Jenny had a previous career as a nurse working in NHS and brings a caring and punctilious approach to her work with beneficiaries. Jenny owns her own flock of Shetland sheep and shares her skills in wool working.

- Education Officer Jen Gallier has been employed to lead activities for beneficiaries since January 2021. Jen works 6.75 hours per week.

Jen's previous career was in science teaching and she now runs her own gardening business and brings these skills to Lucky Ewe. Jen's teaching experience allows her to engage beneficiaries quickly and her ongoing membership of the Army Reserve gives her strong leadership and organizational capabilities.

- Administrator Alyssa Gowans has been employed since December 2020 and works 4 hours per week for Lucky Ewe

Alyssa built her admirable organizational, administration and communication skills as she worked for the port authority in Brisbane. Alyssa has 2 young children and also serves the community as a volunteer committee member of Ferryfield Playgroup, Cupar.

Lucky Ewe, a community controlled body, currently has 42 members who are committed to seeing this charity flourish. Kilmaron School in Cupar is also an Associate Member. For further information on our capacity to deliver please go to Lucky Ewe website where relevant documents, such as our policies and minutes of meetings, are freely available in the About Us section. www.luckyewe.org.uk

Section 5: Level and nature of support

5.1 Please provide details of the level and nature of support for the request, from

5.2 your community and, if relevant, from others.

This could include information on the proportion of your community who are involved with the request, how you have engaged with your community beyond the members of your organisation and what their response has been. You should also show how you have engaged with any other communities that may be affected by your proposals.

During 2020 Lucky Ewe consulted closely with 14 local organisations and 2 beneficiaries, asking essential questions, to find out the level and nature of interest and support for this educational SCIO. As a result of our ability to show strong local support for our plan, *(see report of responses doc, attached to this request*) Lucky Ewe has been able to fund the salaries (from grant making bodies) of 2 part time Education Officers and a part time Administrator. We offer placements (at our privately rented, small premises at Bonnyton Farm near Leven) across 15 hours per week, with Trustees offering an additional 3 hours of general volunteer activity on a Sunday.

The majority of our beneficiaries (23 to date) have come from Pupil Support Services in Schools and Off Campus Educational Support Services, as well as through NHS Fife's Child and Adolescent Mental Health Service. Interestingly, many of our beneficiaries are care experienced while others have learning disabilities. Feedback from these individuals has helped us shape our provision and also has helped us secure ongoing funding.

The Chair of Lucky Ewe has made presentations to Cupar Rotary Club and Howe of Fife Rotary Club. Both have been very warmly received and resulted in new members and a financial donation (£450.00). Springfield Community Council and Cupar Community Council have been updated on our progress, and articles about our activities have been published in the Fife Herald. Letters of support from all 3 local Councillors and our MSP also accompany our Community Asset Transfer Request, amongst others.

Fife Business Gateway has given financial and practical help. As a result of their financial support, Lucky Ewe was able to create a 2 minute professional video aimed at the wider public to engage a cross-section of the local population. It has been very well received and has prompted 76 responses to our online survey with 43 respondents seeking further interaction to support Lucky Ewe.

Please see Lucky Ewe Business Plan (*also attached)* which gives more information and detailed illustration of the support we are receiving from our community

Section 6: Funding

6.1 Please outline how you propose to fund the price or rent you are prepared to pay for the land, and your proposed use of the land.

You should show your calculations of the costs associated with the transfer of the land or building and your future use of it, including any redevelopment, ongoing maintenance and the costs of your activities. All proposed income and investment should be identified, including volunteering and donations. If you intend to apply for grants or loans you should demonstrate that your proposals are eligible for the relevant scheme, according to the guidance available for applicants.

Lucky Ewe will pay a peppercorn rent and has sufficient funds to get started at Stratheden, since we were successful applicants to the residual monies linked to the Douglas Bader Garden. Fife Council, who manages this fund, has awarded Lucky Ewe **£21k towards set up costs** at Stratheden. This will be claimed on the transfer of the asset to set up beneficiary access, toilets and to put in the basic equipment for sheep production.

As well as using the Douglas Bader Fund money to establish a 'bothy' for beneficiaries, we will begin by utilising the grass paddocks and nearby areas for animal housing, storage and a temporary accessible building if need be. The project will grow into the whole acreage of the new premises over the following five years. The **calculation of costs** including **redevelopment** is included on an excel sheet attached to this application. To meet these costs, Lucky Ewe will seek funding from various grant-making bodies. As this community project grows it will frame activities in terms of projects that meet fundable categories to maximise access to grant monies. That is to say, we will develop the project according to what our community and wider society sees as the gaps in provision for people with additional support needs. We will use the services of an experienced fundraiser to facilitate this.

Eligible grants*: Ernest Cook Trust* is prepared to **fund contributions, as** a part-funder, **to salaries of UK-wide organisations with good governance.** The *Outdoor Learning Officer Grant* will fund up to £15,000 per year (estimated as 50% of a full time salary including on-costs) and will offer multi-year awards. ECT also offers to fund ***apprenticeships* and *scholarships*.** Grants up to £10,000 are available to **support work-based training programmes and placements**. Lucky Ewe plans to apply for these.

National Lottery Improving Lives Fund will fund projects of constituted organisations which **strengthen the connections, organisation and resilience** and **enable communities to improve the lives of those in need.** Lucky Ewe has already received nearly £10k from NL Community Fund for staff salaries. *NLILF* will offer funds over 3 years to give stability to established organisations so they can develop vital community support and action to improve lives. Lucky Ewe has been accepted as an applicant and will apply for £25k each year for the next 3 years so that we can properly staff our charity.

Foundation Scotland is Scotland's community foundation, part of a national movement that undertakes strategic grant making, facilitates philanthropy and contributes to achieving lasting impact in communities. Lucky Ewe has received 2

grants from FS towards salaries and to provide increased sheltered accommodation to work with beneficiaries.

The Robertson Trust focuses on health and social inequalities. Their 'education and work pathway' supports access to education and skills. Robertson Trust works alongside organisations, such as Lucky Ewe, to support young people with experience of disadvantage to progress through education and into work. They offer up to £2,000 as a 'wee grant' and £75,000 towards creating a community hub.

With SCIO status, **Lucky Ewe is eligible** for all of the above funding streams, plus many others.

Business Gateway Fife is strongly supportive of Lucky Ewe and agreed, as a first step, to fund a promotional video in November 2020, to be used for promotional and fundraising purposes. The video may be used in a **crowdfunding** enterprise with Crowdfunding Scotland.

Employability Fife and Supported Employment responded positively to our plans and have agreed to **fund salaries,** at minimum wage, for suitable employees going forward.

Community Jobs Scotland may fund part and full time employment for those in the 16 - 29 year old group who may be facing disadvantages entering the workforce.

Crowdfunding Scotland has advised how we can make the most of communication and media and their webpage to maximise public **donation** to Lucky Ewe.

When claimable, the CAP Basic Payment on the land will accrue as **income** to Lucky Ewe and the farmer cropping the arable fields will be asked to make a **donation** for his use of the land, until such time as Lucky Ewe needs all 26 hectares.

Volunteers are the backbone of Lucky Ewe with currently 10 active volunteers offering together a total of 50 hours per week across admin and management as well as practical farming tasks. The aim is to grow the volunteer group, and seek one Trustee to lead on this, as the project expands. Lucky Ewe will also establish a fundraising committee of Trustees to update and refresh fundraising plans.

Please see *Lucky Ewe Business Plan* (attached) which gives more detail on funding, and the *Excel spreadsheet* also attached.

Signature

Two office-bearers (board members, charity trustees or committee members) of the community transfer body must sign the form. They must provide their full names and home addresses for the purposes of prevention and detection of fraud.

This form and supporting documents will be made available online for any interested person to read and comment on. Personal information will be redacted before the form is made available.

We, the undersigned on behalf of the community transfer body as noted at section 1, make an asset transfer request as specified in this form.

We declare that the information provided in this form and any accompanying documents is accurate to the best of our knowledge.

Name Joan Brown

Address [redacted]

Date 17th September 2021

Position Chair

Signature: Joan Brown

Name Jill Dawson

Address [redacted]

Position Treasurer

Signature: Jill Dawson

Checklist of accompanying documents

To check that nothing is missed, please list any documents which you are submitting to accompany this form.

Section 1 – you must attach your organisation's constitution, articles of association or registered rules

Title of document attached: The Lucky Ewe Business Plan is attached with Appendices as follows: Lucky Ewe SC050034 Constitution – Appendix A

Section 2 – any maps, drawings or description of the land requested

Documents attached: Documents attached: 1. Map of land - Appendix E 2. Floor plan of building - Appendix F

Section 3 – note of any terms and conditions that are to apply to the request

Documents attached: Not applicable

Section 4 – about your proposals, their benefits, any restrictions on the land or potential negative consequences, and your organisation's capacity to deliver.

Documents attached: Not applicable

Section 5 – evidence of community support

Documents attached: 1. Consultation - Collated Responses – Appendix D 2. Online Survey Report – Appendix B 3. Letters of support x 5 – Appendix C

Section 6 – funding

Documents attached: Business Plan Excel Spreadsheet

Registers of Scotland

Plan Assistance Service

Registers of Scotland
ros.gov.uk

Scale: 1:2,500 @A2

0 30 60 90 120 Metres

Ref: 8821361FFE | Stratheden Hospital, Stratheden, by Cupar | Date: 28/11/2018

CAT
CAT
CAT
CAT
CAT
CAT
old mortuary / field
CAT
football field
Playfield
Drumcarrow
Old Estates
Muirview and Tay???
FAcilities
Springfield
old piggery
IPCU
Stratheden Park
STRATHEDEN COURT
Shelter
Retreat Cottages
Post
LB
66.0m
66.7m
66.2m
66.3m
64.1m
64.9m
54.3m
42.9m
Track
Gas Station
Stratheden Hospital
Springfield House
Bowling Green
Sports Pavilion
Playing Field
Path
Lodge
Beechwood

ASSET TRANSFER UNDER THE COMMUNITY EMPOWERMENT ACT

ACKNOWLEDGEMENT LETTER

This letter is to acknowledge receipt of your asset transfer request in relation to the 6 arable fields, 3 grass paddocks and the disused building (ex-mortuary) situated within an arable field located at Stratheden Hospital, Cupar, Fife.

I confirm that the request is made in accordance with the legislation and all required information has been provided. The validation date for this asset transfer request is Monday 22nd November 2021**.**

I confirm that no other asset transfer request has been received in relation to the land to which your request relates and the land has not been advertised for sale, nor has NHS Fife on behalf of the Scottish Ministers entered negotiations or initiated proceedings with a view to transferring or leasing that land. We therefore consider that NHS Fife on behalf of the Scottish Ministers are prohibited by section 84(2)of the Act from selling, leasing or otherwise disposing of the land described above other than to Lucky Ewe until your request is concluded.

Notice of this asset transfer request will be published online at www.nhsfife.org/get-involved/communityempowerment/community-involvement/community-assets/ and sent to any tenants or occupiers of the land or building. Any representations made to the Council about this request will be copied to you at the contact address provided in your request, and you will have at least 20 working days to comment on them.

The request will be considered by NHS Fife who will have the request presented to an appropriate level of internal committee which will be comprised of senior management level representatives of relevant departments. We will give you notice of our decision whether to agree to or refuse your request, and our reasons for that decision, by Friday 20th May 2022.

If you do not receive a decision by that date, you may apply for a review of the case. You may also apply for a review if your request is refused, or if the request is agreed but the decision notice specifies material terms or conditions which differ to a significant extent from those specified in the request. Guidance on applying for a review is available at https://www.gov.scot/publications/asset-transfer-under-community-empowerment-scotland-act-2015-guidance-community-9781786527509/

An application for review should be sent to Mr Neil McCormick, Director of Property and Asset Management at neil.mccormick@nhs.scot.

If you have any questions about the asset transfer process please contact Mr Christopher Van Rietvelde, Land & Property Manager at christopher.vanrietvelde@nhslothian.scot.nhs.uk.

NHS Fife

Meeting:	**Finance Performance and Resources Committee**
Meeting date:	**11 January 2022**
Title:	**Financial Improvement/Sustainability Programme**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Margo McGurk, Director of Finance & Strategy**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

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

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

- Effective

2 Report summary

2.1 Situation

In February 2020, there was a presentation to the NHS Board where the recurring savings challenge was discussed. That presentation reflected the need to create a savings programme to deliver financial balance over the medium-term. Shortly after that discussion the pandemic struck and whilst sound financial controls continued to operate across the organisation, understandably most of our attention moved to the COVID response.

We have been living through the pandemic for 20 months now and there is a recognition that attention must also now be directed to ensuring the long-term financial improvement and sustainability of the organisation.

2.2 Background

NHS Fife is not alone in requiring to address the challenge of financial sustainability. All NHS Boards are being directed to consider a new self-assessment tool which has been developed to consider the strength of current financial improvement arrangements and to assist in the development of savings plans for 2022/23 and also the medium-term savings

plan. The self-assessment tool has been used to inform the structure and purpose of a new Financial Improvement/Sustainability Programme for NHS Fife.

NHS Fife has already begun this process through; early thinking in relation to determining areas to deliver both productive opportunities and/or cash releasing efficiency savings, the implementation of our Strategic Planning Resource Allocation (SPRA) process and more recently through the creation of the Population Health and Wellbeing Portfolio Board (PHWPB).

2.3 Assessment

The proposal is to create a Financial Improvement/Sustainability Programme reporting into the PHWPB. The programme will ensure the scope of productive opportunities and savings workstreams is clearly defined and linked to the impact they will have on managing operational pressures and delivering financial balance.

The programme will develop and agree productive opportunities and savings targets for 2022/23 and a clear pipeline of plans for the more medium-term.

Dedicated recurring resources will be required to deliver this programme including a Programme Manager reporting to the Director of Finance and Strategy. Each productive opportunity and/or savings area should have an Executive level SRO with delegated responsibility from the Chief Executive for the delivery of the scheme. The SRO will be fully supported by the Programme Manager, Project Officer and Finance Business Partner. The infrastructure the SRO will need to remain informed on progress and challenges with each scheme will be automated for them to ensure their time is spent only on executive leadership, challenge and support.

A PID for the programme will be developed setting out the timelines, scope, delivery plan and reporting arrangements which will be applied to each scheme.

There will be active and effective governance of the programme through the PHWPB, then onward to the Finance and Performance Committee and Population Health and Wellbeing Committee and by exception to the NHS Fife Board.

Two presentations are included as Annex 1 & 2 to this report, the first was delivered in May 2021 to the Scottish Government and the second reflects a recent discussion on the Q2 financial position. The second sets out the level of current challenge and a range of potential productive opportunity/savings scheme areas with indicative savings targets applied. It should be noted that the potential schemes reflect discussions pre-pandemic, all of which remain the key areas to focus on as we move forward with this programme.

The graphics below are extracted from the above presentation.

Strategic Savings Programme – Medium-Term Productive Opportunities leading to capacity creation and cost reduction

NHS Fife Planned Schemes 2022/23 - 2024/25 (PMO Service Transformation Focus)
PRODUCTIVE OPPORTUNITIES
Optimising Day Case Capability
Non elective - Length of Stay - Geriatric Medicine / Links to readmission rates and delayed discharges of patient groups
Theatre Utilisation
Service Redesign - Including potential to create new staffing roles and pathways. Includes Redesign of Front Door and Redesign of Urgent Care
Digital - Outpatients & Long Term Conditions

Each of these schemes will generate additional capacity and will also lead to a reduction in supplementary staffing through more effective utilisation of existing staffing operating on a day case basis with a reduction to LoS.

There is also the potential for income generation through offering capacity to other Boards in the region and potentially some retraction of external commissioning.

All of the above link to both the Planned Care and Integrated Unscheduled Care National Programmes.

Now Underpinned formally through the creation of the Population Health and Wellbeing Portfolio Board – Chaired by CE

SPRA Process will conclude by end December and define specific project/scheme scope

Each project will appoint an Executive Director as SRO, Programme Boards established for all schemes – Formal reporting through Portfolio Board

Portfolio Baard reports to Population Health and Wellbeing Committee & NHS Fife Board

Strategic Savings Programme – Medium-Term Cash Releasing Schemes

CASH RELEASING (in-year recurring)	2022/23	2023/24	2024/25
Major Contracts Review	1,000	1,000	1,000
Medicines Optimisation Group - Automation and Waste Management	500	500	500
Procurement Governance Board - Surgical Supplies/Contracts/Grip and Control	1,000	2,000	2,000
External Commissioning	500	500	500
Property and Infrastructure/Agile Working	500	500	500
Energy Efficiency	350	500	500
Medical Devices Contract Review/Repatriation		300	300
Agency and Locum Reduction (linked to productive opportunities above)	2,000	3,000	4,000
Recurring additional vacancy factor	2,000	2,000	2,000
	7,850	10,300	11,300

Now Underpinned formally through the creation of the NHS Fife Change Portfolio Board – Chaired by CE

SPRA Process will conclude by end December and define specific project/scheme scope

Each project will appoint an Executive Director as SRO, Programme Boards established for all schemes – Formal reporting through Portfolio Board

Portfolio Baard reports to Population Health and Wellbeing Committee & NHS Fife Board

Each of the schemes proposed above were presented to the Portfolio Board for discussion and approval to allow us to move towards creating the overall PID for the programme and the detailed plans required to ensure delivery.

The Committee will be aware that a meeting took place with Scottish Government finance representatives on 6 September 2021 to review the Board financial performance including key financial risks and operational pressures. The RMP 4 forecast financial position for the board included delivery of savings of £8.1m in year with a remaining financial pressure of £19.7m for board retained services. Work to date has informed a reduction to £16.8m.

Since that meeting the Scottish Government has confirmed no funding will be allocated to support underachievement of savings in 2021/22, however support will be provided to deliver break-even on a non-repayable basis provided the board conducts a robust review of savings plans and processes and appropriate action is taken to reduce the request for support as much as possible.

Moreover, Scottish Government have requested the board develop savings plans which will reflect 50% of the 2022-23 funding gap by the end of quarter 3 of this financial year. It is likely plans of approximately £10m will required to be identified. In light of the financial support to be provided, the Scottish Government have plans to monitor NHS Fife going forward on a monthly basis to review the development of savings plans and delivery. The creation of the Financial Improvement/Sustainability Programme will underpin and support the organisation delivering against the position as set out by the Scottish Government.

2.3.1 Quality/ Patient Care

Delivery of the most effective allocation of resources and increasing capacity across our system will enhance the quality of patient care.

2.3.2 Workforce

Staff health and wellbeing is a strategic priority for NHS Fife, each of the planned areas within the programme will be assessed to ensure they deliver improvements to secure the long-term conditions required to support and protect our staff.

2.3.3 Financial

The productive opportunities and cash releasing savings to be delivered through this programme will support the achievement of recurring financial balance over the medium-term.

2.3.4 Risk Assessment/Management

Each scheme will be risk assessed individually and a consolidated risk assessment will be prepared to support the whole programme.

2.3.5 Equality and Diversity, including health inequalities

The programme will go through a full impact assessment as part of the creation of the programme PID.

2.3.6 Other impact

Each scheme will be assessed for operational and workforce impact.

2.3.7 Communication, involvement, engagement and consultation

Once approved, there should be an organisation wide communication to inform on the programme plans as we begin to exit the pandemic. That communication should focus on the effective use of all our resources, productivity, and increasing capacity to deliver the national recovery plan.

2.3.8 Route to the Meeting

- Public Health and Wellbeing Portfolio Board, 2 December 2021.

2.4 Recommendation

The Portfolio Board approved the creation of the Financial Improvement/Sustainability Programme. The paper is presented to the Committee for:

- **Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix 1: NHS Fife Financial Plan 2021/22 18 May 2021
- Appendix 2: NHS Fife Financial Position and Plan 23 November 2021

Report Contact
Margo McGurk
Director of Finance & Strategy
Email margo.mcgurk@nhs.scot

NHS Fife Financial Plan 2021/22

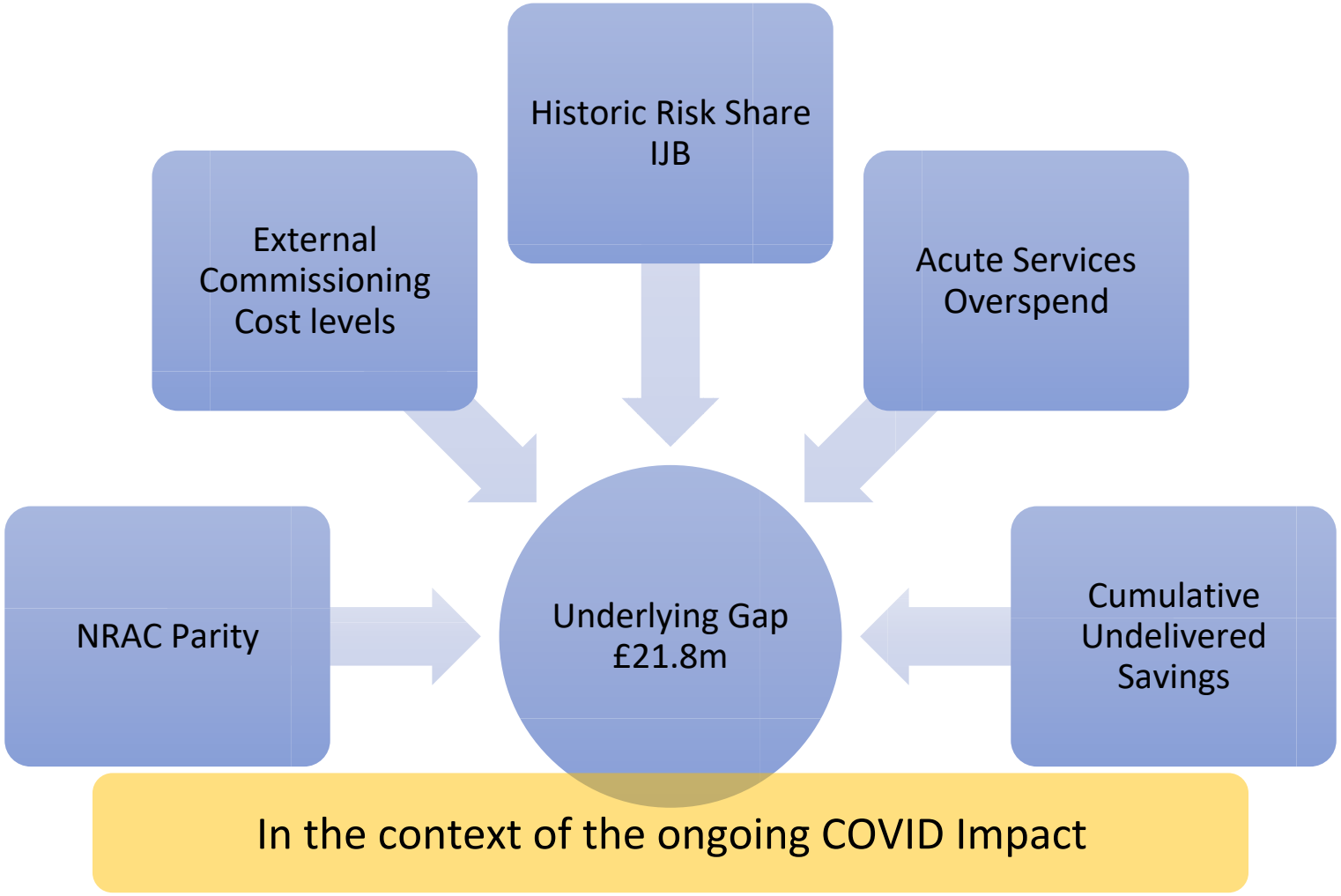
Margo McGurk

18 May 2021

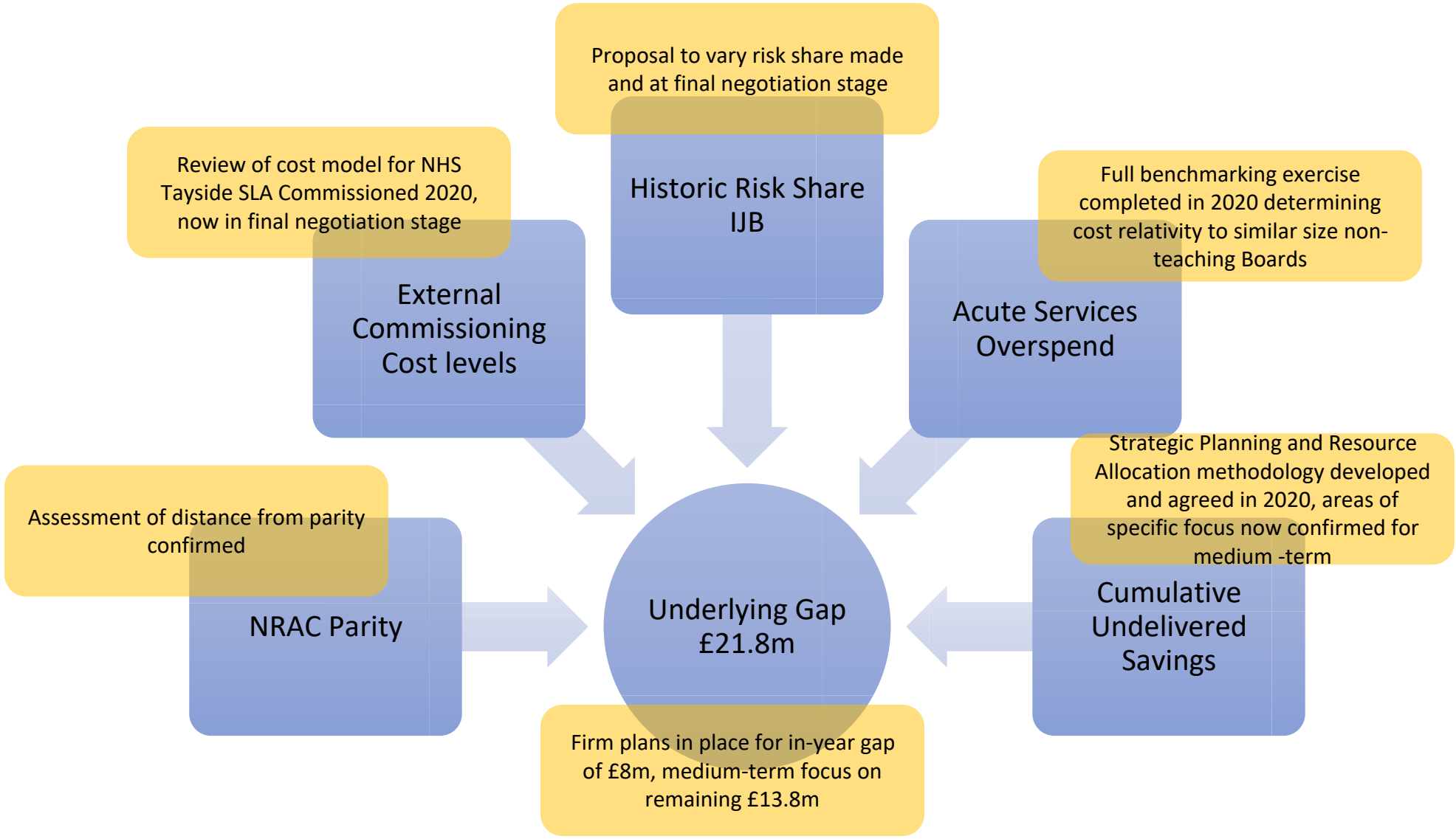
NHS Fife Financial Plan 2021/22

- Financial Gap – Cost/Funding Drivers
- Financial Gap – Assessment/Challenge so far
- Benchmarking our Service Costs
- NRAC Parity Assessment
- Progress with Savings Planned
- Strategic Savings Programme – Medium-Term
- Medium-term Savings Profile
- Financial Gap – Potential In-year Management

Financial Gap – Cost/Funding Drivers



Financial Gap – Assessment/Challenge so far



Understanding our Cost Base - Benchmarking Service Costs

	Acute	Maternity	Geriatric Assessment	General Psychiatry	Learning Disability	Geriatric Continuing Care	Young Physically Disabled	Other Community Services	Family Health Services	Total £m
Inpatients	2	2	9	5	11	10				231,627
Day Cases	1	3								23,501
Outpatients	10	11	9	8	3					70,793
A&E	6									13,384
Community		7		1	3					13,025
Day Patients	6		9	5						11,313
Resource Transfer										19,238
Nurse & Health Visiting								4		18,630
Other Community Services								2		73,086
Vol Orgs								5		4,095
Other Local Authority								11		34,218
General Medical Services									2	55,400
General Dental Services									2	25,245
Pharmaceutical Services									4	87,693
General Ophthalmic Services									8	7,170
Total Expenditure (£m)	£236.01	£24.13	£36.51	£53.19	£25.30	£7.74	£0.08	£130.03	£175.51	£688.50

NHS Fife compares favourably with non-Teaching, non-Island Boards on a cost per case basis for Acute & Maternity where the majority of the costs are.

Areas being prioritised for more detailed assessment:

- Geriatric Assessment and Other Local Authority spend within Community Services
- Outpatient Activity

NRAC Parity Assessment

Scottish Budget 2021/22 (Chapter 4) - using this as the basis for calculation would drive the following allocations					
	NRAC Target %	NRAC Target £m	Actual %	Initial Allocation* £m	Difference £m
Ayrshire & Arran	7.38	781.08	7.32	774.5	-6.6
Borders	2.13	225.43	2.10	222.7	-2.7
Dumfries & Galloway	2.99	316.45	3.03	320.6	4.1
Fife	6.81	720.75	6.73	712.6	-8.1
Forth Valley	5.45	576.81	5.38	569.4	-7.4
Grampian	9.74	1030.85	9.71	1027.9	-3.0
Greater Glasgow & Clyde	22.21	2350.64	22.66	2398.1	47.5
Highland	6.59	697.47	6.54	691.9	-5.6
Lanarkshire	12.27	1298.62	12.15	1286.1	-12.5
Lothian	14.97	1584.38	14.83	1569.5	-14.9
Orkney	0.5	52.92	0.52	54.8	1.9
Shetland	0.48	50.80	0.52	54.6	3.8
Tayside	7.81	826.59	7.75	819.9	-6.7
Western Isles	0.67	70.91	0.77	81.1	10.2
	100	10583.7	100	10583.7	0

Distance from NRAC Parity is a significant issue for NHS Fife.

Differences in how the distance is calculated.

Year on year shortfall from parity and cumulative impact is an issue for NHS Fife and impacts on savings delivery.

NHS Fife NRAC Parity - 10 Year (2009/10 - 2019/20) Impact Assessment £84.4m

Progress with 2021/21 In-year Savings Planned

Savings Summary 2021/22	£'000	Risk Level
Workforce Capacity and Utilisation Review (Bank & Agency Spend increase of £3m in last 2 years to £11m)	1,000	High
Pay Vacancy Factor (1%)	3,015	Medium
Repatriation of Services	500	Low
External Commissioning Cost Review	1,000	High
Medicine Utilisation	500	Medium
Contracts	1,500	Medium
Procurement - Non-pay	500	Medium
	8,015	

Progress being made in reducing some medium and high risk areas – improving confidence on delivery.

Progress Update – Overall Risk Profile decreasing

Enhanced authorisation in place, will consider at mid-year whether potential to increase.

Recognition of target as part of budget setting and budgets decreased to cover this.

Repatriation agreement in place and being mobilised

Review of cost model for NHS Tayside SLA Commissioned 2020, now in final negotiation stage – potential for increase on £1m phased over 2 years

Mobilisation of procurement capability to deliver this is underway

One-off significant contractual negotiation at final stage. Now considering the re-financing of the PFI contract with potential t release £1m on a rec basis

Procurement governance board established with peer support from NHS Lothian, Product Cost Improvement Plan in progress

Strategic Savings Programme – Medium-Term

NHS Fife Potential Areas 2022/23 - 2023/24 (PMO Service Transformation Focus)
Optimising Day Case Capability
Non elective - Length of Stay - Geriatric Medicine / Links to readmission rates and delayed discharges of patient groups
Theatre Utilisation
Radiology and Labs Capacity Commissioning
Service Redesign - Including potential to create new staffing roles and pathways. Includes Redesign of Front Door and Redesign of Urgent Care
Strategic Review of Estate and Facilities Infrastructure and Space Utilisation. Includes engagement with Scottish Government on the Non-Domestic Energy Efficiency Framework.
Digital - Outpatients & Long Term Conditions

Objectives in these areas will be driven by the emerging work on the new NHS Fife Health and Well-being strategy and will be underpinned by a corporate PMO (investment agreed as part of the 2021/22 financial plan)

There will be both cash releasing savings and productivity gains

Medium-term Savings Profile

2021/22			
R	N/R	Covid impact	Total
£'000	£'000	£'000	£'000
0	4,000	13,822	17,822
4,015	0	0	4,015
0	0	0	0
4,015	4,000	13,822	21,837

2022/23			
R	N/R	Covid impact	Total
£'000	£'000	£'000	£'000
6,828	4,000	0	10,828
0	0	0	0
0	0	0	0
6,828	4,000	0	10,828

2023/24			
R	N/R	Covid impact	Total
£'000	£'000	£'000	£'000
10,994	0	0	10,994
0	0	0	0
0	0	0	0
10,994	0	0	10,994

Medium-Term Planned Reduction to Recurring Savings c/f	17,822	10,994	0

Note there will also potentially be in-year savings required beyond the brought forward savings detailed above.

PMO Focus on Service Transformation to Drive Savings Programme

NHS Fife Position/Financial Plan 2021/22 -2024/25

Margo McGurk

24 November 2021

Outline of Presentation

- NHS Fife Financial Position 2021/22
- NHS Fife Financial Plan 2022/23 – Recovery of Legacy Savings
- NHS Fife Projected Continuing Covid Impact

NHS Fife Financial Position 2021/22

Q2 Financial Position Update

Projecting an overspend of £16.9m, reduction of £3m

- £13.7m unachieved legacy savings
- Core potential additional overspend of £3.2m
- Main pressures
  - SLA NHS Lothian
  - Acute drugs cost pressures
  - Microsoft 365 licence cost pressures of £0.6m.
- Progress with in-year planned savings schemes

Progress with 2021/22 In-year Savings Planned

Saving Performance 2021/22 end Q2	Target £'000	Achieved £'000	Risk Level Risk Level	
Workforce Capacity and Utilisation Review (Bank & Agency Spend increase of £3m in last 2 years to £11m)	1,000	407	High	Enhanced authorisation in place, will consider at mid-year whether potential to increase.
Pay Vacancy Factor (1%)	3,015	3,015	Medium	Recognition of target as part of budget setting and budgets decreased to cover this.
Repatriation of Services (final negotiation stage with NHS Tayside)	500	-	Low	Repatriation agreement in place and being mobilised
External Commissioning Cost Review (final negotiation stage with NHS Tayside)	1,000	-	Medium	Review of cost model for NHS Tayside SLA Commissioned 2020, now in final negotiation stage – potential for increase on £1m phased over 2 years
Medicine Utilisation	500	117	Medium	Mobilisation of Medicines Optimisation Board to drive savings programme
Contracts (awaiting final contract sign-off, change agreed and approved by NHS Board)	1,500	129	Low	One-off significant contractual negotiation at final stage.
Procurement - Non-pay	500	-	Medium	Procurement governance board established with peer support from NHS Lothian.
Other	166	994	Low	Additional –n-year through Grip and Control
	8,181	4,662		

Progress being made in reducing some medium and high risk areas – improving confidence on delivery.

NHS Fife Financial Plan 2022/23 – Recovery of Legacy Savings

- Forecast Achievement Against Savings to Close Financial Plan Gap vs NRAC Parity
- Recap of Benchmarking Exercise
- Strategic Savings Programme – Medium-Term Productive Opportunities leading to capacity creation and cost reduction
- Strategic Savings Programme – Medium-Term Cash Releasing Schemes
- Strategic Savings Programme – Medium-Term Savings Profile

Forecast Achievement Against Savings to Close Financial Plan Gap vs NRAC Parity

	Baseline Budget	Financial Plan Gap	% of baseline	Forecast Under-achievement of savings/brokerage	% of gap	NRAC Target %	NRAC Target £m		Current NRAC %	Allocation* £m	Difference £m	Above NRAC Parity	% below NRAC Parity	
Ayrshire and Arran	774,472	32,354	4.2%	13,580	42%	7.38	781.08		7.32	774.5	-6.6		-0.84%	
Borders	222,653	13,600	6.1%	8,490	62%	2.13	225.43		2.10	222.7	-2.7		-1.21%	**
Dumfries and Galloway	320,570	31,194	9.7%	16,398	53%	2.99	316.45		3.03	320.6	4.1	*		
Fife	712,604	21,837	3.1%	13,656	63%	6.81	720.75		6.73	712.6	-8.1		-1.13%	**
Forth Valley	569,449	32,379	5.7%	-	0%	5.45	576.81		5.38	569.4	-7.4		-1.28%	
Grampian	1,027,888	2,633	0.3%	-	0%	9.74	1030.85		9.71	1027.9	-3.0		-0.29%	
Greater Glasgow and Clyde	2,398,130	136,400	5.7%	62,400	46%	22.21	2350.64		22.66	2398.1	47.5	*		
Highland	691,876	32,900	4.8%	16,557	50%	6.59	697.47		6.54	691.9	-5.6		-0.80%	
Lanarkshire	1,286,064	34,947	2.7%	18,000	52%	12.27	1298.62		12.15	1286.1	-12.5		-0.96%	
Lothian	1,569,492	50,986	3.2%	9,000	18%	14.97	1584.38		14.83	1569.5	-14.9		-0.94%	
Orkney	54,797	5,470	10.0%	5,090	93%	0.5	52.92		0.52	54.8	1.9			
Shetland	54,639	2,008	3.7%	-	0%	0.48	50.80		0.52	54.6	3.8			
Tayside	819,915	27,000	3.3%	6,000	22%	7.81	826.59		7.75	819.9	-6.7		-0.81%	
Western Isles	81,136	4,410	5.4%	-	0%	0.67	70.91		0.77	81.1	10.2		14.37%	

Outlying Boards are furthest from NRAC Parity (with the exception of FV)
2 Boards beyond NRAC Parity also with significant savings delivery challenges

Understanding our Cost Base - Benchmarking Service Costs

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Vol Orgs								5		4,095
Other Local Authority								11		34,218
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Total Expenditure (£m)	£236.01	£24.13	£36.51	£53.19	£25.30	£7.74	£0.08	£130.03	£175.51	£688.50

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Areas being prioritised for more detailed assessment:

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Each of these schemes will generate additional capacity and will also lead to a reduction in supplementary staffing through more effective utilisation of existing staffing operating on a day case basis with a reduction to LoS.

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All of the above link to both the Planned Care and Integrated Unscheduled Care National Programmes.

Now Underpinned formally through the creation of the Population Health and Wellbeing Portfolio Board – Chaired by CE

SPRA Process will conclude by end December and define specific project/scheme scope

Each project will appoint an Executive Director as SRO, Programme Boards established for all schemes – Formal reporting through Portfolio Board

Portfolio Baard reports to Population Health and Wellbeing Committee & NHS Fife Board

Strategic Savings Programme – Medium-Term Cash Releasing Schemes

CASH RELEASING (in-year recurring)	2022/23	2023/24	2024/25
Re-financing PFI	1,000	1,000	1,000
Medicines Optimisation Group - Automation and Waste Management	500	500	500
Procurement Governance Board - Surgical Supplies/Contracts/Grip and Control	1,000	2,000	2,000
External Commissioning	500	500	500
Property and Infrastructure	500	500	500
Energy Efficiency	350	500	500
Medical Devices Contract Review/Repatriation		300	300
Agency and Locum Reduction (linked to productive opportunities above)	2,000	3,000	4,000
Recurring additional vacancy factor	2,000	2,000	2,000
	7,850	10,300	11,300
NRAC PARITY est	2,000	4,000	6000
Contribution to Recurring Financial Gap	9,850	14,300	17,300

Now Underpinned formally through the creation of the Population Health and Wellbeing Portfolio Board – Chaired by CE
SPRA Process will conclude by end December and define specific project/scheme scope

Each project will appoint an Executive Director as SRO, Programme Boards established for all schemes – Formal reporting through Portfolio Board

Portfolio Baard reports to Population Health and Wellbeing Committee & NHS Fife Board

Strategic Savings Programme – Medium-Term Savings Profile

2021/22			
R	N/R	Covid impact	Total
£'000	£'000	£'000	£'000
0	4,000	13,656	17,656
4,015	0	0	4,015
0	0	0	0
4,015	4,000	13,656	21,671

2022/23			
R	N/R	Covid impact	Total
£'000	£'000	£'000	£'000
9,850	0	0	9,850
0	0	0	0
0	0	0	0
9,850	0	0	9,850

2023/24			
R	N/R	Covid impact	Total
£'000	£'000	£'000	£'000
4,450	0	0	4,450
0	0	0	0
0	0	0	0
4,450	0	0	4,450

2024/25			
R	N/R	Covid impact	Total
£'000	£'000	£'000	£'000
3,000	0	0	3,000
0	0	0	0
0	0	0	0
3,000	0	0	3,000

Recurring Savings c/f	17,656	7,806	3,356	356

Medium-Term Planned Reduction to Recurring Savings (includes parity annual adjustment increase of £2m annually, still c£2m from NRAC Parity by 2024/25)

Cost pressures beyond Legacy Savings not yet included – additional in-year challenge – to be managed through enhanced grip and control on both supplementary staffing and non-pay

IJB Health Delegated Underspend of £3m aligned in 2021/22 to Social Care requires to shift in 2022/23 to Acute Set Aside – in negotiation – would improve the situation – Integration Scheme now approved

NHS Fife Projected Continuing Covid Impact

Health Board Retained		2022/23	21/22 forecast
R	NR	Total	
£000s	£000s	£000s	£000s
8,365	6,145	14,510	33,993

HSCP		2022/23	21/22 forecast
R	NR	Total	
£000s	£000s	£000s	£000s
16,320	13,342	29,662	32,503

Total		2022/23	21/22 forecast
R	NR	Total	
£000s	£000s	£000s	£000s
24,685	19,487	44,172	66,496

Unachieved Savings excluded from Health Retained

Unachieved Savings of £1.764m included in HSCP

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**11 January 2022**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
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 (RMP4)

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 October 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 meetings of the Clinical Governance, Staff Governance, Finance, Performance & Resources and Public Health & Wellbeing Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper.

2.3 Assessment

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 (RMP4), and the IPQR provides a high-level activity summary on Page 4. This will be updated monthly until the end of the FY.

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

WT = Waiting Times
RTT = Referral-to-Treatment
TTG = Treatment Time Guarantee (measured on Patient Waiting, not Patients Treated)
DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Not achieving

Operational Performance – H&SCP

Measure	Update	Target	Current Status
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT [1]	Monthly	90%	Not achieving

[1] Local data collection has been paused since August to allow the investigation of significant data quality issues. The formal PHS quarterly publications in September and December have also been cancelled.

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 and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The December IPQR will be available for discussion at the round of January 2022 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 approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The FPR Committee is requested to:

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

3 List of appendices

None

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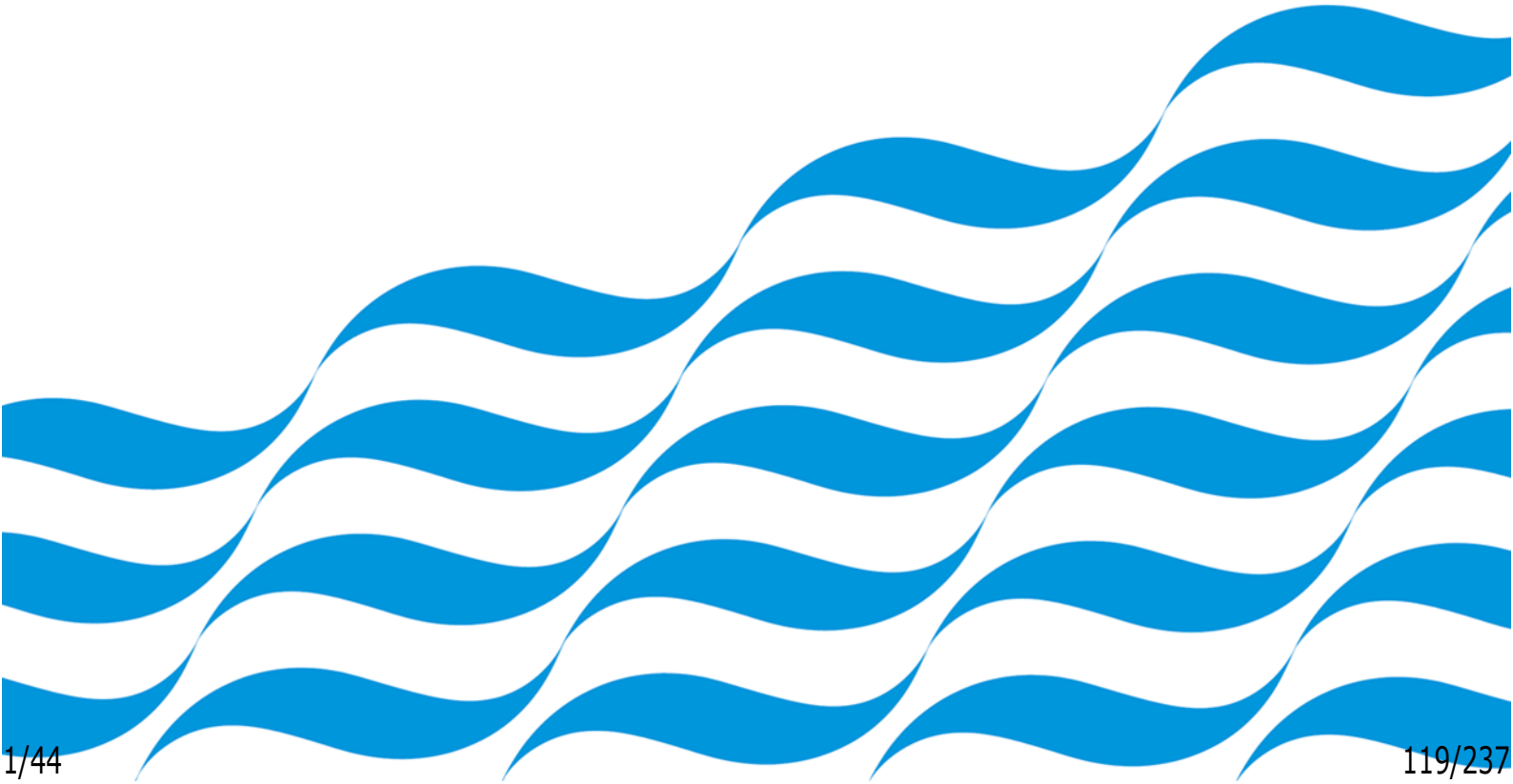
Fife Integrated Performance & Quality Report

Produced in December 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 agreed its Joint Remobilisation (RMP3) for 2021/22 at the start of 2021, and this effectively replaced the previous 1-year or 3-year Annual Operational Plans. It has now been superseded by RMP4, addressing the status and forecasts for the second half of the FY. Both RMP3 and 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**, 4 (13%) **AMBER** and 19 (66%) **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 were notable improvements in the following areas in October:

- Falls Rate at lowest level since June
- C Diff HAI/HCAI quarterly rate at lowest level since February
- Stage 1 Complaints quarterly rate at highest level since April

Additionally, it has now been 18 months since the Cancer-31 DTT performance fell below the 95% Standard.

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 10 (34%) within upper quartile, 14 (49%) in mid-range and 5 (17%) 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	Oct-20	17	Sep-21	26	Oct-21	29	↓		N/A			
	HSMR	N/A	Year Ending	Jun-20	1.00	Mar-21	1.01	Jun-21	1.03	↓		YE Jun-21	1.03	●	1.00
	Inpatient Falls	7.68	Month	Oct-20	7.94	Sep-21	7.93	Oct-21	7.12	↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Oct-20	1.68	Sep-21	1.50	Oct-21	1.80	↓		N/A			
	Pressure Ulcers	0.42	Month	Oct-20	1.00	Sep-21	1.28	Oct-21	0.99	↑		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	Oct-20	15.7	Sep-21	16.6	Oct-21	16.2	↑		QE Jun-21	6.3	●	18.7
	SAB - Community	N/A	Quarter Ending	Oct-20	10.6	Sep-21	9.6	Oct-21	11.7	↓		QE Jun-21	8.6	●	10.9
	C Diff - HAI/HCAI	6.5	Quarter Ending	Oct-20	9.2	Sep-21	9.5	Oct-21	7.0	↑		QE Jun-21	10.0	●	14.6
	C Diff - Community	N/A	Quarter Ending	Oct-20	3.2	Sep-21	4.2	Oct-21	2.1	↑		QE Jun-21	4.3	●	5.4
	ECB - HAI/HCAI	33.0	Quarter Ending	Oct-20	39.3	Sep-21	55.6	Oct-21	51.1	↑		QE Jun-21	37.6	●	38.2
	ECB - Community	N/A	Quarter Ending	Oct-20	33.9	Sep-21	40.5	Oct-21	39.5	↑		QE Jun-21	32.2	●	41.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Oct-20	80.5%	Sep-21	72.0%	Oct-21	78.4%	↑		2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Oct-20	37.3%	Sep-21	27.0%	Oct-21	18.0%	↓		2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Oct-20	100.0%	Sep-21	100.0%	Oct-21	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Oct-20	94.1%	Sep-21	80.1%	Oct-21	76.3%	↓		Oct-21	76.3%	●	73.5%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Oct-20	54.9%	Sep-21	68.2%	Oct-21	64.9%	↓		Sep-21	69.3%	●	37.5%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Oct-20	59.3%	Sep-21	58.3%	Oct-21	56.5%	↓		Sep-21	58.0%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Oct-20	94.3%	Sep-21	75.7%	Oct-21	78.7%	↑		Sep-21	75.8%	●	57.8%
	18 Weeks RTT	90%	Month	Oct-20	65.1%	Sep-21	69.7%	Oct-21	71.1%	↑		QE Sep-21	71.4%	●	75.1%
	Cancer 31-Day DTT	95%	Month	Oct-20	100.0%	Sep-21	98.3%	Oct-21	100.0%	↑		QE Jun-21	99.0%	●	98.1%
	Cancer 62-Day RTT	95%	Month	Oct-20	85.0%	Sep-21	82.9%	Oct-21	83.3%	↑		QE Jun-21	80.3%	●	84.1%
	Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6%	↑		2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Oct-20	85.7%	Sep-21	71.8%	Oct-21	77.8%	↑		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Oct-20	5.2%	Sep-21	10.9%	Oct-21	10.4%	↑		QE Jun-21	9.2%	●	5.0%
	Delayed Discharge (# Standard Delays)	N/A	Month	Oct-20	35	Sep-21	83	Oct-21	93	↓		Oct-21	30.78	●	26.92
	Antenatal Access	80%	Month	Aug-20	83.3%	Jul-21	87.2%	Aug-21	89.6%	↑		FY 2020/21	89.3%	●	88.5%
	Smoking Cessation	473	YTD	Aug-20	45.7%	Jul-21	59.5%	Aug-21	52.8%	↓		FY 2020/21	53.3%	●	84.9%
	CAMHS Waiting Times	90%	Month	Oct-20	76.5%	Sep-21	82.1%	Oct-21	76.0%	↓		QE Sep-21	83.8%	●	78.6%
	Psychological Therapies Waiting Times	90%	Month	Oct-20	64.7%	Sep-21	84.5%	Oct-21	82.3%	↓		QE Sep-21	86.3%	●	87.2%
	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	93.2%	2020/21	96.1%	↑		2018/19	93.7%	●	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.5%	↓		2018/19	60.9%	●	43.4%
Finance	Revenue Expenditure	(£13.822m)	Month	Oct-20	N/A	Sep-21	(£8.958m)	Oct-21	(£10.228m)	↓		N/A			
	Capital Expenditure	£32.082m	Month	Oct-20	N/A	Sep-21	£6.812m	Oct-21	£7.821m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Oct-20	4.93%	Sep-21	6.42%	Oct-21	6.34%	↑		YE Mar-21	4.77%	●	4.67%

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

Better than Projected | Worse than Projected | No Assessment
(NOTE: Better/Worse may be higher or lower, depending on context)

		Quarter End Jun-21	Quarter End Sep-21	Month End Oct-21	Month End Nov-21	Month End Dec-21	Quarter End Dec-21	Quarter End Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	1,062	1,264	1,074	3,400	3,740
	Actual	3,260	2,953	841	1,124			
	Variance	279	-167	-221	-140			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	6,645	7,167	7,093	20,905	21,861
	Actual	19,488	20,161	5,976	7,596			
	Variance	2,388	1,036	-669	429			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	613	613	614	1,840	1,840
	Actual	1,406	1,509	441	578			
	Variance	-395	-324	-172	-35			
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	4,655	4,556	4,431	13,642	13,692
	Actual	12,971	12,629	3,973	4,046			
	Variance	2,121	1,379	-682	-510			
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	7,030	6,700	6,890	20,620	20,340
	Actual	20,728	21,110	6,431	6,403			
	Variance	3,618	2,000	-599	-297			
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			82.5%	84.0%	84.5%	80.0%	83.0%
	Actual			76.4%	79.7%			
	Variance			-6.1%	-4.3%			
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	3,650	3,540	3,490	10,680	10,120
	Actual	10,085	10,042	3,328	3,359			
	Variance	2,045	1,722	-322	-181			
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85				5.63	5.73
	Actual	5.54	6.16					
	Variance	-0.28	-0.28					
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	870	870	870	2,610	2,610
	Actual	2,885	3,047	899	1004			
	Variance	**435**	**437**	**29**	**134**			
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	128	128	128	384	384
	Actual	305	337	109				
	Variance	-110	-98	-19				
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			65	70	65	200	210
	Actual			78				
	Variance			13				
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			146	140	119	405	393
	Actual			118	127			
	Variance			-28	-13			
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			8	40	20	68	30
	Actual			3	5			
	Variance			-5	-35			
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			75.0%	65.0%	68.0%	69.3%	75.0%
	Actual			76.0%	71.2%			
	Variance			1.0%	6.2%			
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			683	698	560	1,941	2,197
	Actual			525				
	Variance			-158				
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			69	95	70	234	210
	Actual			38				
	Variance			-31				
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.4%	69.6%	77.4%	73.2%	67.9%
	Actual			82.3%				
	Variance			8.9%				

		Month End Jun-21	Month End Sep-21	Month End Oct-21	Month End Nov-21	Month End Dec-21	Month End Dec-21	Month End Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) [1]	Projected	65	63	96	91	84	84	66
	Actual	128	112	121	107			
	Variance	63	49	25	16			
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	28	27	28	25	23	23	20
	Actual	47	29	28	31			
	Variance	19	2	0	6			
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	37	36	68	66	61	61	46
	Actual	81	83	93	76			
	Variance	44	47	25	10			

[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**	**1.03**

The HSMR for NHS Fife for the year ending June rose by 0.2 in comparison to the rate for the year ending March, and remained above the Scotland average and in the worst-performing Mainland Health Board quartile. The rate for VHK alone was also 1.03.

Inpatient Falls (with Harm)	*Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21*	**1.65**	**1.80**

We continue to maintain a focus on falls prevention work despite workforce and environmental challenges. Changes in ward configurations and patient pathways remain dynamic with supplementary staff supporting care delivery. Support continues to focus on areas where falls with harm have increased noting a slight increase in some areas. The workplan has been reviewed to support a delay in some of the actions, with progress continuing albeit at a slower timescale.

Pressure Ulcers	*50% reduction by December 2020, continued for FY 2021/22*	**0.42**	**0.99**

Acute: In October, Hospital Acquired Pressure Ulcers (HAPU) remained above the median with no special cause flags. There was a slight reduction in grade 2, grade 3 and suspected deep tissue injury and no incidence of multiple. There have been no grade 4 reported since November 2018.

HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Monitoring is undertaken weekly using a patient safety dashboard, reporting on all inpatient wards within the partnership. The dashboard enables timely action, highlighting areas for further improvement activity. In addition, all HAPU graded major or extreme undergo robust review with key learning to inform improvement activity.

Caesarean Section SSI	*We will reduce the % of post-operation surgical site infections to 2.5%*	**2.5%**	**3.6%**

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)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**18.8**	**16.2**

NHS Fife continues to be on target to achieve a 10% infection rate reduction by March 2022. There was one Renal haemodialysis line SAB in October, but there have been no PVC SABs since August.

C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**6.5**	**7.0**

At the end of October, NHS Fife is in line to achieve the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022. There was just one health care associated CDI in October. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence since August.

ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022*	**33.0**	**51.1**

The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. At the end of October, NHS Fife was above the trajectory to achieve this target. There were 24 ECBs in total for October with 3 of these due to a CAUTI and 1 CAUTI was associated with trauma. Reducing CAUTI incidence remains the quality improvement focus to achieve the reduction target of HCAI ECBs.

Complaints – Stage 2	*At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)*	**65%**	**18.0%**

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 and number of complaints received and numbers received continue to be high. PRD continues to respond to concerns and Stage 1 complaints relating to COVID-19 vaccination appointments as the programme team has started delivering third vaccines.

e. Assessment (cont.) – Operational Performance

		Target	Current
4-Hour Emergency Access	*95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**76.3%**

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.

Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**64.9%**

Performance in October deteriorated with 64.9% waiting less than 12 weeks compared to stable performance of 68% since June 2021. This was as a result of a reduction in activity in October which was less than projected and less than previous months partly due to elective surgery being restricted to urgent patients only in response to significant pressures in unscheduled care. The waiting list continues to rise with 3,691 patients on list in October, 12% greater than in October 2019 pre-covid. There is a continued focus on clinical priorities whilst reviewing long waiting patients. NHS Fife remains one of the best performing Board in Scotland for TTG. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan, however, this is heavily dependent on our ability to maintain access to beds for elective activity.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**56.5%**

Performance in October continues to deteriorate with 56.5% waiting less than 12 weeks. Referrals to outpatients and the waiting list remains high and with 21,721 on the outpatient waiting list is 44% higher than in October 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, with the number waiting over 52 weeks in October reduced by a quarter since March. We had anticipated that the need for social distancing and enhanced infection control procedures would be reduced by October and this was reflected in the projected activity levels. Due to the ongoing need for these measures to be in place, our outpatient capacity and therefore activity continues to be restricted. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan but the recovery will be slower than anticipated due to the continued capacity restrictions.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**78.7%**

Performance continues to be under significant pressure, decreasing to 78.7 % of patients in October waiting less than 6 weeks. There were 52.7 % of patients waiting less than 6 weeks for endoscopy and 82.3% for radiology waiting less than 6 weeks. The waiting list for diagnostics has increased to 5741 in October after a period of being stable at around 4800 and this increase is mainly within radiology where the demand for urgent and inpatient test in particular for CT and Ultrasound remains high. There continues to be significant pressures from unscheduled care activity 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 but the recovery is likely to be slower than anticipated because of the continued restrictions in activity and increases in unscheduled and urgent demand.

Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**83.3%**

October continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to routine staging and investigations, while Oncology capacity remains an issue. The majority of breaches continue to be seen in prostate due to the challenging, lengthy pathway. The range of breaches were 1 to 59 days (average 22 days).

FOI Requests	*At least 85% of Freedom of Information Requests are completed within 20 working days*	**85%**	**77.8%**

		Target	Current

There were 48 FOI requests closed in October, 9 of which were late, a monthly closure performance of 81.3%. The performance figure above reflects the performance for the 3-month period ending October, and is the highest since June. Provisional figures for November show a continuing improvement towards the target.

Due to staff turnover in the FOI Role, the Information Governance and Security Advisors are overseeing the administration of FOI requests.

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay is to reduce*	**5%**	**10.4%**

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, but this has resulted in the increase in the % of bed days lost. H&SC continue to recruit for care at home and are commissioning additional interim beds. As of the 1st December 41% of the official delays are code 100 and code 51X.

Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**473**	**104**

Service provision has continued to be delivered remotely by phone, Near Me appointments and use of translation service. New staff are going through a competency framework for quality assurance purposes with the aim of having a competent, confident workforce. This has taken an extended period of time due to the pandemic and remote working restrictions. Main service access is self-referral by phone. We are accepting all referrals due to the pandemic conditions, acknowledging that not all clients contribute to the SIMD target, and are therefore currently unable to assess SIMD status. There is a current downturn in clients numbers.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**76.0%**

Referral to Treatment (RTT) performance has dropped to 76% which reflects an increased activity against the longest waits due to new recruitment and psychology staff working from the back of the waiting list. As work on the longest waits progresses, RTT% will show a continuing drop until longest waits are reduced to 18 weeks. This is projected to be achieved by Dec 2022. Demand remains high for priority and urgent appointments with the majority of the CAMHS workforce addressing this need. 7 of the 8 new posts to address the demand have been recruited with 6 of these now in situ. Recruitment process is ongoing to address the Phase 1 funding from the Scottish Government Recovery & Renewal fund and a proposal for Phase 2 spend has been submitted to HSCP SLT for approval. The Recovery & Renewal funds will address national priorities such as achieving the CAMHS National service specification, Urgent Response, Intensive Home treatment as well as building internal capacity to provide specialist, evidence-based interventions.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**82.3%**

The overall waiting list continues on a downward trend, and there has been a further reduction in numbers waiting over 52 weeks. The overall trend in referrals remains upward. The reduction in the RTT target % can be attributed to a larger number of the longest waiting patients starting therapy in September and October compared to the previous two months. This is an anticipated consequence of services addressing the waiting list backlog.

e. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£13.822m)**	**(£10.228m)**

At the end of October the board's reported financial position is an overspend against budget of £13.232m comprising of an adverse variance for Acute Services Division of £13.557m and £3.049m for External Health Care Providers, offset by favourable variances across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £4.0m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) are reporting an underspend of £3.007m for the 7 months to October.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorates*	**£32.082m**	**£7.821**

The overall anticipated capital budget for 2021/22 is £32.082m. The capital position for the period to October records spend of £7.821m. Therefore, 24.38% of the anticipated total capital allocation has been spent to month 7.

e. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**3.89%**	**6.34%**

The sickness absence rate in October was 6.34%, a decrease of 0.08% from the rate in September. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.28%.

II. Performance Exception Reports

Clinical Governance

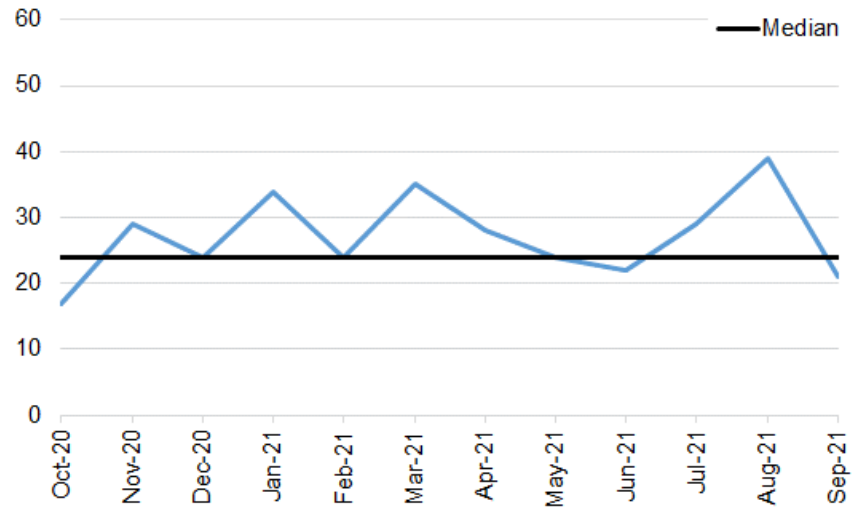
Finance, Performance & Resources: Operational Performance

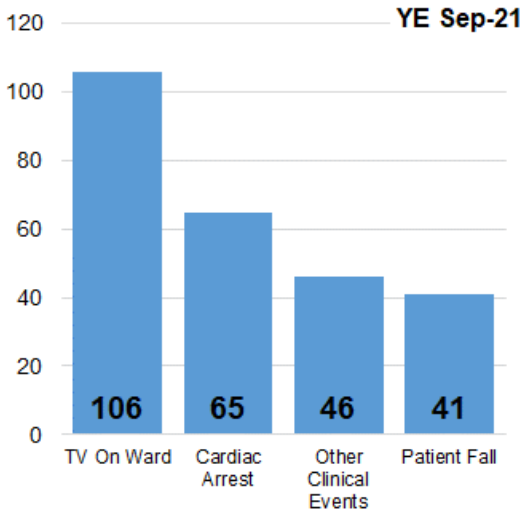
Finance, Performance & Resources: Finance

Staff Governance

Adverse Events

Major and Extreme Adverse Events





All Adverse Events

	Month	2020/21						2021/22					
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
ALL	NHS Fife	1340	1307	1251	1288	1210	1365	1358	1371	1348	1417	1447	1367
	Acute Services	558	640	603	573	531	630	594	647	605	626	615	592
	HSCP	748	635	621	694	653	708	725	682	694	741	795	735
	Corporate	34	32	27	21	26	27	39	42	49	50	37	40
CLINICAL	NHS Fife	903	955	930	904	855	954	937	1010	934	1007	951	943
	Acute Services	509	596	560	534	495	588	547	598	547	566	548	523
	HSCP	378	341	360	359	346	353	372	388	365	412	383	394
	Corporate	16	18	10	11	14	13	18	24	22	29	20	26

Commentary

There has been a marginal reduction in the overall number of incidents reported in September and October. There was an increase in reporting in the following categories:

- Infrastructure (Accommodation / Availability / Staffing)
- Specimen Management
- Healthcare Associated Infection

There has been a slight reduction in the number of falls in September and October, with October seeing 208 falls reported, this being the lowest number reported in 4 months.

Cardiac arrests in October have increased to 7 Incidents in comparison to 4 in each of the previous 2 months. Collaborative work with the Scottish Patient Safety Programme on 3 Acute Adult work streams is underway in relation to the deteriorating patient.

A new lead for Adverse Events is now in post and is providing dedicated leadership in the drive forward of the review of adverse events policy and process.

The following 3 key short term goals have been identified for completion by the end of January:

1. Communication and engagement of staff, with particular focus on the SAER process
2. Improvements to patient involvement
3. Review of the mapping of the current Adverse Events process to identify and action improvements required within the Adverse Events Team

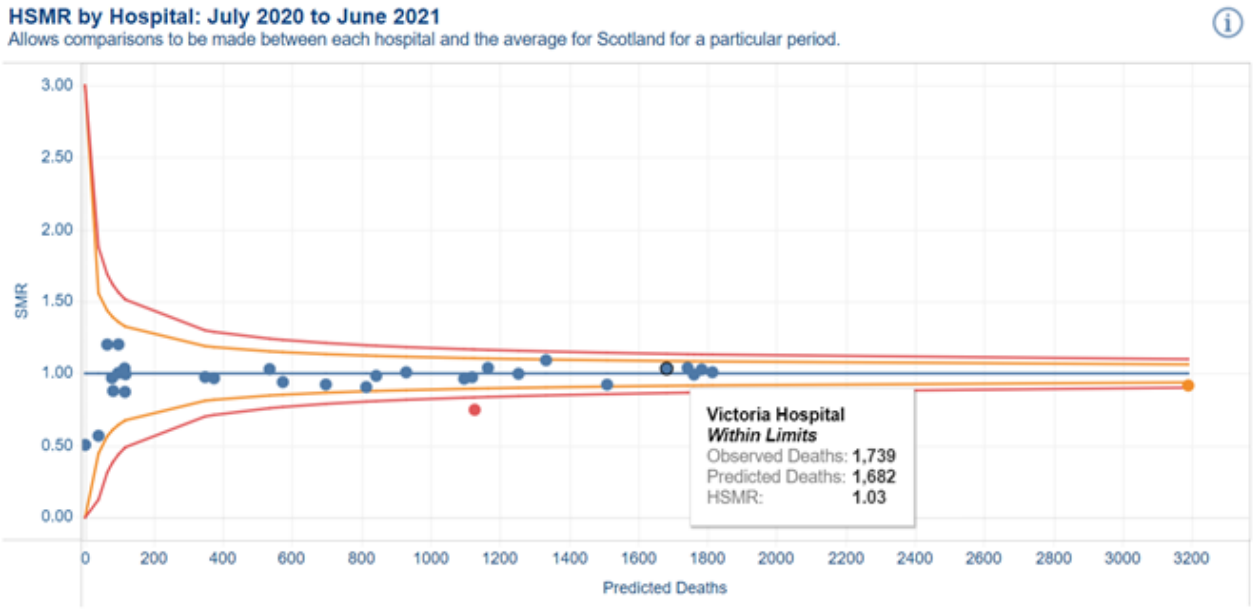
HSMR

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; July 2020 to June 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 rate for Victoria Hospital is shown within the Funnel Plot.



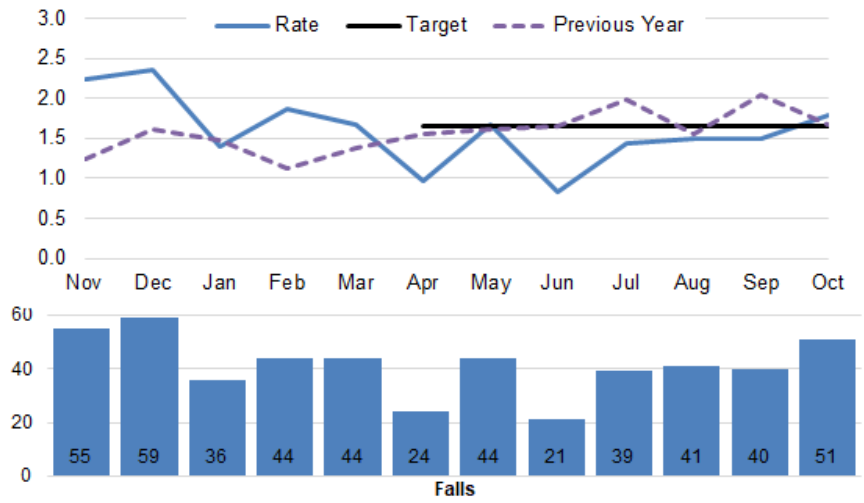
Commentary

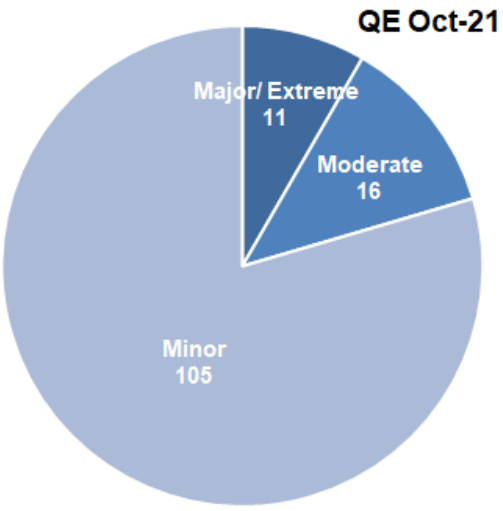
The HSMR for NHS Fife has remained above the 1.00 mean for all periods since the measure was changed two years ago. This should be seen as normal variation, but we will continue to monitor this closely. The difference between actual and predicted number of deaths in the year ending June produced a ratio of 1.03, with VHK itself also 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						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	2.24	2.35	1.39	1.87	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.80
Acute Services	1.54	1.67	1.24	1.18	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.67
HSCP	2.88	2.96	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.91
Target						1.65	1.65	1.65	1.65	1.65	1.65	1.65

KEY CHALLENGE(S) IN 2021/22

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

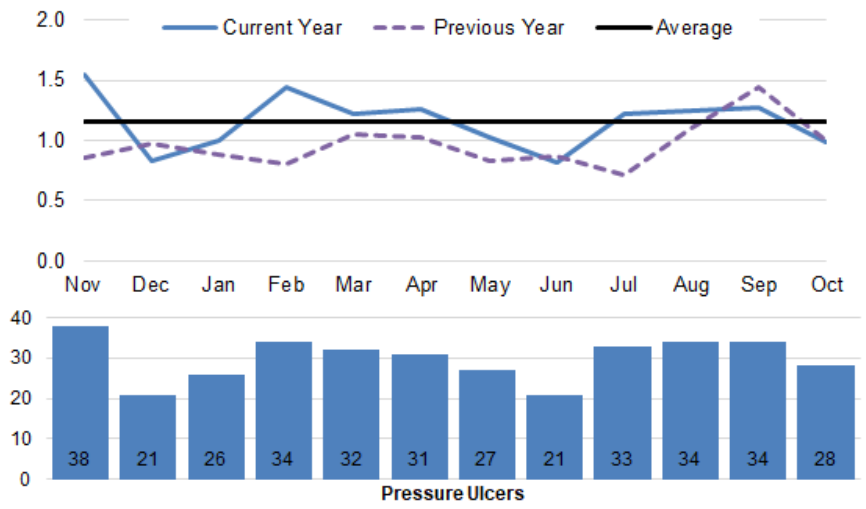
IMPROVEMENT ACTIONS

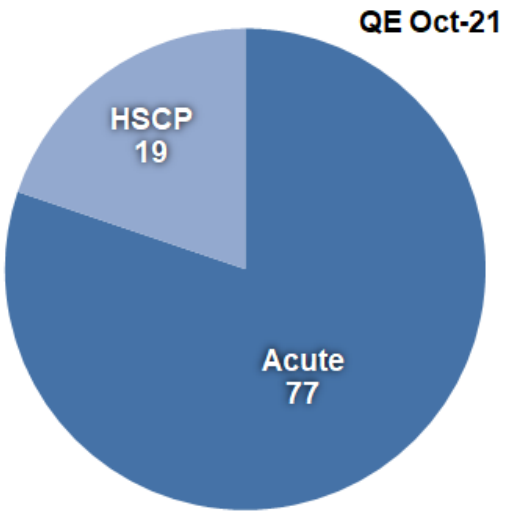
20.3 Falls Audit	***By Feb-22***
A new national driver diagram and measurement package have still to be finalised and as already reported have been tested in four boards across Scotland in May and June. As previously noted, due to current challenges NHS Fife documentation will be reviewed early in 2022, with an audit then to 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 and meetings with local Heads of Nursing are planned in order to support progress.	
21.2 Falls Reduction Initiative	***Complete Nov-21***
The falls reduction initiative over a 6-month period demonstrated positive improvements and sustained reduction in falls within the 3 Mental Health wards that took part. However due to workforce pressures and Covid 19, there has been a reduction in the Quality Improvement initiatives being tried and tested. This project is now complete, however quality data continues to be collated and this will continue to be monitored.	
21.3 Integrated Improvement Collaborative	***By Jan-22***
The Community Hospital collaborative has been slowed due to workforce pressures and Covid 19. However, process measures and data continue to be collected and a number of small tests of change have been tried out within the wards. Data is collated and available weekly, shared with the Nursing Directorate and Heads of Service by the Clinical Governance Team. This data also presents as triangulated data including falls, tissue viability, and medication errors to inform decisions and strategy.	

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2022) = 0.42 per 1,000 OBD

Local Performance





Performance by Service Area

		2020/21					2021/22						
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Grade 2 to 4	NHS Fife	1.55	0.83	1.00	1.44	1.22	1.26	1.03	0.82	1.22	1.25	1.28	0.99
	Acute Services	2.39	1.17	2.06	2.18	2.12	2.42	1.68	1.58	2.05	2.36	2.27	1.44
	HSCP	0.78	0.53	0.07	0.80	0.43	0.23	0.44	0.15	0.49	0.27	0.42	0.59

KEY CHALLENGE(S) IN 2021/22

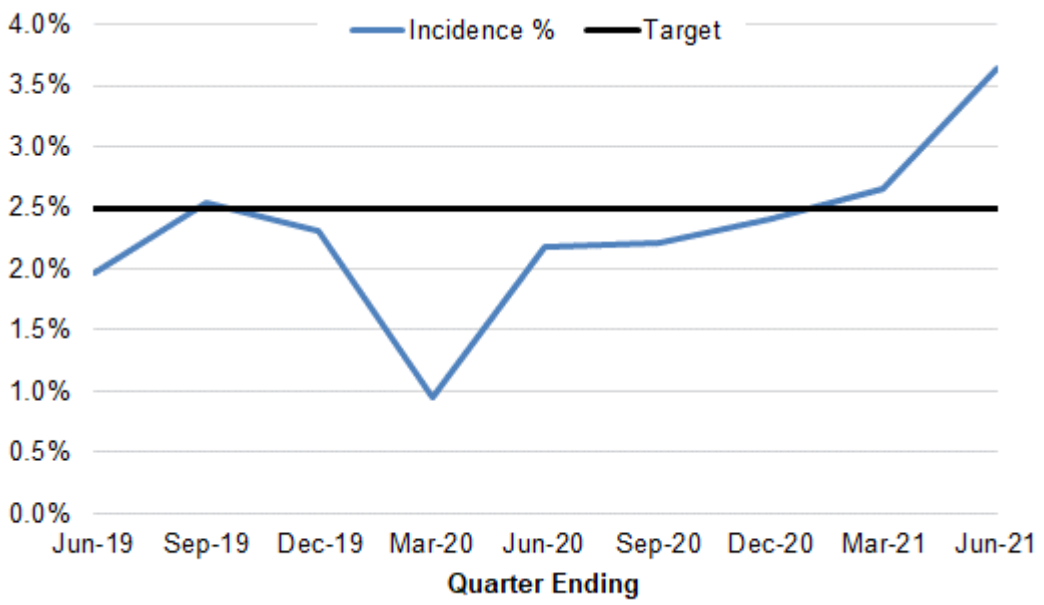
Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

IMPROVEMENT ACTIONS	
21.2 Integrated Improvement Collaborative	**Complete Jun-21**
21.3 Implementation of robust audit programme for audit of documentation	**Complete Jun-21**
22.1 Improvement Collaboratives - HSCP	**By Jan-22**
Community inpatients wards are undertaking self-assessment against the Prevention and 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. Wards continue to measure compliance with skin assessment, review and intervention, using weekly data to identify areas for improvement.	
22.2 Community Nursing QI Work	**By Mar-22**
One of the community nursing teams has implemented a focused piece of improvement work, complemented by adopting a "back to basics" approach, to ensure that all relevant skin and risk assessments are completed. This is having a positive impact on patient outcomes. We are investigating expanding the speciality list within Datix to allow for more robust data analysis, enabling targeted support, education and improvement opportunities. However, teams have been required to support the delivery of COVID and Flu vaccines in the community, and the target completion date has slipped accordingly. Adverse event reviews are increasing providing wider learning for other services such, and including care homes.	
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 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	2018/19				2019/20		
	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19
NHS Fife	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%
Scotland	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/SAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

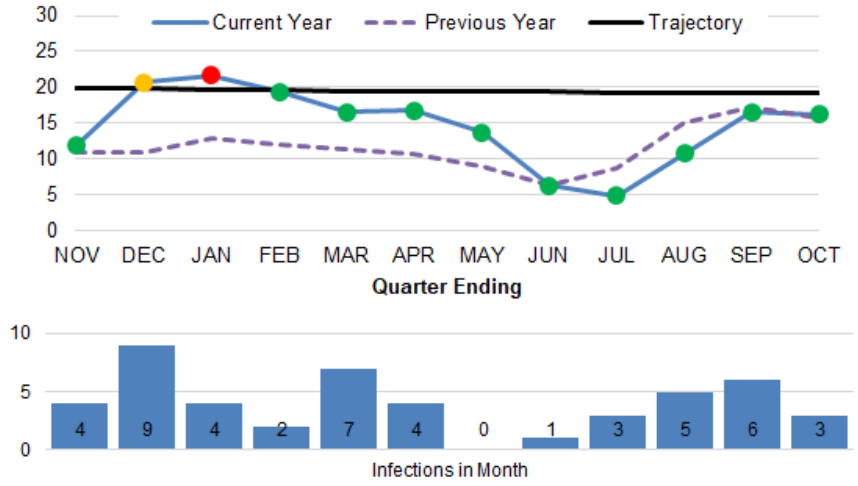
Due to the ongoing Covid-19 pandemic, there is currently no date (set by ARHAI) for resumption of SSI surveillance.

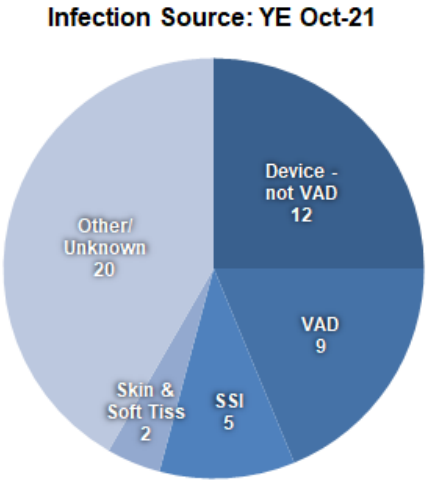
On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most 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





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

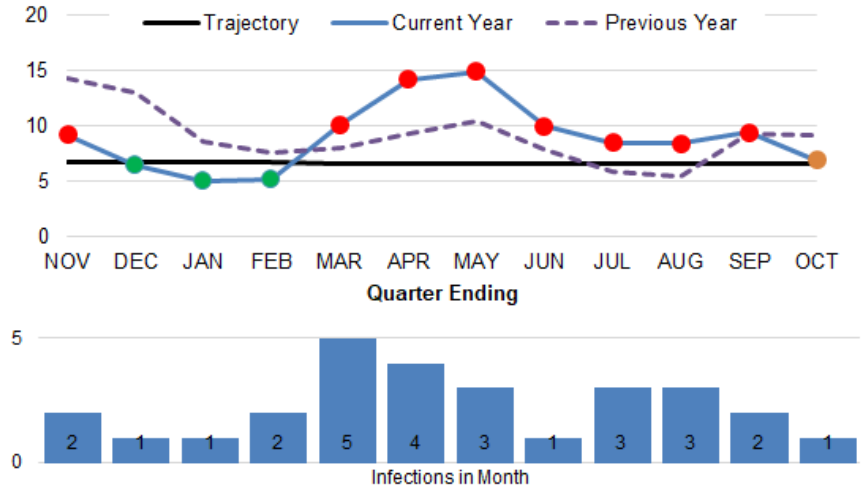
Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

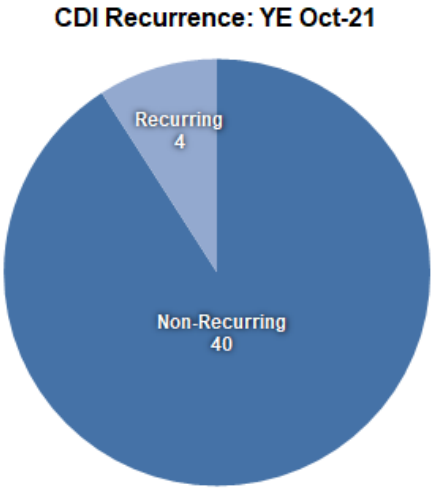
IMPROVEMENT ACTIONS	
20.1 Reduce the number of SAB in PWIDs	***By Mar-22***
The incidence of SABs in PWIDs has continued to reduce, with only 4 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). The PGD for Antibiotic prescribing is now in progress by Addiction Services and IPCT continue to support AS with SAB improvements, albeit a planned November meeting had to be cancelled. A voiced over educational video by IPCT on SAB definitions, signs, symptoms and interventions has been completed for AS staff training.	
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 (last one in November) of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions in regard to catheter and urinary care with ECB data presented to indicate CAUTI incidence and trends. The Driver Diagram for the UCIG is currently being reviewed and updated.	
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 utilised by clinical staff to access and display 'days since last SAB' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	
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 Patientrack 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





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

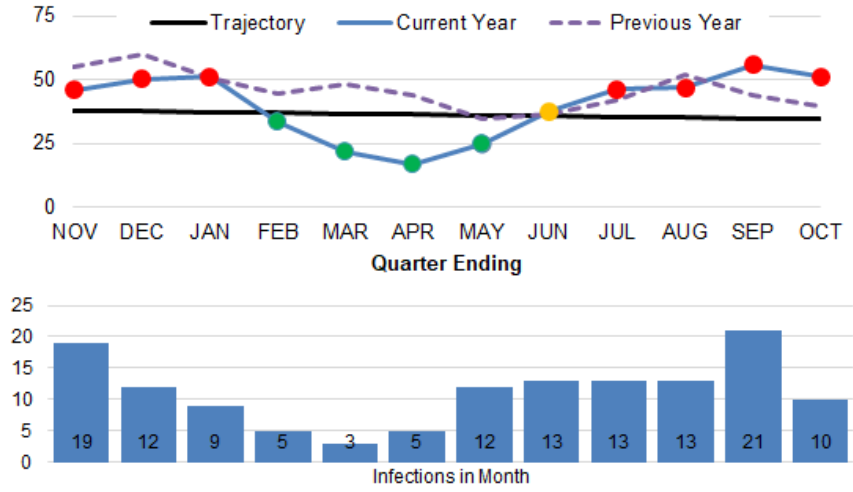
IMPROVEMENT ACTIONS

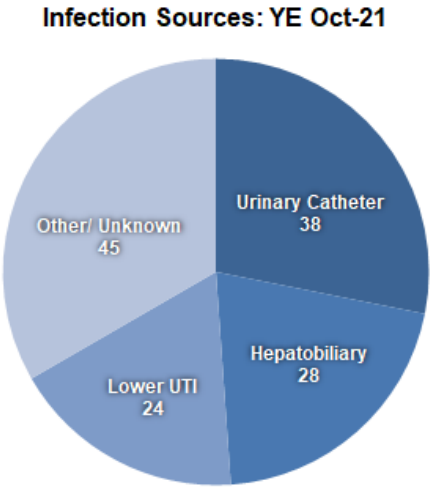
20.1 Reducing recurrence of CDI	***By Mar-22***
Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection for patients 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 utilised by clinical staff to access and display 'days since last CDI' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	

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





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 inflection ECB rate

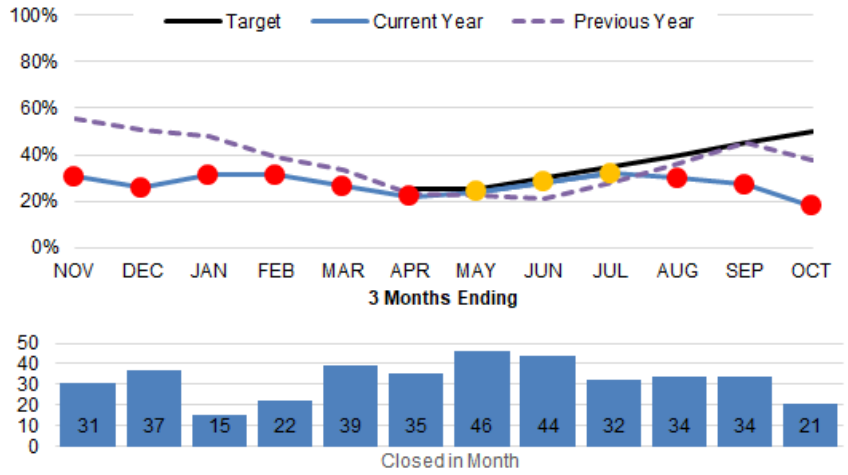
IMPROVEMENT ACTIONS

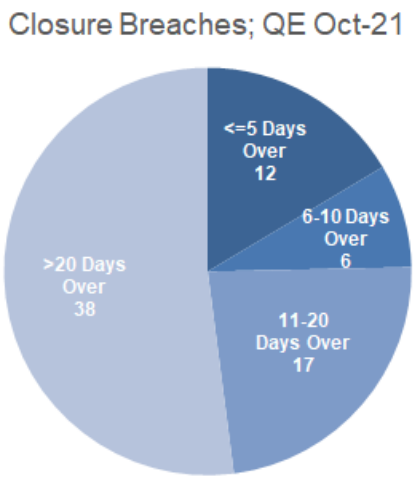
20.1 Optimise communications with all clinical teams in ASD & the HSCP	***By Mar-22***
Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding and learning. From December, as part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX will be submitted for ALL catheter associated ECBs (including those without trauma) to result in a LAERs by the patients clinical team. NHS Fife are collaborating with NHS Shetland & Grampian to pioneer an enhanced ECB CAUTI surveillance tool, and next meet in December.	
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)	***By Mar-22***
The UCIG meeting last met in November. 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





Performance by Service Area

3-Month Ending	2020/21					2021/22						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	30.5%	25.8%	31.3%	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%	27.0%	18.0%
Ack <= 3 Days (Monthly)	100.0%	100.0%	93.3%	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%
ASD	34.0%	30.5%	36.5%	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%	27.3%	20.7%
HSCP	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%

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, impacted due to current pressures within the department.
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**

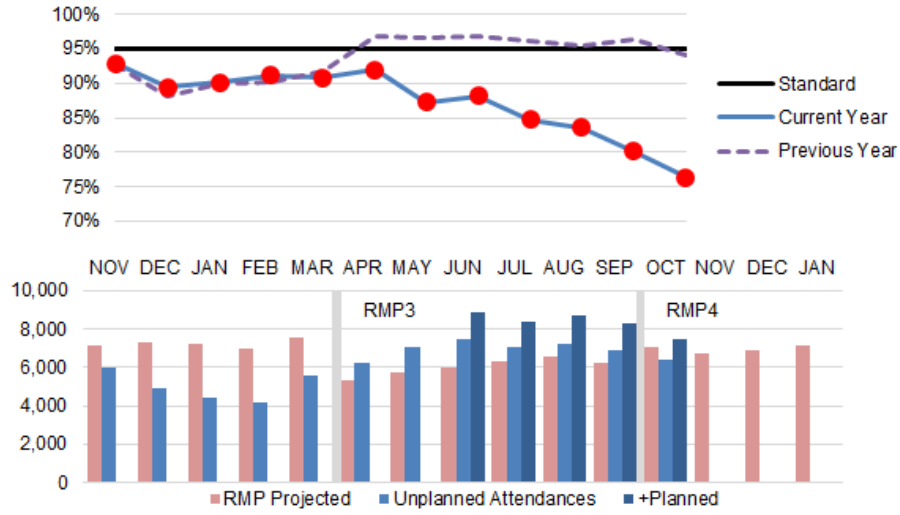
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. While some training sessions have been delivered virtually, this is on hold due to the ongoing response to COVID-19 and current capacity issues.

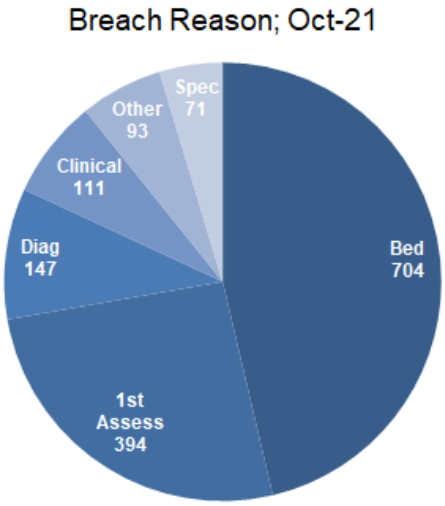
Bespoke training sessions with Fife Wide & Fife East took place in May and June, and the aim was that these would restart during the remainder of 2021, however, there has not been the capacity to do so.

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





National Benchmarking

Month	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%
Scotland	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%

KEY CHALLENGE(S) IN 2021/22

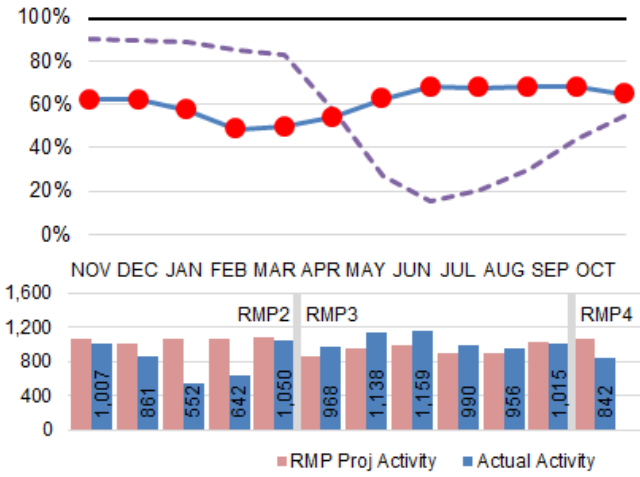
- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

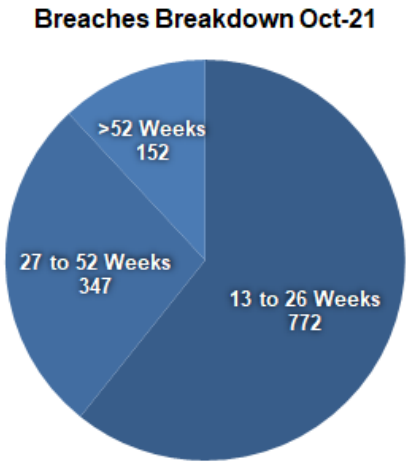
IMPROVEMENT ACTIONS	
21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	**By Mar-22**
Virtual Flow and Navigation appointments to ED are now in place and the Hub has expanded to handle GP calls previously taken by ANPs into AU1. Early indication shows decreased number of referrals with a re-direction rate of 26%. 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	**Complete Nov-21**
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	**By Dec-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. Principle actions are focussed on: reducing duplication with handovers, in reach model from wards to AU1 achieving earlier transfers, reducing number of patients in delay, earlier discharge planning and improving team(s)communication.	
22.3 Develop re-direction policy for ED	**By Dec-21**
SLWG and joint HSCP/ASD reference group established to embed principles from National Re-direction Guidance into ED pathways and re-direct patients who can be supported in alternative clinical settings or through self care	

Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Local Performance





National Benchmarking

	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%
Scotland	37.4%	37.0%	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%	

KEY CHALLENGE(S) IN 2021/22

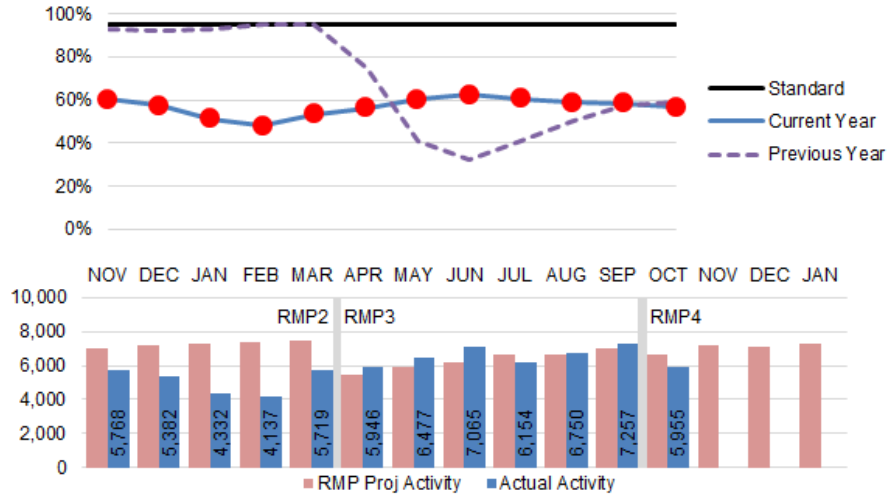
- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

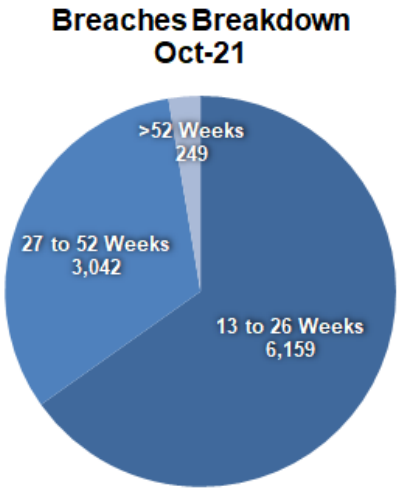
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	**By Mar-22**
Business case near completion for submission mid December	
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 essential when elective capacity is restricted due bed capacity and unscheduled care demand.	
22.4 Develop and deliver improvement actions in line with CFSD priority projects overseen by Integrated Planned Care Programme Board	**By Mar-22**
First meeting of Integrated Planned Care Programme Board planned for 8th December	

New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance





National Benchmarking

	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%
Scotland		47.8%	44.5%	43.9%	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	48.1%	

KEY CHALLENGE(S) IN 2021/22

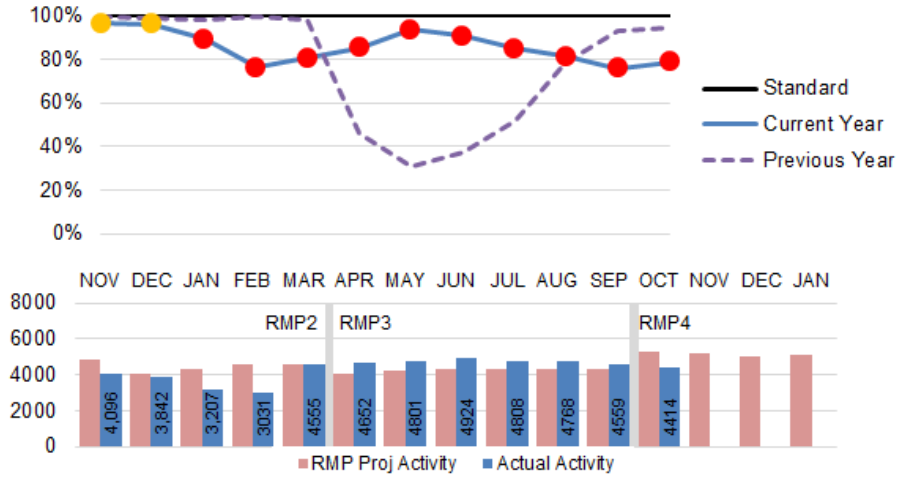
- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

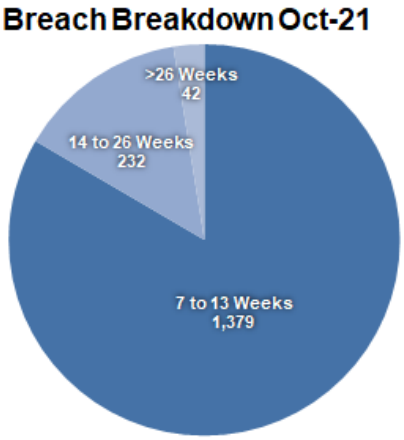
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	**By Mar-22**
First meeting of Integrated Planned Care Programme Board planned for 8th December	
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**
Revised guidance issued and following advice from Infection Control local team unable to reduce social distancing to 1m in outpatients in VHK or QMH apart from Paediatrics at VHK. Further information on risk assessment from neighbouring board sought.	

Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Local Performance





National Benchmarking

	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%
Scotland	57.2%	55.9%	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%	

KEY CHALLENGE(S) IN 2021/22

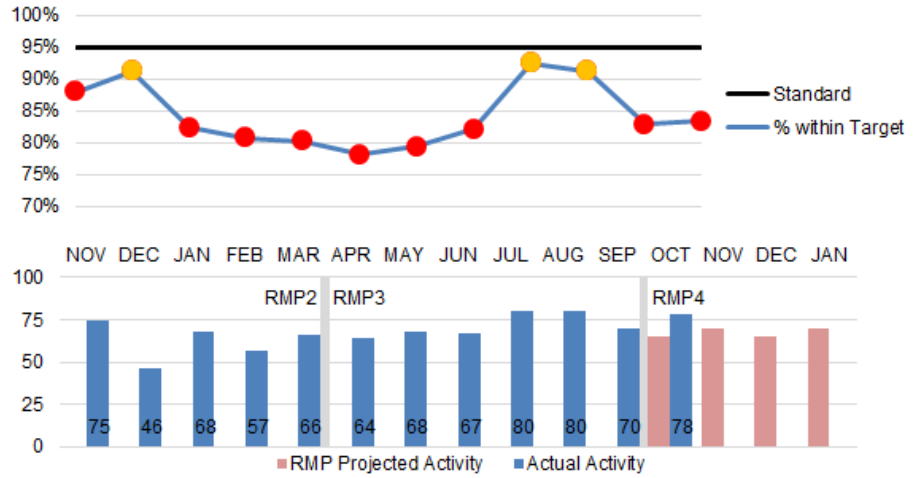
- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence and fatigue

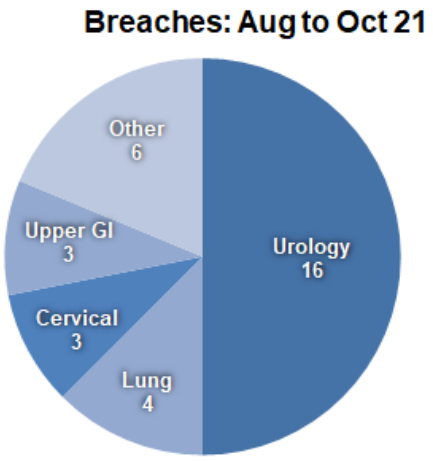
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Explore implementation of point of care testing in endoscopy	**By Mar-22**
Testing platform chosen, governance 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	
22.4 Actively seek alternative sources of additional CT capacity to manage increasing waiting times for routine patients	**By Mar-22**
Alternative sources being explored, along with engagement with National Radiology Access Team for additional funding	

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





National Benchmarking

Month	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%
Scotland	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%

KEY CHALLENGE(S) IN 2021/22

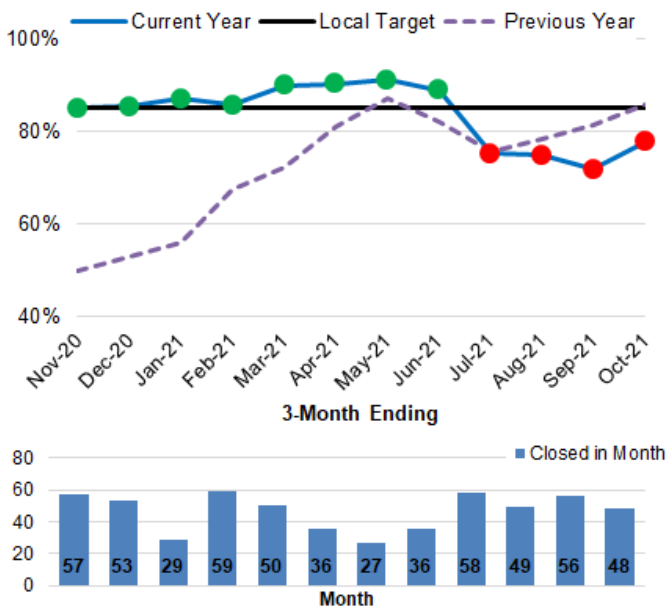
- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

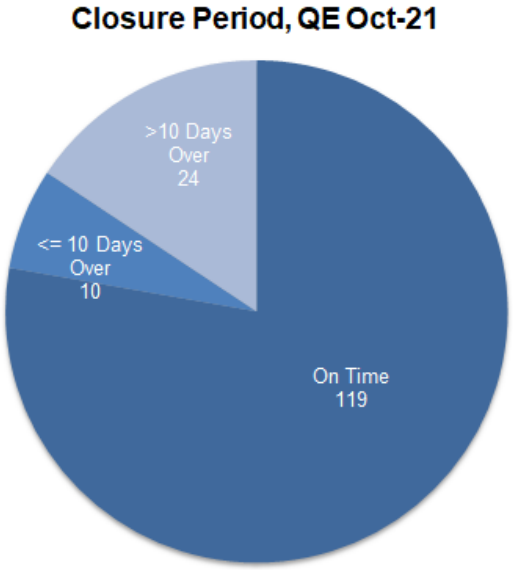
IMPROVEMENT ACTIONS	
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	**By Mar-22**
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be 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 Mar-22**
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. Engagement sessions have been completed and the Framework in currently being drafted.	
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. The Scottish Government will be visiting NHS Fife to introduce the reviewed Framework.	

Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance





Performance by Service Area

Monthly	2020/21					2021/22						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Health Board	87.5%	93.5%	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%
IJB	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%

KEY CHALLENGE(S) IN 2021/22

Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and 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-21**
21.2 Improve communications relating to FOISA work	**By Dec-21**

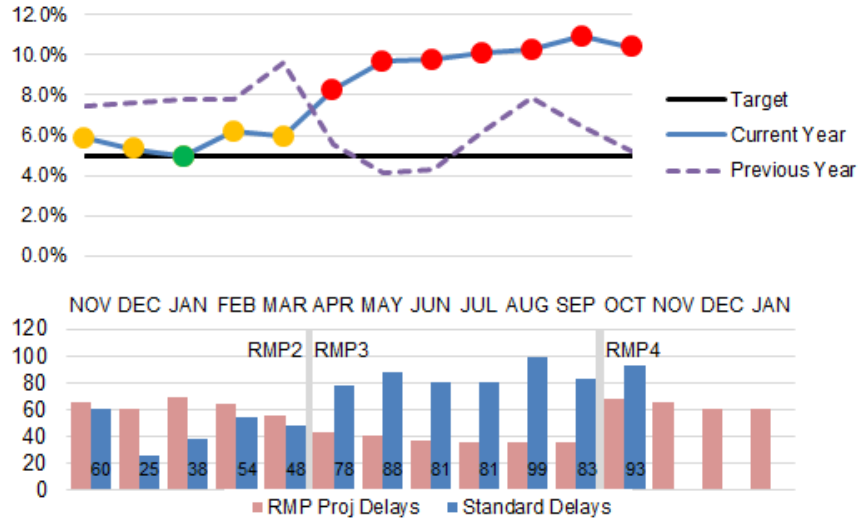
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.

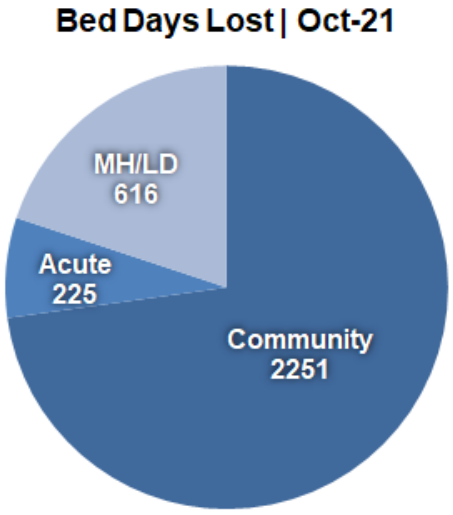
This action will be left open for the rest of 2021, while resourcing issues remain to be resolved.

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





National Benchmarking

Quarter Ending	2019/20				2020/21				2021/22
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%
Scotland	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%

KEY CHALLENGE(S) IN 2021/22

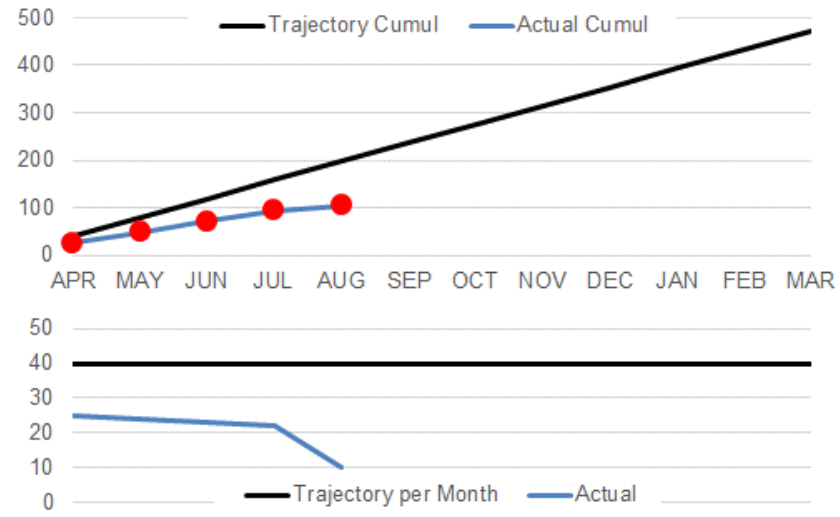
- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

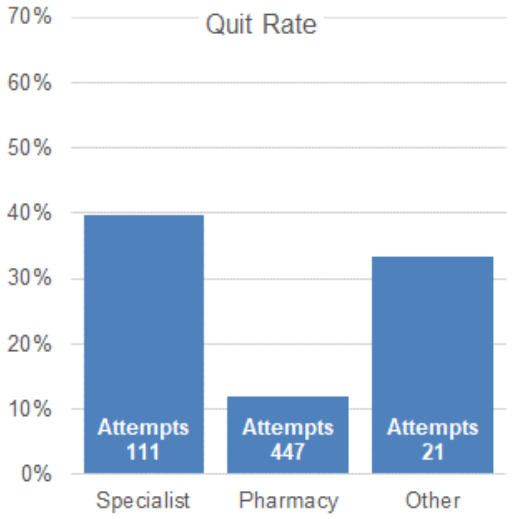
IMPROVEMENT ACTIONS	
21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	**By Mar-22**
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Seven subgroups are taking forward the operational actions to bring together the "Home First" 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-21**
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	**By Mar-22**
An SBAR was submitted to the Senior leadership Team and the test of change started on 4th October, running for 6 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	23	22	10							
	Actual Cumul	25	49	72	94	104							
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	61.0%	59.5%	52.8%							
Scotland	Achieved												

KEY CHALLENGE(S) IN 2021/22

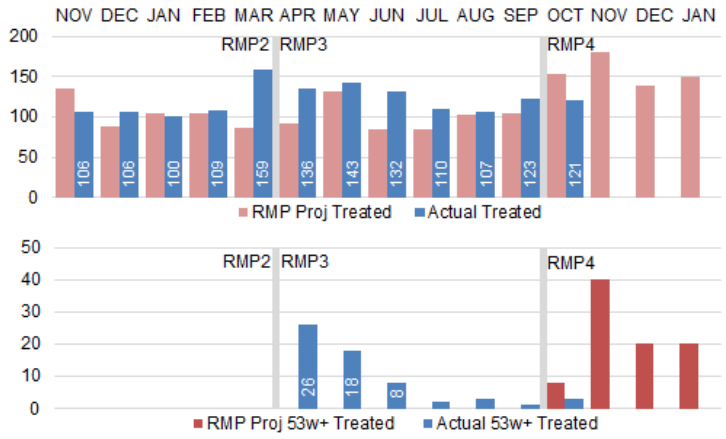
- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust in the brand
- Re-establishment of outreach work

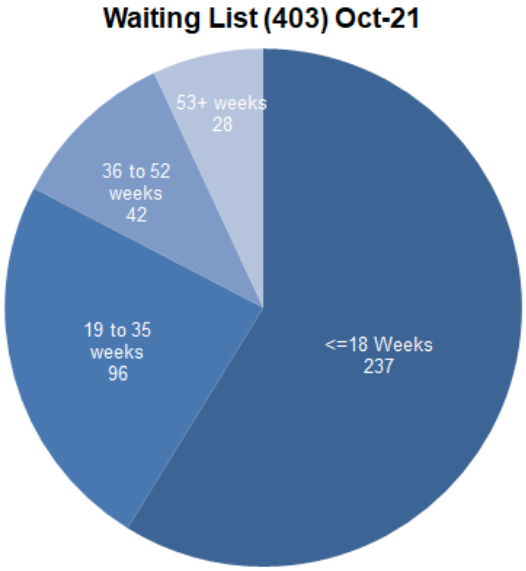
IMPROVEMENT ACTIONS	
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	**Complete Oct-21**
20.3 'Better Beginnings' class for pregnant women	**Complete Oct-21**
20.4 Enable staff access to medication whilst at work	**By TBD**
Action paused due to COVID-19	
21.1 Assess use of Near Me to train staff	**Complete Jul-21**
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	**Complete Sep-21**
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. Early discussions with 2 GP practices to restart in second week of January; remobilisation plan to go to remobilisation committee on 9th December.	

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance





National Benchmarking

Month	2020/21					2020/21						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%
Scotland	72.9%	72.9%	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%	75.9%	77.4%	82.1%	

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand; development of workforce to meet National CAMHS Service Specification
- COVID-19: relaxation on referrals and delivery of 'models' to reflect social distancing

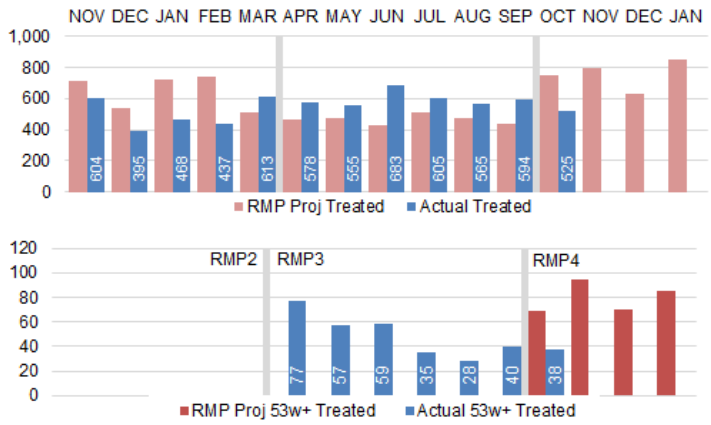
IMPROVEMENT ACTIONS

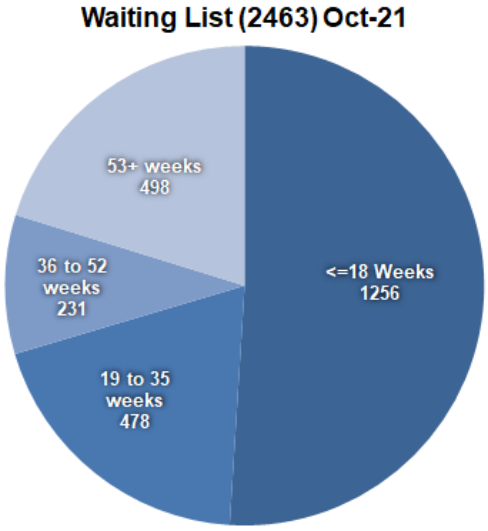
21.1 Re-design of Group Therapy Programme	**Complete Jul-21**
21.3 Build CAMHS Urgent Response Team (CURT)	**By Mar-22**
The CURT model is in place - full implementation will be delivered on the successful recruitment of an additional Senior Nurse and support worker. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Activity has been significantly higher than anticipated with 60% increase in presentations to Emergency department due to self harm/suicidal ideation. This has resulted in all of the available capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Review of activity and effectiveness of the model is ongoing with a full review of the original proposed model once staffing is at optimum level.	
22.1 Recruitment of Additional Workforce	**By Mar-22**
Recruitment is ongoing. To address immediate capacity issues, 7 of the 8 allocated posts have been appointed with 6 of these staff now in position and 2 temporary staff due to take up post in February to work on longest waits. Vacant posts continue to be advertised and review of banding is underway. All staff recruited have no CAMHS experience therefore induction/training period will be extended before active clinical caseloads can be allocated. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment is with HSCP SLT for approval. Additional workspace and re-design of East and West CAMHS geographical boundaries has started.	
22.2 Workforce Development	**By Mar-22**
A revised development and training programme will start in. Three Programmes have been developed, to suit different levels of CAMHS experience. A Training needs analysis will be completed once all recruitment is completed to ensure the right skills and competencies exist across the range of teams in CAMHS.	

Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance





National Benchmarking

Month	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%
Scotland	78.1%	83.2%	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%	88.5%	87.0%	86.1%	

KEY CHALLENGE(S) IN 2021/22

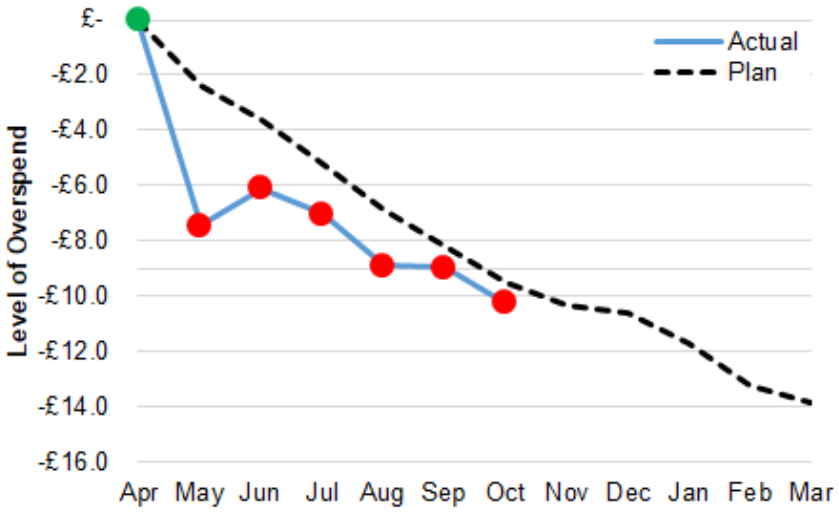
- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

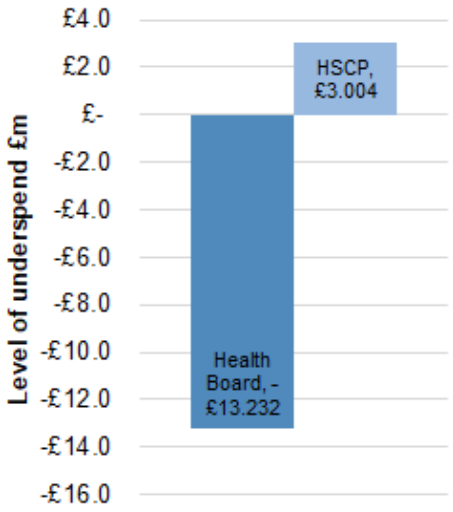
IMPROVEMENT ACTIONS	
20.5 Trial of new group-based PT options	**Complete Sep-21**
22.1 Increase access via Guided self-help service	**Complete Sep-21**
22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service	**By Mar-22**
A change in 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 brief/low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes has been evaluated and have shown positive clinical outcomes. They have also had a positive impact on waiting times within the Pain Management service. It has not yet been possible however, to evaluate the impact on waiting times within the general medical service due to staff changes and vacancy. This will be completed into next year.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	**By Mar-22**
Recruitment is on-going 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. A national issue with workforce availability has impacted anticipated timelines around recruitment. The psychology service has therefore progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.	

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





1. Executive Summary

At the end of October the board's reported financial position is an overspend against budget of £13.232m comprising of an adverse variance for Acute Services Division of £13.557m and £3.049m for External Health Care Providers, offset by favourable variances across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £4.0m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) are reporting an underspend of £3.007m for the 7 months to October.

Revenue Financial Position as at 31st October 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services Division	226,797	135,383	148,940	-13,557
IJB Non-Delegated	9,360	5,449	5,307	141
Non-Fife & Other Healthcare Providers	90,611	52,884	55,933	-3,049
Non Clinical Services				
Estates & Facilities	77,236	44,585	43,913	672
Board Admin & Other Services	88,775	55,961	54,846	1,115
Other				
Financial Flexibility & Allocations	24,649	1,409	0	1,409
HB retained offsets	60			0
Income	-38,228	-25,330	-25,367	37
SUB TOTAL	**479,260**	**270,341**	**283,572**	**-13,232**
Health & Social Care Partnership				
Fife H & SCP	378,083	216,656	213,652	3,004
SUB TOTAL	**378,083**	**216,656**	**213,652**	**3,004**
TOTAL	**857,343**	**486,997**	**497,224**	**-10,228**

1.2 Included in the board's reported overspend are Health Board retained unachieved legacy savings targets totalling £7.966m (annual £13.656m).

1.3 The Scottish Government has confirmed non repayable funding support to enable the board to break even at the end of the financial year and have identified a number of actions they require the board to undertake to minimise the level of funding support required.. These actions include the board conducting a robust review of savings plans and develop savings plans which will reflect 50% of the 2022-23 funding gap by the end of quarter 3 of this financial year. It is likely plans of approximately £10m will required to be identified. In light of the financial support to be provided, the Scottish Government have plans to monitor NHS Fife going forward on a monthly basis to review the development of savings plans and delivery with the first monthly additional reporting requirement commencing in November. The steps taken by NHS Fife to take forward the actions requested by Scottish Government include commencement of the 2022/23 Strategic Planning Resource Allocation Process, enhancement of the capacity within the PMO team and the establishment of a Financial Improvement/Sustainability programme reporting to the boards Population Health and Wellbeing Portfolio Board. This programme will develop and agree productive opportunities and savings targets for 2022/23 and a clear pipeline of plans for the more medium term.

1.4 Cost pressures within Acute Services continue to increase reflecting the exceptional demand on unscheduled care capacity. The many actions being taken to manage demand pressures have increased the requirement for temporary staffing. Additionally, increasing expenditure across medicines budgets continues to add to the significant cost pressures within clinical directorates particularly with Haematology/Oncology drugs budgets. Robotic assisted surgery is operational for the third month and the costs of surgical instruments are currently unfunded with a sustainable funding solution required.

1.5 The financial impact of COVID-19, including direct additional costs for vaccination, testing and remobilisation plus indirect costs associated with the managing the wider impact and recovery measures continues to be regularly updated and shared through established reporting mechanisms through quarterly reporting returns. Details are contained within Appendix 1.

1.6 Funding allocations confirmed in month included our second tranche of Covid funding of £13.838m; and New Medicine Funding of £3.341m. Anticipated allocations total £4.485m. Allocation details are contained within Appendix 2.

1.7 Savings plans to the end of October identify £6.042m has been delivered with a balance of £2.139m remaining of the in-year commitment of £8.1m to be delivered by March 2022. Appendix 3 sets out the savings achieved including an analysis of recurring and non-recurring sources.

1.8 Redesign of Urgent Care (RUC) will be fully funded this year through a combination of Scottish Government funding £0.681m and earmarked H&SCP reserves of £0.935m brought forward from 2020/21. The expenditure against the Navigation Flow Hub will be monitored on a fortnightly basis alongside the other workstreams that are focusing on RUC.

1.9 The overall anticipated capital budget for 2021/22 is £32.082m. The capital position for the period to October records spend of £7.821m. Therefore, 24.38% of the anticipated total capital allocation has been spent to month 7.

2. Health Board Retained Services

Clinical Services financial performance at October 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	226,797	135,383	148,940	-13,557
IJB Non-Delegated	9,360	5,449	5,307	141
Non-Fife & Other Healthcare Providers	90,611	52,884	55,933	-3,049
Income	-38,228	-25,330	-25,367	37
SUB TOTAL	**288,540**	**168,386**	**184,813**	**-16,428**

2.1 Costs directly attributable to Covid-19 have been identified and matched with budget, on a non-recurring basis and work continues to develop the projected covid impact into the new financial year.

2.2 The Acute Services Division reports an **overspend of £13.557m.** Acute Services are experiencing particularly challenging capacity pressures and a number of measures are underway to ease the pressure which may require an increase in temporary staffing levels, including over recruitment to unregistered nursing posts. However, included in the financial position to October are unachieved legacy savings targets that account for £7.443m of the reported overspend. The remainder of the reported overspend is largely due to overspends across Nursing, Senior and Junior Medical Pay budgets and significant non-pay pressures within Haematology/Oncology medicines budgets.

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 staff 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, Acute and A&E consultant overspends are partially offset by GI and Neurology vacancies in Emergency Care, and WCCS have cost pressures against both Obstetrics & Gynaecology, and Paediatric consultants. Recruitment is in progress to recruit to some consultant posts currently being covered by locums, with some not expected to be in post before March 2022.

Non pay cost pressures total £2.594m, with Acute medicines overspend of £2.506m. The expenditure on drugs in 2021/22 has increased by 17% 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. 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 the homecare service.

2.3 The IJB Non-Delegated budget reports an **underspend of £0.141m.** This is mostly being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.

2.4 The budget for healthcare services provided out with NHS Fife is **overspent by £3.049m** per Appendix 4. As reported previously, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Savings yet to be delivered in this area amount to £0.875m and discussions continue with NHS Tayside.

Corporate Functions and Other Financial performance at October 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Non Clinical Services				
Estates & Facilities	77,236	44,585	43,913	672
Board Admin & Other Services	88,775	55,961	54,846	1,115
Other				
Financial Flexibility & Allocations	24,649	1,409	0	1,409
HB retained offsets	60			0
SUB TOTAL	**190,720**	**101,955**	**98,759**	**3,196**

2.5 The Estates and Facilities budgets report an **underspend of £0.672m.** This comprises an underspend in pay of £0.375m across several departments including estates services, catering and laundry; and non pay underspend of £0.527m on PPP and £0.460m on rates due to receipt of disabled rate relief for Lynebank. This benefit is partially offset by overspends on property maintenance £0.265m and equipment £0.157m.

2.6 Within the Board's corporate services there is **an underspend of £1.115m**. The main driver for this underspend is the level of vacancies across Finance (£0.199m) and Nursing (£0.252m) directorates. An underspend within Digital and Information's budgets is largely attributable to a VAT rebate of £0.228m in July offset against various overspends.

2.7 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 £1.409m** has been released at month 7, with further detail shown in Appendix 5.

3. Health & Social Care Partnership

3.1 Health services in scope for the Health and Social Care Partnership report an **underspend of £3.004m.**

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	378,083	216,656	213,652	3,004
SUB TOTAL	**378,083**	**216,656**	**213,652**	**3,004**

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £4.0m overspend to month 7 per 1.1 above).

3.2 The underspend at October is consistent with the position reported in previous months and is a result of numerous vacancies across a number of teams due to significant challenges in availability of staffing.

3.3 Following the IJB financial planning process, the IJB CFO has indicated the underspend may be used to inform a non-recurring budget realignment this financial year. This proposal is being further analysed and validated prior to any realignment process taking place this year.

3.4 A review of the Integration Scheme has been agreed by the respective partners, NHS Fife Board and Fife Council in September 2021, and has been submitted for Ministerial Approval, after which final approval will be sought at the IJB Committee in January 2022.

3.5 The overspend on the set-aside services is currently held within the Acute Services Directorate Budget and not the IJB and is not included in the reported projected overspend for the IJB. If a different arrangement was in place between the IJB and the Health Board in relation to the management of costs in excess of the available budget, the IJB would face significant cost pressure as a result of the significant demand for hospital services.

Details of funds held within Delegated Health Earmarked Reserves are noted at Appendix 6.

4. Forecast

4.1 Our assessment (at month 7) of our forecast outturn to the year end has been updated to reflect a potential overspend of £16.448m for Health Board retained services. This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings and a core potential additional overspend of £2.792m. This is an improvement of circa £0.4m on the previous forecast outturn overspend of £16.868m. The main pressures contributing to the £3m overspend are, cost pressure in respect of our Service Level Agreement with NHS Lothian; and Acute drugs cost pressures. Work is underway to identify every opportunity to reduce the level of support required from Scottish Government.

4.2 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.

4.3 Whilst the Health delegated underspend position is forecast at £5.112m, the most recent H & SCP finance report identifies a **projected year end overspend position of £4.179m** (Source: November 2021 H&SCP Finance & Performance Committee). Five key areas of overspend that are contributing to the projected outturn overspend are Hospital & Long Term Care, Family Health Services, Older People Residential and Day Care, Homecare Services and Adult Placement. At the same Committee a recovery plan was tabled for consideration, with plans to be actioned which aim to reduce the projected overspend by £1.4m by the end of the financial year. Discussion and detailed review of the projected year end outturn and the mitigating actions required to improve the financial position will be taken forward with the Chief Finance Officer for the H&SCP.

4.4 The projected NHS Fife forecast does not include any risk share with the Health and Social Care Partnership given Integration Authorities will also be provided with Scottish Government support to a balanced position. However, similar to last year, it is likely that a cash transfer will be required from Health to Council to allow both organisations to report a balanced position; and work continues to quantify the value.

5. Recommendation

5.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:

- **Note** the reported core overspend of £13.232m for the 7 months to date;
- **Note** that workforce and capacity pressures across our system continue to drive increased costs in-year and present a financial challenge.
- **Note** the potential total overspend outturn position of £16.656m, with work continuing to reduce this position
- **Note** the confirmation of funding support by Scottish Government on the proviso a number of actions are taken forward

Appendix 1: 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	
Additional allocation	6,815	7,023		13,838	
H SCP ear marked reserve		2,639		2,639	
Anticipated allocation				0	
Total funding	**15,517**	**12,540**	**0**	**28,057**	**0**
Allocations made for April to October					
Planned Care & Surgery	563			563	
Emergency Care & Medicine	3,562			3,562	
Women, Children & Clinical Services	1,288			1,288	
Acute Nursing	0			0	
Estates & Facilities	593			593	
Board Admin & Other Services	1,139			1,139	
Public Health Scale Up	633			633	
Test and Protect	2,597			2,597	
Primary Care & Prevention Serv		525		525	
Community Care Services		876		876	
Complex & Critical Care Serv		177		177	
Professional/Business Enabling		116		116	
Covid Vaccine/Flu		7,334		7,334	
Social Care					
Total allocations made to M7	**10,375**	**9,028**	**0**	**19,403**	**0**
Balance In Reserves	**5,142**	**3,512**	**0**	**8,654**	**0**

Appendix 2: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
	Initial Baseline Allocation	712,534			712,534	
	June Letter	9,264	12,244	20,964	42,472	
	July Letter			8,002	8,002	
	August Letter	141	230	1,522	1,893	
	September Letter	-135	59,994	-1,931	57,928	
2-November 2021	Covid 19 PPE			258	258	Part of Covid Allocation based on Q1review
	Contribution to Pharmacy Global Sum			-340	-340	Annual Reduction
	Drug Tariff Reduction			-4,245	-4,245	Annual Reduction
	Child Healthy Weight			23	23	Specific Project
	Pregnancy Anaemia Management			28	28	Specific Project
	New Medicine Fund		3,344		3,344	Annual Allocation
	Pre-Operative Anaemia Project			46	46	Specific Project
	Long Acting Buprenorphine			273	273	As per funding letter
	Sexual Assault Referral Centres			3	3	Specific Project
	Workforce Wellbeing Primary Care & Social Care			136	136	Specific Allocation
	Workforce Wellbeing			129	129	Specific Allocation
	School Nurse Commitment Tranche 2		46		46	As per funding letter
	GDS Public Dental Service			2,090	2,090	Annual Allocation
	Winter Planning Funding			661	661	As per funding letter
	Discharge without delay pathfinder sites			340	340	As per SG announcement
	Remobilisation of NHS Dental Services			320	320	Specific Allocation
	Primary Medical Services - Telephony			37	37	Specific Allocation
	Urgent & Unscheduled Care Interface Care Programme			480	480	As per funding letter
	HNC Students			36	36	Backfill for student cohort
	Further General Covid Funding			2,434	2,434	Part of Covid Allocation based on Q1review
	Nurse Director Support for Care Homes			1,053	1,053	As per funding letter
	Test & protect			4,315	4,315	Part of Covid Allocation based on Q1review
	Covid & Extended Flu Vaccination			6,831	6,831	Part of Covid Allocation based on Q1review
					0	
					0	
					0	
					0	
	Total Core RRL Allocations	**721,804**	**75,858**	**43,465**	**841,127**	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & development		822		822	
Anticipated	Community Pharmacy Champions		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-159		-159	
Anticipated	ENP		120		120	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PQIF		682		682	
Anticipated	ADP: seek & treat		1,159		1,159	
Anticipated	Waiting List		1,367		1,367	
Anticipated	Emergency Cancer Diagnostic Centre			291	291	
	Medical & Dental /AfC pay award	2,032			2,032	
Anticipated	NSD Adjustments		-2,130		-2,130	
		2,032	**2,532**	**291**	**4,855**	
Anticipated	IFRS			9,352	**9,352**	
Anticipated	Donated Asset Depreciation			174	**174**	
Anticipated	Impairment			1,333	**1,333**	
Anticipated	AME Provisions			500	**500**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**11,359**	**11,359**	
	Grand Total	**723,836**	**78,390**	**55,115**	**857,341**	

Appendix 3: Savings Position at October 2021

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 October £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	4,247	1,795	6,042	2,139
					0		0
Total Savings	21,837	8,181	13,656	4,247	1,795	6,042	2,139

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		-640	-140		-709	-209
Contracts	1,500	Low		-129	1,371		0	1,500
Procurement - Non pay	500	Medium		0	500		0	500
Other	166	Low		-1,851	-1,685		-482	-316
	8,181			**-6,042**	**2,139**		**-4,247**	**3,934**

Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	58	57	1
Borders	45	27	33	-6
Dumfries & Galloway	25	15	33	-18
Forth Valley	3,227	1,883	2,237	-354
Grampian	365	212	165	47
Greater Glasgow & Clyde	1,680	980	977	3
Highland	137	80	119	-39
Lanarkshire	117	68	149	-81
Lothian	31,991	18,661	19,741	-1,080
Scottish Ambulance Service	103	60	59	1
Tayside	41,584	24,257	24,834	-577
Savings	-1,500	-875		-875
	77,873	**45,426**	**48,404**	**-2,978**
UNPACS				
Health Boards	10,801	6,301	6,445	-144
Private Sector	1,151	671	844	-173
	11,952	**6,972**	**7,289**	**-317**
OATS	721	421	175	246
Grants	65	65	65	0
Total	**90,611**	**52,884**	**55,933**	**-3,049**

Appendix 5: Financial Flexibility & Allocations

	£'000	Flexibility Released to Oct-21 £'000
Financial Plan		
Drugs	2,093	0
CHAS	408	0
Junior Doctor Travel	32	9
Discretionary Points	209	0
Consultant Increments	245	102
Cost Pressures	3,541	1,124
Developments	1,960	174
Sub Total Financial Plan	**8,488**	**1,409**
Allocations		
Waiting List	3,549	0
AME: Impairment		0
AME: Provisions	923	0
Community Pharmacy Champion	19	0
Pay Award:AfC	1,706	0
6 Essential Action	456	0
ICU	485	0
Test & Protect	4,378	0
Winter	661	0
Cervical Incident	4	0
Cancer Waiting Time	531	0
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
Support to build recruitment capacity	65	0
Building Capacity for international recruitment	68	0
Young Patients Family Fund	55	0
Best Start	101	0
Emergency Cancer Diagnostic Centre	196	0
Pregnancy Anaemia Management	28	0
Preoperative Anaemia	46	0
Workforce Wellbeing	129	0
HNC CAP	36	0
Discharge Without Delay Pathfinders	340	0
Interface Carev Programme	480	0
Nurse Director Support	883	0
Covid General	761	0
Sub Total Allocations	**16,161**	**0**
Total	**24,649**	**1,409**

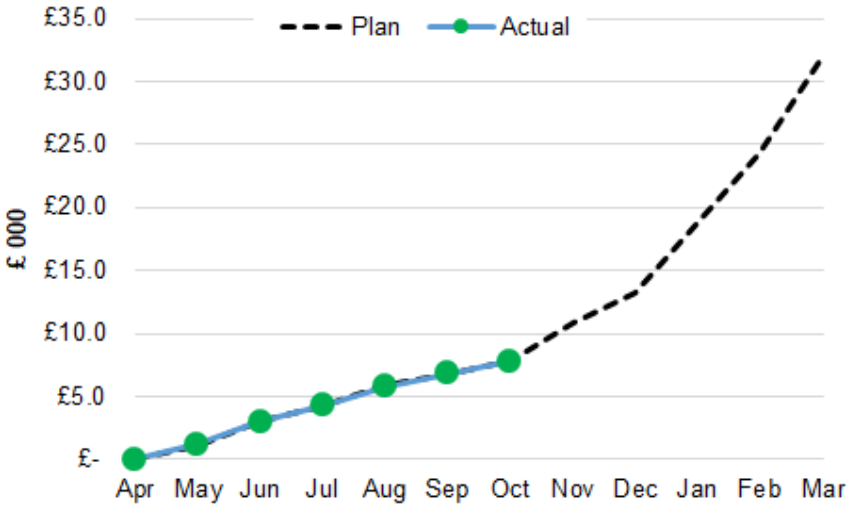
Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

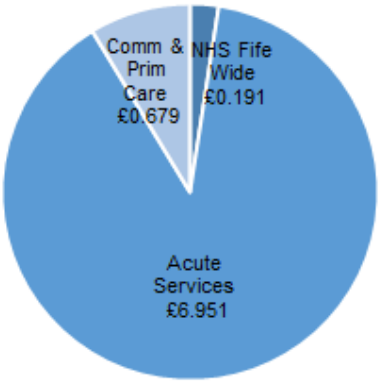
Health Delegated Earmarked Reserve		Included within Health		
	Total	To M7	Anticipated	Balance
	£000's	£000's	£000's	£000's
Vaccine	740	740		0
Care homes	526	82		444
Urgent Care Redesign	935	408		527
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
Action 15	1,315			1,315
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767	73	373	1,321
Core (covid offsets)	1,250	1,250		0
Total	**11,308**	**4,267**	**373**	**6,668**

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 was subsequently tabled at the NHS Fife Board. NHS Fife has assumed a programme of £32.082m. This comprises:

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
HEMPA	1,100
Mental Health Review	76
Lochgelly Health Centre	517
Kincardine Health Centre	323
Energy Scheme Funding	1,800
Pre Capital Fund Grant	50
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Repay PY overallocation	-200
Total	32,082

Due to the current climate there are significant potential risks associated with the capital programme this year and it is prudent to highlight them at this time. Nationally and locally there are critical risks regarding the availability of materials, price increases on materials, lead times and deliverability within the financial year end. NHS Fife is working to mitigate these risks wherever possible.

Capital Receipts

1.1 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

2. Expenditure / Major Scheme Progress

2.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £7.821m, this equates to 24.38% of the total capital allocation, as illustrated in the spend profile graph above.

2.2 The main areas of spend to date include:

Statutory Compliance	£1.889m
Equipment	£0.752m
Digital	£0.179m
Elective Orthopaedic Centre	£4.597m
Health Centres	£0.262m

3. Recommendation

3.1 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 October 2021 of £7.821m and the year-end spend of the total anticipated capital resource allocation of £32.082m.

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	225	119	225
Statutory Compliance	350	210	350
Capital Equipment	150	65	150
Condemned Equipment	24	22	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
National Infrastructure Equipment Funding	8	0	8
Total Community & Primary Care	757	416	757
ACUTE SERVICES DIVISION			
Statutory Compliance	2,942	1,670	2,942
Capital Equipment	1,861	609	1,861
Clinical Prioritisation	181	19	181
Condemned Equipment	63	56	63
National Infrastructure Equipment Funding	1,529	0	1,529
Total Acute Services Division	6,576	2,354	6,576
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	92	0	92
Information Technology	1,000	179	1,000
Clinical Prioritisation	94	0	94
Statutory Compliance	77	0	77
Condemned Equipment	3	0	3
Fire Safety	60	10	60
Vehicles	72	0	72
Total NHS Fife Wide Schemes	1,598	189	1,598
TOTAL CAPITAL ALLOCATION FOR 2021/22	**8,931**	**2,959**	**8,931**

ANTICIPATED ALLOCATIONS 2021/22			
Elective Orthopaedic Centre	15,907	4,597	15,907
HEPMA	1,100	3	1,100
Kincardine Health Centre	323	105	323
Lochgelly Health Centre	517	157	517
Mental Health Review	76	0	76
Energy Funding Grant	1,800	0	1,800
Pre Capital Grant Funding	50	0	50
SG Payback	-200	0	-200
Covid Capital	1,878	0	1,878
QMH Theatre	1,000	0	1,000
CT Scanner	700	0	700
Anticipated Allocations for 2021/22	**23,151**	**4,863**	**23,151**

Total Anticipated Allocation for 2021/22	**32,082**	**7,821**	**32,082**

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to September £'000	October Adjustment £'000	Total October £'000
Community & Primary Care				
Capital Equipment	0	135	15	150
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	171	54	225
Covid Equipment	0	0	0	0
Statutory Compliance	0	349	0	349
National Infrastructure Equipment Funding	0	0	8	8
Total Community & Primary Care	**0**	**679**	**77**	**756**
Acute Services Division				
Capital Equipment	0	1,816	45	1,861
Condemned Equipment	0	63	0	63
Clinical Prioritisation	0	165	16	181
Statutory Compliance	0	2,942	0	2,942
National Infrastructure Equipment Funding	0	0	1,529	1,529
	0	**4,986**	**1,590**	**6,576**
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,411	-12	77
Fife Wide Equipment	1,805	-1,652	-60	93
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-336	-70	94
Condemned Equipment	90	-87	0	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	-94	0	0
Pharmacy Equipment	205	-205	0	0
Fife Wide Vehicles	0	60	12	72
Total Fife Wide	**7,394**	**-5,665**	**-130**	**1,599**
Total Capital Resource 2021/22	**7,394**	**0**	**1,537**	**8,931**

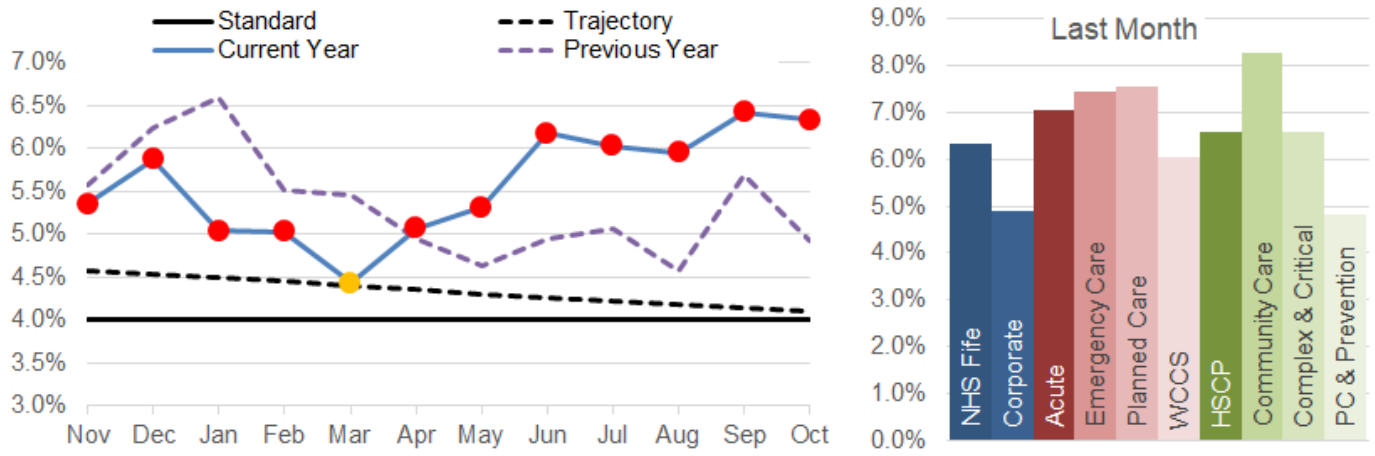
ANTICIPATED ALLOCATIONS 2021/22				
Elective Orthopaedic Centre	15,907	0	0	15,907
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	323	0	0	323
Lochgelly Health Centre	517	0	0	517
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Pre Capital Grant Funding	50	0	0	50
SG Payback	-200	0	0	-200
QMH Theatre	1,000	0	0	1,000
CT Scanner	700	0	0	700
Covid Capital	1,878	0	0	1,878
Anticipated Allocations for 2021/22	**23,151**	**0**	**0**	**23,151**

Total Planned Expenditure for 2021/22	**30,545**	**0**	**1,537**	**32,082**

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						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%
Scotland	4.96%	5.18%	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%

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 individual case work being progressed by local managers and HR Officers and Advisors, with input from the specialist Occupational Health Mental Health Nurse. Additional staff support is being provided on a requested and targeted basis via the Staff Listening Service, Being Mindful of Your Wellbeing sessions, Peer Support, Care Space Mindfulness Drop-in sessions, outdoor sessions, access to Counselling, introduction of new eLearning Modules and access to the National PROMiS resources.	
22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	**By Mar-22**
Promoting Attendance Review and Improvement Panels continue to meet regularly. This is alongside monthly and bespoke training sessions and the use of Tableau to identify and analyse "hot spots"/priority areas and trajectory setting/reporting. Feedback received following a programme to reinforce attendance management processes, undertaken between May and July will be discussed in partnership at the Attendance Management Workforce Review Group scheduled for December, with a series of actions being taken forward with key stakeholders thereafter.	
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 support MI reporting	**Complete 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 being provided to EDG Gold.	

MARGO MCGURK
Director of Finance and Strategy
14th December 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 THURSDAY 7 OCTOBER 2021 AT 2 PM 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 Fiona McKay, Head of Strategic Planning, Performance & Commissioning Tracy Hogg, Partnership Finance Manager Euan Reid, Lead Pharmacist Medicines Management Norma Aitken, Head of Corporate Service, Fife H&SCP *In attendance*: Carol Notman, Personal Assistant (Minutes) Tim Bridle, Audit Scotland
Apologies for Absence:	Helen Hellewell, Associate Medical Director Bryan Davies, Head of Integrated Primary and Preventative Care Services Lynne Garvey, Head of Community Care Services

No.	Item	Action
1.	**WELCOME AND APOLOGIES** Cllr Graham welcomed everyone to the meeting, apologies are noted above.	
2.	**DECLARATIONS OF INTEREST** No declaration of interests were made.	
3.	**MINUTE OF PREVIOUS MEETINGS – 3 SEPT. 2021** Minutes of last meeting were agreed as an accurate record of discussions.	
4.	**MATTERS ARISING / ACTION LOG – 3 SEPT. 2021** Cllr Graham noted that some dates within the action log had been revised due to current pressures. Audrey Valente noted that there has been work undertaken regarding the benchmarking exercise but noted that the information gathered to date has not been very good but was hopeful to bring a paper to a	

	future committee. Cllr Graham agreed to change the timeline to the January 2022 meeting.	**CN**
5.	**FINANCE PAPER** Audrey Valente spoke to her paper highlighting that there has been movement since the reported July position and the overspend position is resulting in the Partnership requiring to set out a recovery plan as outlined within the Integration Scheme. Audrey advised that there is no change from previous month regarding covid costs are they are reported quarterly to the Scottish Government. Martin Black queried if a recovery plan is to be produced what the timeframes for this would be. Audrey confirmed that the Senior Leadership Team are reviewing all areas of expenditure, to ensure only necessary expenditure is incurred, to formulate a plan to bring the current projected overspend down significantly by the end of the financial year and advised that she will bring a report to a future committee meeting. Cllr Graham confirmed that all agreed and accepted the recommendations of the report.	
6.	**PERFORMANCE REPORT** Fiona McKay noted that this was the usual formal report provided to the committee and wished to highlight that pg 33 shows a downward trend for the use of nursing and residential care from August 2020 to this year but noted that the demand for care at home continues to increase. Fiona confirmed that the issue with Oracle continues, making it very difficult to get high level data on staff absences. She advised that she has been assured that this will be fixed soon. Cllr Graham noted his concern again, advising that it is difficult to scrutinise when there is no information provided and noted that this has been ongoing for some time. Rosemary Liewald acknowledged that there has been increased pressure on home care packages, noting from feedback received to her there isn't any delay with responses to enquires and there appears to be joined up communication and wanted her thanks to be passed on to the service as it is clear with the increase in pressure the teams have been working extremely hard to provide the best service for their clients. Martin Black noted that he too was unhappy with the delay in getting Oracle fixed and with the anticipated increased sickness and absence with staff self isolating etc. was there assurance that the service was safe as we can't tell how many people are off sick. Fiona McKay assured that services were safe and a record of those who are currently off is being held and managed by service managers. Nicky Connor advised that she shared the frustrations and confirmed that it is not within the powers of the Partnership to fix as it is a Fife	

	Council HR Electronic System but wished to assured the committee that the issue has been escalated to the Executive Team but will seek an update on the issue from Fife Council. Nicky Connor confirmed that the absence information is available at local team level but noted that a staff member has been seconded to the Partnership to work with local teams regarding health and wellbeing. They will be supporting managers on the front line to provide a person centred workforce. Nicky noted to ensure and support services being safe, there is a huddle held each day where each service has the opportunity to highlight any issues and this can include workforce shortages. Nicky advised there used to be a blanket closure within care homes when there was a positive result identified but now there is a risk assessment carried out each day with the Health Protection Team that has generated a quicker turnaround and she wished to commend the Public Health Team for the support they have provided as this has had an impact on the acute service related to delayed discharges. Nicky advised that a paper on delayed discharges had been tabled at the Clinical & Care Governance Committee on 1.10.21 which outlined the action that has been taken to enable people to be in their own homes while focussing on safety. Fiona McKay advised that the Fife Council Scrutiny Board have requested a workforce paper and agreed that this would be shared with this Committee. Nicky Connor advised that there had been very recent communication from Scottish Government with regards social care winter planning and respite which the team are reviewing and will be in a better position to update the committee at the next meeting. Cllr Graham confirmed that the committee had accepted the recommendation outlined within the paper.	**NC** **FMcK**
7.	**TRANSFORMATION PRESENTATION** Audrey Valente spoke to the Transformation Presentation Cllr Graham noted there were 4 areas mentioned and queried whether there was any input from the services that feed into the Partnership? Audrey confirmed that these were just initial thoughts that have been discussed with the Senior Leadership Team to date and was happy to take views and comments to help shape the transformation going forward. Cllr Graham noted he felt it was important that services are brought in. Cllr Graham queried with regards the proposed new Transformation Board and queried whether there would be involvement from the IJB and would this committee be seeing reports. Audrey confirmed that to	

	date nothing had been finalised, she hoped to have something in place by January 2022 and would be very happy for member of the IJB to be involved. Martin Black noted that he like how the presentation had been laid out, and asked what the implementation of transformation would eliminate? He queried whether it would be time limited development, and lastly would there be implications for staff. Audrey advised that the transformation programme was being put in place to formalise the reporting for all the transformation work that is taking place and noted that nothing would be eliminated in order for this to be put in place as the Transformation Programme would be adding value to what the Partnership does with a formal approach would ensure that projects are delivered within the timescales. In response to second question, Audrey advised that each of the projects, in their own right, would be time limited, however the Partnership will continually improve and transform therefore the formal Transformation Programme will be a permanent feature. With regard implications for staff, Audrey confirmed that there will be implications which the Partnership will work in conjunction with staffside to ensure smooth transitioning. Nicky Connor agreed but noted that the infrastructure required to be put in place first and the detail around what changes this will be for services is not known at this moment. Rosemary Liewald noted that she was delighted to see that the localities work is continuing in the transformation programme.	
8.	**PERFORMANCE FRAMEWORK** Fiona McKay noted following the recent organisational structure change, the performance management framework required to be updated as monitoring of performance is part of the governance arrangements for the HSCP. Martin Black queried pg. 67 as there did not seem to be any links to NHS Fife. Cllr Graham suggested a review of the meetings as Fife Council's Executive Committee had ceased. Fiona McKay agreed that there should be lines linking to NHS Fife as the Partnership does table reports at their committee's and agreed to review and update the chart prior to the paper being taken to the IJB Committee. Cllr Graham confirmed that the committee had been made aware of the revised framework.	**FMcK**
9.	**PUBLIC SECTOR CLIMATE CHANGE DUTIES** Audrey Valente advised that the IJB has a Statutory duty to submit a Climate Change Report to the Scottish Government by 30th November each year, this is the 5th report for Fife IJB which covers the period 2020-2021. The Scottish Government recognise the unique nature of IJB's and does not expect IJB's to address every aspect of the report as the local	

	authority and NHS have their part to play. The key focus for IJB section is to consider climate change, governance and management and strategy. During 2021 the service has been responding to the pandemic therefore progress for these areas has been limited and recommends that the priorities outlined in the previous year's report are retained. Cllr Graham asked for clarification regarding the last bullet for point on pg 89. Audrey advised historically there had been a section within papers that was never completed that looked at reducing carbon footprint and the suggestion is to revise and add this section back into papers. Martin Black queried whether there was any feedback received from previous reports sent to the Scottish Government. Fiona McKay advised that the Scottish Government did audit the returns and provide feedback. Martin Black queried while the Government recognised the unique nature of the IJB and how the delivery of climate change is driven by the NHS or Local Authority, whether the IJB was in a position to include a direction to the Partner Bodies to deliver a reduction in carbon footprint whilst delivering services on behalf of the Partnership. Both Nicky Connor and Audrey Valente felt that this was worth investigating and would take this question to the Senior Leadership Team. Rosemary Liewald noted that during the pandemic there has been a significant reduction in carbon footprint with the digital technology put in place which has resulted in less travel and printing. Cllr Graham confirmed that the committee was happy to agree with the recommendation outlined in the paper.	**NC/AV**
10.	**STATEMENT OF INTENT FOR SUPPORT FOR UNPAID CARERS** Fiona McKay advised that the Scottish Government have asked the Partnership to put forward a Statement of Intent to ensure that support is made available for unpaid carers. Rosemary Liewald noted that the report gives evidence of what we are doing for the carers on the despite the lockdown and noted that it would be good to hear more about what is being done with 'Time for Me'. Rosemary also noted the importance of what is being done for those who are transitioning from being a young carer to being an adult carer. Fiona McKay advised that there will be an opportunity at the end of the year to bring a report from the Carers Strategy. Martin Black noted that it was humbling to think that there were 35,000 unpaid carers living within Fife and recommended that there was some publication highlighting how important these carers are in Fife. Cllr Graham confirmed that all agreed to accept the recommendations within the report.	**FMcK**

11.	**FIFE HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL REPORT 2020-21 (DRAFT)** Fiona McKay noted that this was the draft annual report which highlights all the work that has been taken forward throughout the pandemic and advised that the Partnership decided to go for a full report to promote all that that the services have achieved. Fiona advised that she welcomed any comments prior to the report being forwarded to the publishers who would be formatting the final pdf document. Rosemary Liewald agreed that the Partnership has taken the right approach and highlighted all that has been done throughout the pandemic including the restructuring. Nicky Connor welcomed any comments and feedback and whether the committee would like to challenge the services to help directive going forward. Martin Black queried with regards figures relating to 'The Wells'. Fiona McKay advised that The Wells had been significantly impacted by the pandemic and confirmed that work ongoing and referrals were now increasing. Cllr Graham confirmed with the committee that they were happy to accept the recommendations outlined in the report.	
12.	**AOCB** **Funding Correspondence** Audrey Valente advised that following receipt of email from David Alexander requesting for an update on the £300M allocation, she could advise that there are no firm answers yet. Audrey advised that there had been a meeting with Scottish Government Colleagues held on 6.10.21 to get clarity around the costings as there is reference to recurring and multi-year which mean different things. Cllr Graham noted that it would be helpful to get a more detailed update going forward. **Frequency of Meetings** Nicky Connor noted she welcomed the view of the committee with regards the frequency of meetings and asked that this be added to the agenda for the next meeting. **Escalation to IJB** Martin Black recommended that the 35,000 unpaid carers are brought to the attention of the IJB from this committee.	**CN** **DG**
13.	**DATE OF NEXT MEETING:** 10 November 2021 at 10.00am via MS Teams	

MINUTES OF THE SPECIAL METING OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON FRIDAY, 17 DECEMBER 2021 HELD BY TEAMS CALL

PRESENT:
Mrs J Kelly (JK) (Chairperson)
Dr F Henderson (FH)
Dr C McKenna (CM)
Dr P Duthie (PD)
Mrs M McGurk (MM)

CO-OPTED MEMBER
Dr H Hellewell (HH)

IN ATTENDANCE:
Miss D Watson

NO	HEADING	ACTION

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair advised the Committee members that this special meeting had been arranged to discuss the Newburgh Surgery's application to formally close their patient list. An SBAR providing details of their application and the background had been prepared by Drs Helen Hellewell and John Kennedy and Dr Hellewell was attending this meeting to speak to the paper.

2. APOLOGIES FOR ABSENCE

Apologies were received from Dr S Mitchell

3. APPLICATION FROM NEWBURGH PRACTICE FOR A FORMAL LIST CLOSURE

HH summarised the key points from the paper:

- Formal application received from the Newburgh Surgery to close their practice list.
- Practice split over two Health Board areas.
- List size has grown considerably since closure of Bridge of Earn surgery in August 2019 and is now considerably higher per WTE GP than would be recommended for both urban and more especially rural practices. Newburgh is considered to be a rural practice.
- Practice has had sustainability issues with a decreasing number of GP partners and an inability to recruit new partners.
- Although NHS Fife provided additional ANP support it was not enough for them to keep their list open.

- Two meetings with NHS Tayside to ascertain whether they could offer assistance to the practice to allow the list to remain open. NHS Tayside were not able to provide aid, but did ask for further time at the second meeting. However as there was no expectation of help from the practices in Perth the Newburgh practice decided they would proceed with their application to close their list
- List closure would mean Newburgh would take on no new patients for the period of time their list remained closed but they would provide a full GMS service to all patients currently registered on their list. Their list would remain closed for 12 months in order to reach the target laid out in the paper.
- NHS Fife would be responsible for any patients who wanted to register with a GP in the Newburgh area. Auchtermuchty is the nearest practice so patients would likely register or be assigned to them. It is 10 miles away which is not considered an unreasonable distance to travel for a rural area.
- NHS Fife propose to provide additional ANP support to Auchtermuchy for the small number of patients they would be likely to receive from Newburgh.
- NHS Tayside would be responsible for providing cover for the patients wishing to register within their area.

The Committee were asked for questions or comments on this application.

PD stated he was happy that the SBAR reflected decision making made by NHS Tayside that has led to the Newburgh surgery's issues. He advised that he was fully supportive of the practice's decision as their practice list size is unsustainable. The practice is left with no alternative in order to retain Fife patients care at an appropriate level.

CM felt it was a concern that NHS Tayside had not been able to find a resolution within their own area since Bridge of Earn closed over two years ago. He stated that to secure ongoing GMS services to Newburgh's Fife patients the decision to allow the practice to close their list has to be made.

CM advised he had spoken to NHS Tayside's Medical Director and explained to him that the list closure was the likely outcome should the Newburgh apply to close their list.

JK confirmed NHS Tayside had been advised the application from Newburgh had been received and that a meeting was being held today to make a decision.

JK advised that until a decision was made no discussions had taken place with the Auchtermuchty Practice. It was hoped a meeting with the practice could take place next week.

HH stated that in the meantime discussions had taken place over what support Auchtermuchty would be offered should the Newburgh list close. She confirmed it was planned to offer them additional ANP support.

CM wondered if there was capacity within Auchtermuchty and asked what their list size. JK advised she would provide this information early next week. **JK**

FH confirmed that she supports the decision but advised she is mindful of Auchtermuchty's sustainability as they have also had recruitment issues, but agrees there will not be a significant number of patients from Newburgh requiring to register there.

CM enquired why the Perth GPs were not being more co-operative.

HH advised that they also had sustainability issues and they had been allowed to redraw their practice boundaries to remove the Abernethy area. This left Newburgh as the only practice covering this area. She also advised that whilst NHS Tayside were providing sustainability resources for the Perth GPs they were not willing to do so for Newburgh to allow them to keep their list open.

PD stated that it should be made clear that this situation had arisen due to the decision making of NHS Tayside considering it is patient's from their area that has caused the issues for the Newburgh practice.

CM advised that it is NHS Tayside's responsibility, not NHS Fife's, to provide GMS cover to all of the population in the Abernethy area.

PD asked if NHS Tayside would be able to assign patients to Newburgh when their list is closed.

JK advised that the Regulations do allow it but they have to find an alternative before they can do this, which is why NHS Fife are going to speak to Auchtermuchty about accepting patients moving to the Newburgh area.

HH stated that the Regulations say you should only consider assigning a patient to a practice with a closed list if all the alternative practices also have closed lists.

The Committee unanimously approved the application of the Newburgh Surgery to formally close their practice list.

JK advised that she, HH and Dr John Kennedy would discuss the best way to approach the Auchtermuchty practice. **JK/HH**

REPORT OF THE PHARMACY PRACTICES COMMITTEE HEARING HELD ON FRIDAY 19TH NOVEMBER 2021 AT 09.30 AM VIA MICROSOFT TEAMS

Present:

Appointed by NHS Fife

Mrs Christina Cooper (Chair)
Ms Sandra Auld, Lay Member
Mr Andrew Jack, Lay Member

Nominated by Fife Area Pharmaceutical Committee

Mr Benjamin Hannan, Non-Contractor Pharmacist nominated by the APC
Mr Raymond Kelly, Contractor Pharmacist nominated by the APC

In Attendance:

Mrs Joyce Kelly, Primary Care Manager, Primary and Preventative Care, FHSCP
Mrs Karen Brewster, Note Taker
Miss Dianne Watson, Note Taker

INTRODUCTION/BACKGROUND

APPLICATION FOR INCLUSION IN NHS FIFE'S PHARMACEUTICAL LIST

The hearing was called to consider an application submitted by Mr Umar Razzaq to provide general Pharmaceutical Services from premises situated within Windygates General Store, Milton Road, Windygates, Fife, KY8 5DF.

Under Regulation 5(10) of the NHS (Pharmaceutical Services) (Scotland) Regulations 2009, as amended ("The Regulations") the Pharmacy Practices Committee (PPC) were required to determine whether the granting of the application was necessary or desirable to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the Applicant's proposed premises were located.

a) The Regulations require that the Committee shall have regard to:-

- the Pharmaceutical Services already provided in the neighbourhood of the premises named in the application by persons whose names are included in NHS Fife's Pharmaceutical List;

- any representations received by the Board under paragraph 1 of the aforementioned Regulations;

- any information available to the Committee which, in its opinion, is relevant to the consideration of the application;

- the Consultation Analysis Report submitted in accordance with regulation 5A;

- the Pharmaceutical Care Services Report; and

- the likely long term sustainability of the Pharmaceutical Services to be provided by the Applicant.

b) It was noted that copies of the following had been supplied to the members of the Committee, the Applicant and those who submitted a representation and had accepted the invitation to attend the hearing.

- Application Form A (1), Floor Plan, Confirmation of Property Lease, Letter from the Chairman of the local Community Council, Letter from the Wok Inn Chinese Restaurant, Letter from Dr S Mullan, Kennoway Medical Group and an email from Mr K Mackenzie, NHS Fife's Addiction Service

- Representations received from:

  NHS Fife's Area Pharmaceutical Committee
  Boots Pharmacy Head Office
  F&F Coffey Ltd, Wemyss Pharmacy
  Leven Pharmacy
  Lloyds Pharmacy Head Office
  Omnicare Pharmacy Head Office
  TW Buchannan (Chemists) Ltd
  Well Pharmacy Head Office
  Councillor David Alexander, Community Representative
  NHS Fife's Director of Pharmacy

- Consultation Analysis Report (CAR)

- A map of the area indicating the location of the proposed Pharmacy, existing Pharmacies and GP Surgeries

- An extract from Fife Council's adopted Fife Plan

- The monthly average number of prescriptions dispensed by Pharmacy Contractors in Buckhaven, East Wemyss, Kennoway, Leven, Lundin Links, Markinch and Methil.

c) The Chair determined that the hearing should take the form of an oral hearing and the Applicant and those who submitted a representation were given the opportunity to attend the hearing. Those who accepted the invitation are listed below:-

  i. Mr Umar Razzaq, Applicant
  ii. Cllr David Alexander, Community Representative
  iii. Mr Tom Arnott, Representing Lloyds Pharmacy Ltd (assisted by Mrs Suzanne Small)
  iv. Mr Christopher Freeland, Representing Omnicare Pharmacy

v. Mr Scott Jamieson, Representing Boots UK Ltd
vi. Mr Brian Timlin, Representing Leven Pharmacy (assisted by Mr Naseem Sadiq)

d) The Committee noted that written notification of the application from Mr Umar Razzaq was issued to the under-noted within 10 working days of the application being received in accordance with paragraph 1 of schedule 3 of the Regulations:-

i. NHS Fife's Area Pharmaceutical Committee
ii. NHS Fife's GP Sub Committee
iii. Pharmacies in Buckhaven, East Wemyss, Kennoway, Leven, Lundin Links, Markinch and Methil
iv. Local Community Council

It was also noted that the Application had been provided to NHS Fife's Director of Pharmacy.

e) The Committee noted that written representations were received from the under noted within the required 30 days of written notice being sent to them:-

i. NHS Fife's Area Pharmaceutical Committee
ii. F&F Coffey Ltd, Wemyss Pharmacy
iii. Leven Pharmacy
iv. The Head Offices of Boots Pharmacy, Lloyds Pharmacy, Omnicare Pharmacy, TW Buchanan and Well Pharmacy
v. Cllr David Alexander, Local Community Council
vi. NHS Fife's Director of Pharmacy

No.

01/21 CHAIR'S WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the hearing, and round the table introductions were made.

02/21 DECLARATION OF MEMBERS INTERESTS

Prior to the commencement of the hearing, the Chair asked the members whether any of them had an interest to declare or were associated with a person who has any personal interest. The Chair then asked the Applicant and interested parties whether any person assisting them at the hearing was appearing in the capacity of Counsel, Solicitor or paid Advocate.

The Chair asked those present if they had any objections to the meeting being recorded for the purpose of the Minutes. All those present agreed they had no objections to the meeting being recorded.

There were no other declarations of interest, nor were any persons making representation attending in the capacity of Counsel, Solicitor or paid Advocate.

The Chair asked those present if anyone objected to the two letters which were submitted after the closing date for documentation to be submitted. It was agreed these letters would be considered and discussed during the deliberation.

03/21 FORMAT OF HEARING

The Chair briefed those in attendance of the intended format of the hearing.

The Chair advised that the Applicant would be asked to make his submissions, followed by questions from the interested parties, then from members of the Committee.

The interested parties would then be asked, in turn, to make their submission, followed by questions from the Applicant, the other interested parties and then the Committee.

The interested parties would then be given the opportunity to sum up, followed by the Applicant.

04/21 APPLICANT'S ORAL SUBMISSION

Mr Razzaq thanked everyone for attending to discuss and consider his application to open a new Pharmacy from premises situated within Windygates General Store, Milton Road, Windygates, Fife, KY8 5DF.

Mr Razzaq spoke to his presentation. A copy of which is attached (Appendix 1)

05/21 INTERESTED PARTIES QUESTION THE APPLICANT

05/21.1 Councillor Alexander had no question for the Applicant.

05/21.2 Mr Arnott (Mr A) questioned the Applicant (Mr R)

Mr A stated that he had visited the Post Office on 2nd November and got the impression that the staff knew nothing about moving to other premises along the road.

He asked Mr Razzaq (Mr R) if he knew that the staff had no idea they would be moving.

Mr R was not sure why the staff did not know but they are definitely moving to premises along the road.

Mr A asked Mr R how his plan would fit the size of the premises.

Mr R responded that the premises are deceiving, they are 600 square feet which will be adequate. He had operated a smaller pharmacy with a similar size and it worked well.

Mr A asked Mr R if he was aware that the rough cost of a pharmacy was around £105k, excluding staff costs.

Mr R was well aware of the costs as he currently operates a pharmacy which is open 7 days per week.

Mr A asked Mr R if he thought a population of 1,860 would generate enough business to survive.

Mr R thought it was viable. He confirmed that he already runs a pharmacy which is open on a Sunday so he has taken the costs into account.

As the proposed pharmacy will be open 59 hours per week, Mr A asked Mr R if he would employ a Pharmacist.

Mr R confirmed he has a plan in place which includes a full time Pharmacist and a relief Pharmacist.

Mr A asked Mr R if he was aware of the issue just now in Scotland that there is a lack of Pharmacists.

Mr R confirmed he did but added that there seems to be an issue for some pharmacies and not others. He had heard of stores having to close temporarily due to the lack of a Pharmacist but none of his stores have had to close and this was not part of the Legal Test.

Mr A asked if the Pharmacist would cover 59 hours per week.

Mr R confirmed he would also employ a relief Pharmacist and locums.

Mr A asked why the previous pharmacy closed in Windygates.

Mr R had no idea as that was in the 1970s when pharmacy was different.

Mr A said that Mr R had stated that the deprivation figures were 2,000. Mr A said he had the Scottish Index of Multi Deprivation figures in front of him and he made it 1,860.

Mr R responded that he took the figures from the Know Fife Data Set, which is a recent Fife study.

Mr A referred to the health data zones Mr R had referred to. Mr A's view was that this did not suggest it is an unhealthy population or that they have difficulty accessing services, and asked Mr R if he disagreed with the demographics.

Mr R responded that Windygates is a mixed population which is deprived where their data zone is in the top 30% of difficulty in accessing services. This relates to comments in the Consultation Analysis Report (CAR) so the important thing is, residents have difficulty in accessing Pharmaceutical Services.

Mr A asked Mr R how many businesses or pharmacies would survive if they lost up to 30% of their current level.

Mr R was not sure as it would depend on what their current level is.

Mr A stated that the reason for his attendance at the hearing was because Lloyds in Kennoway may lose up to 30% of their business which would put them in a difficult situation.

Mr R said he could not comment on that.

Mr A asked Mr R if he was saying NRT only works if a pharmacy is open 7 days per week.

Mr R clarified that he did not say that and that he had said there would be easier access if the pharmacy was open seven days per week as opposed to six days.

Mr A asked Mr R if he remembered the Essential Small Pharmacies Scheme.

Mr R confirmed that he did.

Mr A asked if Windygates would have qualified.

Mr R confessed he did not know much about it.

Mr A stated that it would not have qualified due to the fact there are so many pharmacies within two miles and asked Mr R how often he thought a person needed to access a Pharmacy within a year.

Mr R felt that it would depend on why they were accessing the pharmacy. He thought they were accessing it a lot more these days due to the extra services but was not sure.

Mr A referred to Mr R mentioning the cost of buses. He asked if Mr R agreed that this would be alleviated once the SNP get their new ruling in place, which is, all under 22 year olds travel free, and all over 60 year olds already travel free.

Mr R could only go by the costs at this moment in time. He was not sure what may or may not happen in the future.

Mr A said Mr R mentioned the poor bus service and asked what the Councillor and the people of Windygates had done to improve the service. Could it be a poor service because no one uses it?

Mr R was not sure and thought Councillor Alexander may be able to answer the question. He noted there were numerous complaints regarding the bus service in the CAR.

Referring to the developments Mr R mentioned, Mr A pointed out that most of them are not in Mr R's definition of the neighbourhood so asked why he mentioned them.

Mr R confirmed he mentioned them as they may have an impact on the surrounding areas and the contractors.

Mr A asked Mr R how many houses he thought had been built in Windygates in the last three years.

Mr R was not sure.

Mr A confirmed not many, and asked Mr R if he agreed his extended opening hours were not part of the contract and can be withdrawn at any time.

Mr R agreed they could, but this was not something he planned on doing.

Mr A noted that Mr R had mentioned that some people had to travel to Kirkcaldy to access pharmacy services, but there are two pharmacies in Glenrothes that are open on Sundays, which is closer. He asked Mr R if he agreed.

Mr R confirmed he got this impression from people he had spoken to in Windygates and from comments in the CAR and although Glenrothes is nearer it is still a fair distance away.

Mr A asked Mr R what had changed with Sunday opening hours from 2014 that he mentioned.

Mr R replied that pharmacy had changed a lot as previously they clustered around out of hours centres, but he knew, having opened pharmacies which are nowhere near out of hours centres, the benefits of Sunday opening.

Mr A asked Mr R if he would then disagree with the Fife Pharmaceutical Services Care Plan (FPSCP) 2019/20. He quoted "as regards Sunday opening, there would appear to be no under provision, in terms of opening hours for NHS Fife, e.g. the number of Pharmacies open seven days a week has now increased from eight to nine".

Mr R replied that the FPSCP is only seen as a guide, so he was neither agreeing or disagreeing with it, only that he knew the benefits of a Sunday opening pharmacy.

Mr A asked Mr R if he agreed that the Panel have to take note of the FPSCP in reaching their decision.

Mr R agreed that they need to have regard to it.

Mr A asked Mr R if he agreed that the email which was sent from Katryn Innes, Addiction Services, was sent in May 2019, more than two years ago?

Mr R agreed but said that the NAP had stated that this application needed to be considered with the previously existing evidence and the existing CAR. He added that the letter has been followed up by a recent letter from one of her colleagues as she is no longer working in Addiction Services.

Mr A said he did not agree with the content of the letter. He thought he may need to speak to Lloyds Pharmacy in Kennoway. He then asked Mr R what was the response rate to the CAR regarding his pharmacy in Fenwick.

Mr R advised that he could not remember.

Mr A confirmed it was 17%, which is four times higher than the response Mr R received for Windygates.

Mr R clarified that the point he made was not to the response rate of the CAR, it was to the population which is almost half of the amount that Windygates has now.

Mr A asked if Mr R was aware that Fenwick is currently leafleting within a five mile radius of its pharmacy to try and survive

Mr R confirmed he was unaware of this.

Mr A asked how often the pharmacy in Kennoway had been unable to open.

Mr R was not sure but could only go by what the local people said, the CAR and what the Addictions Team have said.

Mr A asked Mr R if it would surprise him that in the last year and a half there had been six closures, three of which were part closures.

Mr R was not sure, so said it would not surprise him.

Mr A asked Mr R if he would agree that Lloyds in Kennoway had the second highest number of CMS or Medication Case Review scripts in the whole of Fife.

Mr R had not seen that information.

Mr A confirmed that this was true, so he did not understand where Dr Mullan was coming from. He asked Mr R if he was aware that Kennoway Medical Practice, had been running short of GPs for the last five years and were probably trying to use pharmacies for some of their shortfall.

Mr R replied that there has been wide coverage about the shortage of GPs so he would not be surprised.

05/21.3 Mr Freeland (Mr F) questioned the Applicant (Mr R)

Mr F asked, in relation to the size of the Pharmacy, where would staff have their break?

Mr R replied that there is a staff area, albeit small, but it has a pull out table with a chair, which he has used in a similar pharmacy and it works well.

Mr F asked how many staff would he envisage having in the pharmacy.

Mr R confirmed, to start off with, one full time and two part time staff, one covering the dispensary and one covering the front desk

Mr F noted Mr R had mentioned Addiction Services patients accessing Pharmaceutical Services and asked where he would envisage supervising methadone patients.

Mr R replied, after referring to the plans, that there were two options, one at the right hand side, where there is a private area, which can be made more private, or the Consultation Room. This was a first draft of the plans which he thought would be improved.

Mr F asked if Mr R had any confirmation of the Post Office moving to the convenience store.

Mr R confirmed he had legal confirmation which is not to hand, but which he needed before starting this whole process.

Mr F asked if Mr R thought a Post Office would survive in Windygates.

Mr R said he did as it was surviving at the moment.

Mr F stated that the closest Pharmacy was in Kennoway and asked Mr R if there was a footpath to Kennoway.

Mr R replied that the only route was up the steep hill, where there are cars parked sometimes on both sides so it is not easy and not adequate.

Mr F asked if there was a bus every hour to Kennoway

Mr R confirmed that there was.

Mr F said that he had looked on Google and there was a bus to Methil every hour, where his pharmacy was but noted that Mr R had mentioned a break in service when there is no bus.

Mr R confirmed he had telephoned Travel Line Scotland and Stagecoach who confirmed there was a bus every hour from 8.44am until 1.44pm then there was a three hour break until the next one at 4.55pm.

Mr F asked how Mr R envisaged the Manager working over seven days per week.

Mr R replied that the Pharmacist would probably work five days, and he would have a relief Pharmacist who would work one day and cover holidays, and a locum who would cover Sundays.

Mr F asked Mr R if he was aware of the increased locum costs at the moment.

Mr R confirmed he did as he already operates pharmacies which open on Sundays so it had all been taken into consideration.

Mr F stated he was just questioning the viability of the pharmacy in the area with the size of the population and if Mr R thought it was financially viable.

Mr R responded that he thought it was viable because there are pharmacies open with half the population of Windygates, so had no doubt it would be viable.

Mr F asked Mr R if he agreed these contracts could have been granted because of the low deprivation area they are in.

Mr R responded that some are not, and if you have been to Fenwick it is not very deprived.

Mr F asked if Mr R would expect people from outside Windygates to use his pharmacy.

Mr R was not sure.

Mr F referred to the letter from Katryn Inness, about patients unable to access services. 22 patients within the Kennoway and Windygates area are having to travel to Leven to access the service, and asked Mr R, of these 22, how many he thought realistically would be living in Windygates.

Mr R said that he did not know and would not guess.

As for the opening hours, Mr F asked Mr R if he realised he would not be obliged to open seven days, he only needed to open Monday to Friday and a half day on a Saturday morning.

Mr R agreed and noted that that is what the majority in the Levenmouth area do at the moment but not something that he was planning on doing.

05/21.4 Mr Jamieson (Mr J) questioned the Applicant (Mr R)

Mr J noted that the pharmacy had to serve the population of Windygates, and asked Mr R if that was correct.

Mr R confirmed it was correct.

Mr J asked Mr R if he could clarify how many prescriptions and patients he would see on a weekly or monthly basis for the Pharmacy to be viable.

Mr R felt it was difficult to say, but he thought he would need to process around 2,500 items or even 2,000 items to be viable but it was difficult to say. He had worked this into his business plan.

Mr J asked him if he thought he would get a volume of even 2,000 items.

Mr R believed he would and thought a pharmacy in Windygates would be viable.

Mr J asked him if he had any plans currently to go outwith the Windygates area.

Mr R confirmed he did not.

Mr J asked Mr R if he had Pharmacists to cover 59 hours.

Mr R confirmed he did.

Mr J asked Mr R if he planned to recruit locally.

Mr R agreed that he planned to recruit as locally as possible.

Mr J asked if it was correct that the Post Office is currently hosted within a convenience store.

Mr R answered no, it is only operating as a Post Office, not a convenience store.

05/21.5 Mr Timlin (Mr T) questioned the Applicant (Mr R)

Mr T asked Mr R if he accepted that the letter from Katryn Inness is from two years ago and was out of date therefore may not be relevant.

Mr R disagreed as there was a follow up letter from Kevin MacKenzie, with no disagreement to the original letter from Katryn so he thought it was still relevant.

Mr T noted that Kevin MacKenzie did not mention numbers so was it fair to say those numbers may be irrelevant with current reality?

Mr R felt it was difficult to say but this was a follow up from Katryn's email with no disagreement to what she had said. The evidence included with the original application was still valid as stated by the NAP.

Mr T accepted that the NAP stated that for the CAR but not the letter.

Mr R said he disagreed and thought it was all the previous evidence that had to be considered not only the CAR.

Mr T asked what area is KY8 5?

Mr R replied that he was KY8 5DF so he imagined it was Windygates.

Mr T stated that KY8 5 is Kennoway, Windygates, Balcurvie, part of Leven and Denhead.

He referred to the letter from Katryn Innes, Addiction Services which said that the number of patients who accessed Pharmaceutical Services in the Kennoway and Windygates area was 53.

And asked if it was correct that Mr R did not know how many of the 22 patients referred to were from Windygates.

Mr R said that was correct, he did not know how many.

Mr T asked Mr R if he knew how many of them were collection of Supervised Methadone or were vulnerable or unstable and live in Windygates.

Mr R did not know but said the point was, there were patients who were having difficulty in accessing services and therefore having to travel outwith Windygates.

Mr T explained that he was trying to determine what the actual need for a Pharmacy in Windygates was.

Mr R replied that the need is that people were having to travel outwit the village to access these services, some of which have poor mobility which made it even more difficult.

Mr T said the letter states that this was causing problems with concordance as these patients were frequently missing days of their Opiate Substitute Therapy and asked Mr R how that compared with the rest of Scotland.

Mr R was not sure but thought that having a local, easily accessible pharmacy would help.

Mr T asked if these issues would be the case across all pharmacies.

Mr R was not sure, but noted that certain pharmacies may have these issues but his point was having a local, easily accessible pharmacy would definitely help the situation.

Mr T asked Mr R where he got his population figures of over 2,000 from.

Mr R confirmed it was from The Know Fife Data Set, which is a Fife Council Data Set from 2002. He noted there had been houses built since then. The population had gone from 1,860 to 2,000 so the current population was just over 2,000.

Mr T stated that looking at the NHS Pharmacy Plan for 2019 the population is 1,790.

Mr R did not think that was correct as it had never been as low as that.

Mr T asked Mr R how this business could be viable with the current population.

Mr R replied that he had a Business Plan in place and already operated a seven day pharmacy so knew the benefits, which he had taken into account.

Mr T asked how many from your neighbourhood in Windygates will need access to a Pharmacy on a Sunday.

Mr R felt it was difficult to say. He thought there would be a fair amount, although the amount of people accessing a pharmacy on a Saturday and a Sunday was lower. The point was that people would not have to travel elsewhere they would have easier access to a pharmacy on a Sunday.

Mr T asked if Mr R accepted that all other pharmacies were providing core contracted hours to deliver an NHS contract.

Mr R agreed but noted that people still required a pharmacy on a Saturday afternoon and as he had mentioned, there were only two pharmacies in the Levenmouth area, which were not easy to access from Windygates, that were open on a Saturday afternoon.

Mr T asked if Mr R accepted that he could write to the Health Board and change his core hours.

Mr R believed this was the case but not something he was planning on doing.

Mr T noted that, two of Mr R's latest contracts which he had been awarded, on his Facebook page promoted a "no questions asked delivery service", which applied to, not just the neighbourhood, but all the surrounding areas. He asked Mr R why he was saying he had no plans to do that with this contract.

Mr R replied that not every area is the same, in the Borders for instance it was a very rural area so he did have to deliver to outlying areas as there was a need for that. This was not the case with Windygates.

Mr T asked how many Windygates residents were registered at Kennoway Medical Practice.

Mr R was unsure.

Mr T asked how many were registered elsewhere.

Mr R was again unsure but he knew some people were unable to register at some of the surgeries.

Mr T asked what the total population of Kennoway and Windygates was.

Mr R was not sure but thought roughly six or seven thousand.

Mr T continued. If only 3,500 residents in Windygates are registered at the Kennoway Medical Practice would this not suggest that the other 3,000 are happy to travel outwith

the Windygates area and use the services in the wider neighbourhood. He asked Mr R if he agreed.

Mr R was unwilling to comment as he had not seen these figures. He did not know the current number of people registered with Kennoway Medical Practice.

Re car ownership, Mr T found this to be 85% not 80% as stated in Mr R's presentation. He asked Mr R if he agreed that people travel outwith the neighbourhood to access services.

Mr R did agree and noted that some people who had access to a car would travel, but some households only owned one car so therefore may not have access to a car through the day.

Mr T asked where the nearest bank was.

Mr R thought it was in Leven.

Mr T asked where the nearest Supermarket was.

Mr R said the nearest was Aldi in Castlefleurie, Leven.

Mr T asked what evidence Mr R had that he had secured the unit.

Mr R confirmed that he had submitted a letter along with his application.

Mr T confirmed he had looked at the letter but as Mr R had blocked out the name and the signature all he had was something he could have created himself. Mr T suggested it was not a legal document.

Mr R said he could assure Mr T that he had a legal agreement. The letter he submitted was all that was needed as part of the Application.

Looking at the buses, Mr T noted that the nearest pharmacy was seven minutes away so someone could do a round trip in less than an hour. He asked Mr R if he felt this was inadequate.

Mr R felt an hourly bus service was inadequate.

Mr T referred to Question 10 of the CAR, "do you support this application". Mr T noted that more people had answered "no", a new pharmacy is not required, rather than lack of services or transport, and asked Mr R if this seemed strange.

Mr R responded that when you look at the CAR as a whole, the transport issue was a problem.

Mr T referred to Question 6 of the CAR where it asked about the benefit of a pharmacy to help with NHS services, and asked Mr R if he would accept that the answers are not about inadequacy. The questions are asking about helping NHS services.

Mr R agreed but reiterated that the Committee still needed to have regards to the CAR overall.

Mr T confirmed he was not disputing that, but said that a lot of the questions were not about inadequacy. He said it was interesting that nine people were saying there were enough pharmacies already, not that the current service was inadequate. It was more about relieving pressure on GPs and pharmacies.

Mr R responded that nine is a small number and with any new pharmacy application not everyone was going to support it.

Mr T asked Mr R if he would also accept that the response to the CAR was a small number.

Mr R disagreed as every CAR was different. The content of the CAR was a lot more important than the number of comments.

Mr T asked Mr R if he would accept that the same number of responses to question 6 that the pharmacies were adequate, was the same percentage of the number of people who responded to the CAR?

Mr R agreed that it was about the same number of responses but did not think it was a good comparison.

The Chair confirmed to Mr Timlin, that the weight and the reasons behind the letter from Addiction Services would be discussed during the deliberations.

06/21 COMMITTEE MEMBERS QUESTION THE APPLICANT

06/21.1 Ms Auld (Ms A) questioned the Applicant (Mr R)

Ms A asked how many hours out of the 59 that the pharmacy would be open, was Mr R anticipating that a Pharmacist would be present.

Mr R confirmed that any one pharmacist would not cover more than five days per week. There would be a relief Pharmacist, who would cover one day a week and probably a regular Locum Pharmacist to cover a Sunday.

Ms A was confused about question nine and some of the comments around the proposed opening hours. She could not find some of the quotes that Mr R had referred to in the documentation she had and asked where she could find these.

Mr R replied that when he was given the CAR he was given a copy of all responses. He suggested she may need to check with Mrs Kelly that the Committee had been given access to all responses as he was told that they would.

The Chair confirmed that Mrs Kelly would find out if the Committee was given a copy of all responses from the CAR during the break.

06/21.2 Mr Hannan (Mr H) questioned the Applicant (Mr R)

Mr H asked Mr R if he was planning on collecting prescriptions from outside the neighbourhood he proposed.

Mr R confirmed he would if there was a need for the service.

Mr H asked how he would determine that need.

Mr R said that if he got a request to pick up prescriptions at a certain surgery he would look at this.

Mr H asked Mr R to elaborate on what he meant by his reference to his perceived failing of the APC.

Mr R replied that his point was that there was a lot of reference to other things but not much weight invested in the CAR, which was a legal requirement of this process.

Mr H asked Mr R if he could clarify that he felt that the CAR was a legal requirement and that it was not given weight by the APC as suggested in his presentation.

Mr R said he would agree.

Mr H asked Mr R to explain how he would maintain seven day services and how that would work.

Mr R clarified that he had a Business Plan already in place as he currently ran a seven day pharmacy. He stated that not many pharmacies are open on Sundays and there a lot of people who are willing to work, so there are a lot of Pharmacists available. He advised that he would need to work this into his Business Continuity Plan. He confirmed that he had a relief Pharmacist and an Area Manager who both worked in Edinburgh, which is not far from Windygates so he could work that into the plan.

Mr H asked what Mr R what was currently in his plan for a Sunday in his other branches.

Mr R agreed he could use that as a template. His current Sunday opening pharmacy was in Hawick, which was a very different demographic area to Windygates but he could use that as a Continuity Plan for a seven day opening pharmacy.

In terms of service retraction, and ensuring continuity of service, Mr H asked Mr R how that featured in his current continuity plans, and apart from touching on locums was there anything else he could add.

Mr R replied, no and that he would definitely be concentrating on his Business Continuity Plan before he opened, as this was important.

06/21.3 Mr Jack questioned the Applicant (Mr R)

Mr Jack asked if Mr R intended to offer any unique services that are not offered already?

Mr R responded that all pharmacies were offering core services but his point was the difficulty in accessing services.

06/21.4 Mr Kelly (Mr K) questioned the Applicant (Mr R)

From his Application Mr R said that this was not a new application, it had already been granted. Mr K asked Mr R if he could confirm that he accepted that the instructions he had been given by NAP were that he had to treat this as a brand new application.

Mr R replied that it was still the same application but it was a reconvened hearing with

new evidence.

Mr K asked Mr R to confirm that he was applying as an independent contractor and not as a paid Advocate as he saw from the GPC's website that he is a Superintendent and a representative for another company.

Mr R confirmed this was correct.

Mr K asked Mr R if he understood that the terms of service only require him to open Monday to Friday, 9am to 4.30pm and he was not required to open on a Saturday.

Mr R confirmed he did.

Mr K wanted to clarify that Mr R knew he would not be required to submit a letter to ask the APC to convene to discuss a change in his hours and that he could simply send a letter to let them know. In terms of his neighbourhood, Mr K agreed with Mr R's initial description that it was Windygates in its entirety but Mr K advised that he did not agree with his boundaries. On looking at the map Mr K he would have said Windygates as it exists would be Fallarch Road, to the North and not the Burns.

Mr R disagreed as there were houses further north of Fallarch Road and that the sign where Kennoway starts was actually further up the hill.

Mr K accepted that there are houses going further up the hill but beyond Fallarch Road it was just a field, and asked Mr R if he accepted that.

Mr R said he looked at this but if he had included Fallarch Road he would have been missing out part of Windygates.

Mr K asked if he had extended the boundary to capture these extra houses up the hill.

Mr R denied this because these houses were part of Windygates, the sign was further up the hill.

Mr K said Mr R's eastern boundary was again at the Burns, following south but a large part of that boundary was just fields so he would put it to Mr R that the eastern boundary was Dunnolly Gardens then follows the A916 as far as the roundabout, and asked Mr R if he felt that was a more reasonable definition.

Mr R did not agree as there were houses in Windygates, east of the A916 which can be clearly seen on the map.

Mr K noted there was a number of different figures for the population and that the figures he could easily find were 1,790, so for arguments sake we could say around 1,900. Mr K asked Mr R if he thought that was enough of a population to make the pharmacy viable.

Mr R thought it was.

Mr K pointed out that Mr R said he would need about 2,000 items at the lower level per month to make it viable.

Mr R confirmed this but noted it was different in every area as Mr K would know.

Mr K suggested that roughly on a population of 1,900 Mr R would need about 1.1 items per person that lives in the village to make it viable.

Mr R agreed.

Mr K asked Mr R where people access a dentist or GP service just now.

Mr R thought it was a mixture of Methil, Leven, Kennoway and Buckhaven.

Mr K noted that Mr R had said he was not going to target anyone outside of Windygates but in his presentation he said that he was hopeful that people in the Diageo plant may use his services which is outwith his neighbourhood.

Mr R said he was merely making an observation that people from these areas may access services in Windygates, he did not say they would, but it was possible.

Mr K asked Mr R if he would refuse to dispense a prescription if it came from outside the Windygates area.

Mr R said of course not, but it is the same with any pharmacy as a contractor you would dispense prescriptions outwith your area. He was asked if he would target other areas and the answer to that was no.

Mr K asked if he could give him an idea on what his opinion was in terms of the Legal Test and evidence of inadequacy.

Mr R replied that he would say the evidence of inadequacy was in the CAR.

Mr K asked him if he was relying on evidence of inadequacy in the comments in the CAR.

Mr R said no, not just the comments in the CAR, he had given evidence in his presentation e.g. the population size, the barriers to access, the steep hill to Kennoway, the distance to Methil, and Leven.

06/21.5 The Chair (Ch) questioned the Applicant (Mr R)

Ch asked Mr R to confirm if he said he had a Pharmacist at the moment and that he may have to recruit a part time Pharmacist and locum.

Mr R confirmed that he had already arranged a full time Pharmacist and had a relief Pharmacist so the full time Pharmacist could have their day off, and for Sundays he would recruit a regular locum. His point was, due to the small amount of pharmacies open on a Sunday he had found there was no problem finding a locum.

LUNCH BREAK

07/21 INTERESTED PARTIES' ORAL SUBMISSIONS

Before going on to hear the Interested Parties Oral Submissions, Mrs Kelly confirmed that all members of the Panel received the same version of the CAR. All individual comments were made available to the Panel on request.

07/21.1 Councillor Alexander spoke to his presentation.

I am surprised to be doing this again as I thought we won the argument on need the last time. I agree with everything Mr Razzaq has said. I was born in Windygates and lived there for 35 years and now live in Kennoway. I have represented the Windygates community for 36 years as a member of Kirkcaldy District Council and the Fife Council. I have also represented parts of Kennoway for the same time and others for less. As mentioned before Windygates did have a pharmacy when the village was only half the size it is now, which is an argument for viability. I think the question was asked why the pharmacy had closed. I think it closed because the Pharmacist died, and wasn't replaced, although I could be wrong. That was also the time that all sorts of businesses were moving out of communities. We had a bank in Windygates which was open for three days. I am glad to say we are looking at the reversal of all of that but that was the situation back then. It seems to be standard wording from the objectors, we object to the application as it is neither necessary nor desirable. I am less interested in the financial side or the commercial impact on neighbouring pharmacies, I am more interested in viability. I want to establish a clear desirability and the necessity for a pharmacy in Windygates, especially with Covid right now. The people in Windygates want and desire a pharmacy. Those people that are left remember what it was like to have one before and the younger people see the lengths they have to go to access a pharmacy. Prescriptions are supposed to be free, they are to most people in Levenmouth, but if you stay in Windygates you have to use the bus and pay heavy bus fares, or hire a taxi, or need to put unnecessary car fumes into the air, then it doesn't seem free to you, which we need to consider.

Can I refer to the letter from the APC, where it says that the population per Community Pharmacy for the Levenmouth locality has the second lowest population of all localities in NHS Fife? This would be fine if Levenmouth was one community but it's a group of communities, and that sounds good until you stay in Windygates and you don't have a pharmacy.

As for the boundary, the Fallarch Road is not the boundary. The boundary between Windygates and Kennoway is the Burns, where there is a Burn and the bridge over it. The Fallarch Road also had about a dozen small holdings. The eastern boundary is the field that goes as far as the Bowling Club. Both fields on the east and west in the Local Plan every year are put forward by farmers for development and both tend to fail, but in the Local Plan that is Windygates.

The letter from the Community Council confirms they are fully supportive of the application.

In the CAR in answer to the question, "do you think there are gaps and deficiencies in provision of Pharmaceutical Services in this neighbourhood", 116 responded yes, 17 responded no. In answer to the question "do you think that there will be a positive or negative impact on the neighbourhood in having a community pharmacy", 100 positive, 14 negative and 7 said don't know. That's just a few of the questions but the rest are just as positive. It was suggested that 7% was a poor return, but this is pretty average. I can guarantee if this survey was repeated the positivity rate would be even higher. The key themes from the CAR were, the high level of support for a pharmacy, there are no existing services based within the neighbourhood, therefore residents have to currently travel outwith to access services which requires access to transport. A new pharmacy would be beneficial for those who rely on public transport, as the service is limited and

can be costly.

As a local Councillor, I can confirm the support. I was asked on many occasions from the constituents to try and reinstate some sort of Pharmaceutical Services with no success. Over the last two years I have issued two newsletters in Windygates since the last Hearing, keeping people informed. As usual some people are unaware, however most were delighted and there was genuine anger when the previous application was refused.

Windygates is the only village in Levenmouth that doesn't have a pharmacy. If you look at the map in Appendix 6 of the PPC papers, where it shows clearly the isolation of Windygates, no. 12 on the map, in terms of pharmacies compared to the rest of Levenmouth. It is also worth looking at the isolation of East Wemyss, no. 2 on the map, with the rest of Levenmouth. They are not dissimilar in size, in terms of population, East Wemyss has 154, Windygates has 147, yet East Wemyss was rewarded a pharmacy. This was probably opposed by the same objectors for the same reasons. You cannot reach a pharmacy by foot from Windygates. You reasonably could walk to a pharmacy in any other part of Levenmouth, instead you would need to access a bus service, hire a taxi or drive.

I would say the population of Windygates is between 1,900 and 2,000. Crail has a population of 750, yet has a pharmacy. Pittenweem with a population of 1,650, Kinglassie with a population of 1,520, Elie and Earlsferry has a population of 910, Thornton has a population of 962, Aberdour with a population of 720 all have a pharmacy.

The bus service to Kennoway has been reduced, there are less opportunities to use public transport. The key themes of the CAR showed the issues with transport getting to and from Kennoway. The bus service to Methil and Methilhill has been reduced slightly, but few people tend to go Methil or Methilhill to access services. Since lower Methil's shopping centre has disappeared, it's not a place people of Windygates would go to access a pharmacy.

It is worth explaining that Kennoway and Windygates are linked. Kennoway has a co-op and it is cheaper to use the bus service to Kennoway from Windygates for day to day matters and is also quicker to access. The pharmacy service in Kennoway has deteriorated. There have been quite a few occasions where people would get the bus to Kennoway only to find the pharmacy was closed. This is due to both a lack of pharmacists and staff. I understand the staff walked out at one point. This is a regular occurrence and the biggest complaint I was getting was regarding Lloyds in Kennoway, no one else seemed to be affected. The result is that many people have lost confidence in making that trip and this has added to the demand that Windygates should have it's own pharmacy. You have the letters from the GP Surgery in Kennoway and Addiction Services. I complained to the Health Board in July, and they responded to me by saying they were monitoring the situation. I have had complaints lately, not so much about the closure now but that customers can't get their prescription on the day, they have to return the next day.

Regarding Covid, people don't want to stand in a queue. The letter from Dr Mullan shows support for the new Windygates Pharmacy, in terms of competition. It's pretty devastating for a doctor to write that type of letter.

Question 8 of the CAR, "do you think anything is missing from the list of services

provided", 7 responded yes, 86 responded no. Windygates doesn't list additional services that the Kennoway doctors would likely suggest would come from a motivated pharmacy on our doorstep.

A pharmacy in Windygates would be the closest pharmacy to Cameron Hospital. There have been numerous issues in the last five months with Lloyds in Kennoway according to Addiction Services.

It's also worth noting that even from 2018, the poor service from Lloyds in Kennoway has been going on. Often no Pharmacist is available, this is a long standing problem. During the Beast from the East, Kennoway was effectively cut off from Windygates. The pandemic has changed everything, no one wants to travel on a bus or even leave the safety of their home. The end result will be that as many services as possible need to be located as close to the people as possible. In the case of Windygates that means a pharmacy. We have no idea how long we are going to have to face this nightmare. The people of Windygates needs their own pharmacy rather than utilising public transport, where some may or may not observe the rules. Windygates is the only community without its own pharmacy. The Covid case level for Windygates and Balgonie is higher than Kennoway and the only reason I can think of for this is that the residents are leaving their communities to access services in larger communities outwith.

So, if we look at the support from the Community Council, the positive response from the CAR, Kennoway Surgery, Addiction Services, the isolation of Windygates, the increasing difficulty and cost of travel, the problems at Lloyds in Kennoway and the pandemic, I would say the objections come from people who are looking after their own business. I am more interested in the need.

In May, the manifesto for the new Government will be published and it will have an impact. 20 minute neighbourhoods are going to be designed, these are where people can meet their needs within a 20 minute walk from their home, with access to safer routes for walking or public transport. Regarding Windygates you cannot walk to Kennoway because of the Sandy Brae, you cannot walk to Methil or Methilhill as there are no safe crossings over busy roads.

As for viability, in 2023 Windygates is going to have its own rail station, as is Leven, the impact that made on the Borders was enormous. It opened up the Borders to more businesses, more houses and more tourists. The same is expected in Levenmouth, house building is going to increase rapidly and house prices go up when you are close to a railway station. Fife is one of the most popular destination for walkers, thanks to the coastal path. To access the Kennoway to St Andrews link, you would get off the train at Windygates. People will be coming off the train looking for services. You can walk to Kennoway from Windygates because the Pilgrims Way goes around Kennoway Den, where you can bypass the hill on the Sandy Brae. This will bring wealth and more people to Windygates. Thank you.

INTERESTED PARTIES QUESTION COUNCILLOR ALEXANDER

07/21.2 The Applicant had no questions for Councillor Alexander.

07/21.3 Mr Arnott (Mr A) questioned Councillor Alexander (CA)

Mr A asked CA if he thought that the bus service was poor due to the fact that no one used it because they all have cars.

CA responded that it was a poor service but the pandemic had reduced the number of people using the service and the prices were going up.

Mr A asked if CA had asked the bus companies to introduce more buses.

CA confirmed he had, but he only had influence after 6pm, this is the only input he had. They are a private company. If he asked them to make changes before 6pm they would ask for money.

Mr A asked what impact CA thought a 30% loss would have on any business.

CA replied that it is a high number but Kennoway Pharmacy should be favourable over the other pharmacies he listed.

Elie, Crail and Pittenweem Pharmacies all have a high number of tourists for a fair part of the year. Mr A asked CA if he agreed.

CA said not necessarily as in these communities they often had bought holiday homes so Mr A was looking at the same people.

Mr A asked what he thought the cost of a new pharmacy is to any Health Board

CA said he had no idea.

Mr A confirmed that Community Pharmacy Scotland reckon it is between £30,000 and £50,000.

Mr A asked where CA did his banking and supermarket shopping.

CA confirmed he did his banking online and as for a supermarket, sometimes Aldi in Leven but mostly the Co-op in Kennoway. If it was a big shop he ordered a delivery.

Mr A asked if CA thought there was a need for a Pharmacy in Windygates to be open 59 hours per week.

CA said he was no expert but it would be a good service to have.

Mr A told CA that he said that all the staff walked out at Lloyds in Kennoway. That was not the case, there were two people, one moved to Aberdeen and one to the Health Board.

CA replied that wasn't what the public in Kennoway thought.

Mr A stated that Lloyds Pharmacy had only been closed six times, three of which were partial closure. He could only give CA the facts.

Mr A asked if he thought the CAR should have included the residents of Kennoway and therefore the responses would have been from a combined population of 6,470 rather than 1,860 which is Windygates alone.

CA said no, as this is about a Windygates Pharmacy. He thought it would have been Windygates alone.

Mr A noted CA had said Windygates had a 6.2% response rate which he felt was fairly high and asked if he would agree with these figures. Monkton had a 22% response rate, Townhill had a 21.1%, Fenwick had a 17% Blackburn in West Lothian had a 12.9%, Moffat, similar to Windygates had a 10% response rate, Aberlady had a 9.6%, Mid Calder 9.5%, Bishopton 9% and so on. Mr A asked CA if he thought 6.2 % response rate was fairly high.

CA confirmed he did as when he distributed surveys for the Council this was the typical response rate.

07/21.4 Mr Freeland (Mr F) questioned Councillor Alexander (CA)

CF asked CA if he knew Omnicare in Methil ran a delivery service into Windygates

CA confirmed he did know there had been a delivery service during the pandemic but people preferred face to face.

Mr F confirmed that deliveries were very important especially to the housebound and that Omnicare had increased their deliveries to two per day during the pandemic.

CA commended him but people were still going to prefer a pharmacy on their doorstep.

Mr F asked if CA would accept that most people in Windygates would travel outside to access services other than pharmacy.

CA accepted this.

Mr F asked if he thought it was important that the pharmacy was open seven days per week.

CA replied that as a commercial decision for the owner, if it was open seven days per week that would be good for him. It would provide an excellent service.

Mr F asked if he would be disappointed if it changed to five days per week.

CA confirmed he would be.

Mr F asked CA if he was aware that Lloyds in Kennoway offers all core services.

CA said he did not know what services they offered but he knew he got more complaints about them than positive comments.

Mr F asked CA if he would accept that complaints about pharmacy services could be high because of the pandemic.

CA said he could not. He represented Windygates, Kennoway, Leven and Upper Largo and he has received no complaints other than those for Lloyds in Kennoway.

Mr F asked him if he was also aware that most pharmacies had queues outside due to the pandemic.

CA confirmed he did and could understand that but if you had to unnecessarily go back

to the pharmacy it doubled the chance of infection in their eyes, and also if you needed to get the bus up to Kennoway and the pharmacy was closed, this would not be ideal.

Mr F remarked that many people who were using the bus were elderly so there was no cost to them.

CA stated that elderly patients often used taxis etc because they had a zimmer and could not go on a bus. They would often combine their trip and go to the co-op at the same time as the pharmacy.

Mr F remarked that CA had mentioned a lot of similar applications had been granted in the past and asked if he was aware that they were granted when the process was different and that this has changed over a number of years. At that time it was somewhat easier to grant an application for a new pharmacy.

CA said he did not pretend to understand the rules, he only looked at the village and the services and thought it was time to grab the opportunity of having a new pharmacy.

Mr F asked CA if he would agree that 80% of residents who own a car is a high number.

CA was not sure but stated we are trying to reduce car use.

Mr F asked about when we move to electric cars.

CA was not sure.

Mr F asked CA if knew the plans for where the train would be stopping in Windygates.

CA confirmed it would be the road going towards the Bowling Club in Windygates. At the roundabout there is a road that goes towards Methilhill and the distillery, it would be right in the middle of there.

Mr F presumed there would be a park and ride there.

CA confirmed this.

Mr F asked what services would they then access in Windygates?

CA was not sure but before going on a long walk along the coastal path they could access services in Windygates. He explained that the Borders had expanded with new businesses that the rail lines had brought and we were basing our plans on them.

Mr F asked CA if he would accept that Windygates was quite limited on commercial properties to do that.

CA agreed at the moment but said it will be all about the number of people who are stopping and there will be big demands for housing. He had no doubt we would see Moores Housing at Castlefleurie trying to extend towards the rail link. They do not have planning permission yet, but he thought they would be trying to build as close to the station as possible.

CA mentioned deaths in Windygates. Mr F asked him if he was attributing that to not having a Pharmacy.

CA was not sure but felt it could be a possibility.

Mr F remarked that patients used GP Surgeries outwith Windygates as there were none in the village and that Omnicare provided services to Methil and Windygates, and asked CA if he accepted that they dispense a number of prescriptions for residents in Windygates.

CA accepted this but noted people chose Kennoway first, then Leven but he knew people who have moved from Methil to Windygates.

07/21.5 Mr Jamieson (Mr J) questioned Councillor Alexander (CA)

Mr J asked where secondary school children go to access secondary education.

CA confirmed that the vast majority attended Levenmouth Academy but some would attend North East Fife schools.

07/21.6 Mr Timlin had no questions for Councillor Alexander.

07/21.7 Mr Arnott spoke to his presentation. A copy of which is attached (Appendix 2)

INTERESTED PARTIES QUESTION MR ARNOTT

07/21.8 The Applicant (Mr R) questioned Mr Arnott (Mr A)

Mr R asked Mr A how many deliveries he did to the village of Windygates on a weekly basis.

Mr A confirmed probably about 16 or 17, not many. This was because most of the residents found it not too difficult to access his pharmacy. It was mostly the residents who were on compliances that found it difficult.

Mr R asked if he thought it could also be that people did not find it is a good service.

Mr A responded absolutely not.

Mr R asked if it was correct that Lloyds only deliver from Lloyds in Kennoway between 12pm and 3pm.

Mr A answered that unless there was an emergency then they would deliver outwith those hours. There was no great demand as people in Windygates were managing to access Pharmaceutical Services.

Mr R commented that Lloyds could withdraw their delivery service at any time considering it was not a core NHS service.

Mr A agreed as can any pharmacy in Scotland but said they had no intention of withdrawing the delivery service.

Mr R asked if Mr A felt it was reasonable to expect someone who was elderly or had a pram to walk up the hill to Kennoway from Windygates.

Mr A noted that it would be very difficult for the elderly to walk up but the under 22 year olds would soon be able to get on a bus for free, but this would depend on the individual; some people liked to walk. He was not denying that it was not an easy walk.

Mr R asked where he thought people would go to access pharmacy services on a Saturday afternoon, bearing in mind Lloyds in Kennoway closes at 1pm.

Mr A thought it was Leven.

Mr R asked how they would they get to Leven. Did he think they would pass through Windygates?

Mr A advised that he had no idea.

Mr R said that Mr A mentioned in his presentation that it was difficult to see where Windygates ended and Kennoway began, and asked if he knew that there was a sign post when going up from Kennoway Burn where Kennoway began.

Mr A said he knew the area quite well, he was the Area Manager for Lloyds in Kennoway for 10 years. The point he was making was that they were basically running into one another.

Mr R said to Mr A that he mentioned that his pharmacy dispensed 6% less items in the last year, but he had noticed that this was not the general trend throughout other pharmacies in the Levenmouth area. Would Mr A say that was because of the poor service from Lloyds.

Mr A said one of the problems was the GP Practice in Kennoway. They had been short of GPs and were not managing to get the prescriptions out and that is why Lloyds had the second highest amount of CMS patients in Fife.

07/21.9 Councillor Alexander (CA) questioned Mr Arnott (Mr A)

CA was trying to understand why a pharmacy in Kennoway would be struggling when the village was so big and yet there had been pharmacies opened in smaller villages. It did not make any sense to him.

Mr A responded that although the population was higher than in Windygates there were not a lot of residents registered at Kennoway Practice. Pharmacy prices were going through the roof, Lloyds were probably about 40% over on their pharmacy costs than they were last year at this time so the viability with a loss of 30% of the business was a fact.

07/21.10 Mr Freeland (Mr F) questioned Mr Arnott (Mr A)

Mr F asked if Lloyds had a good relationship with the Practice next door.

Mr A confirmed Lloyds currently had an excellent relationship with the Practice.

Mr F asked Mr A to clarify that Lloyds did emergency deliveries when needed during the week.

Mr A agreed absolutely.

Mr F asked if they had a limit on the number of Dosette Boxes they did.

Mr A said no: they we could utilise the hub in Glasgow for assembling them so there would never be an issue.

Mr F asked for comments on the letter about patients unable to access drug misuse services.

Mr A said the letter regarding drug misuse was dated 2019, but he was still shocked, as they had never refused a methadone patient.

07/21.11 Mr Jamieson (Mr J) questioned Mr Arnott (Mr A)

Mr J asked if Mr A if he could clarify if the pharmacy application was granted and Lloyds in Kennoway were to lose 30% of its business, would they be able to guarantee that the pharmacy would stay open.

Mr A thought that with a 30% loss of business along with the increased costs, he would not like to give a guarantee.

07/21.12 Mr Timlin had no questions for Mr Arnott

COMMITTEE MEMBERS QUESTION MR ARNOTT

07/21.13 Ms Auld had no questions for Mr Arnott

07/21.14 Mr Hannan (Mr H) questioned Mr Arnott (Mr A)

Mr H asked if Mr A would be able to elaborate on how the workforce issues, which are affecting the whole of pharmacy just now, had affected Lloyds Pharmacy in Kennoway over the past year due to unplanned closures or availability of services.

Mr A noted that this was across the whole of pharmacy just now, not in Fife alone, the impact of Covid and the restrictions that put on movement; he was just pleased that they were able to keep the pharmacies open as much as they had done.

Mr H asked that with the closures, what had been the impact on Lloyds Pharmacy in Kennoway.

Mr A replied they only had six closures in Lloyds Pharmacy in Kennoway over a 12 month period, two of which were Covid related and they ended up being only part closures.

07/21.15 Mr Jack questioned Mr Arnott (Mr A)

Since the new GMS Contract and also Covid, most GPs are directing patients anywhere but the GP Surgeries. On that list they say to contact your local pharmacy. Mr J asked Mr A if he had found that there had been an uplift in his business because of that.

Mr A confirmed they had had a 225% increase in the use of Pharmacy First recently, and the 30% decrease would not offset this.

07/21.16 Mr Kelly (Mr K) questioned Mr Arnott (Mr A)

Mr K noted Mr A was speaking about 6,000 residents which was a combined neighbourhood of Kennoway and Windygates and asked if that was correct.

Mr A confirmed this.

Mr K asked Mr A if he knew if Kennoway and Windygates had separate Community Councils.

Mr A had no idea.

Mr K asked if it would be his contention that Kennoway and Windygates form part of the same neighbourhood.

Mr A replied that they seem to run into one another and that there was not a gap and as the Councillor said, the residents in Windygates seemed to utilise the services in Kennoway on a regular basis.

In terms of a 30% drop in business against a 40% rise in costs etc, Mr A was asked how many pharmacies had closed as a result of a new contract being granted that he was aware of.

Mr A was not aware of any at all but thought he gave the example of the one in Fenwick, within 14 months the owner had been leafleting within a five mile radius of his premises, which I assume is to keep his business viable.

Mr A was asked if he knew if the letter from Addiction Services was representing them, or were they speaking on behalf of the Board.

Mr A said that speaking to our Area Manager, she had had no issues raised by Fife Health Board.

Mr A was asked to clarify that there wasn't an issue with capacity in Lloyds in Kennoway.

Mr A confirmed this.

Mr K asked him what he would determine as adequacy of service.

Mr A replied that they are providing all the core services, as listed, when needed.

Mr K asked Mr A if he was aware, when talking about being necessary or desirable the Committee could decide that it could be one or the other or both.

Mr A was aware, however, if services were deemed adequate there was no need to discuss necessary or desirable.

The Chair allowed Councillor Alexander to clarify the point that there were two separate Community Councils for Windygates and Kennoway.

07/21.17 The Chair (Ch) questioned Mr Arnott (Mr A)

Ch reminded Mr A that he said he had approximately 16 or 17 deliveries to Windygates at the moment and asked if he would have the capacity to increase that amount if needed.

Mr A confirmed they could if there was a need. The driver, who was shared between the Lloyds pharmacies would cover more hours if it became necessary.

Ch asked Mr A if he had any details in relation to accessible transport for individuals.

Mr A replied that he knew that car ownership was high in Windygates so that would be available to the residents and as the Councillor said many of these residents used the Co-op in Kennoway.

07/21.18 Mr Freeland spoke to his presentation

First of all I would like to thank the Committee for allowing me time to put forward my argument for objecting to this Application.

I believe I have enough evidence to prove that this application clearly fails the Legal Test as there are a number of pharmacies who provide an adequate service to the neighbourhood in Windygates.

In terms of the neighbourhood I would disagree with the Applicant's definition of the neighbourhood. Within Windygates itself, I can only see one convenience store, a Chinese Takeaway and a Primary School. I don't believe it's a neighbourhood for all purposes. I would argue that the majority of residents, apart from those that are housebound, leave Windygates daily to access services in Kennoway, Methil and Leven for shopping and amenities. Those who work will almost certainly leave Windygates to go elsewhere in Fife. If you need to access services such as a GP, dentist, optician and pharmacy, you will realistically go to Kennoway, Leven or Methil. Due to the fact that there is no GP in Windygates, residents are also likely to be registered with a GP Practice in those areas. I think around 40% of residents in Windygates are actually registered with the GP Practices in Leven and Methil. They are obviously happy to access services outwith the neighbourhood. It therefore seems sensible for residents of Windygates to use all services within the surrounding areas then return to Windygates solely to live.

There are good transport links to those areas even if you don't own a car, the distance is only a few miles. This begs the question of how many people would actually use a pharmacy in Windygates. In terms of the population, Windygates had an estimated population of around 1,790, back in 2011 the consensus data had the population of 1,654. I would argue this is a small population and the question, to a business owner myself, is how a pharmacy would survive. The 2011 Scottish consensus data showed that 53% of the population living in Windygates were in very good health, 29% in good health, and only 6% were in bad or very bad health. 17% of the residents of Windygates are aged over 65 and going by the previous statistics, many will be in relatively good health. Those that are not are probably housebound and getting a delivery service from either of the eight pharmacies. To me this doesn't represent a neighbourhood in regular need of a pharmacy, again bearing the question, who would

use this pharmacy.

Residents in Windygates enjoy high car ownership, the Scottish consensus data showing around 80% of households having access to a car and some having access to two or three cars. Residents also enjoy better than average health as they score low in the Scottish Index of Multiple Deprivation which means they are not living in a deprived area.

Moving on to the current pharmacy services into the neighbourhood. Windygates does not have a pharmacy, does there need to be a pharmacy in every Fife neighbourhood. No, many neighbourhoods have services by pharmacies in close proximity and provide an adequate pharmacy service. Windygates is one of those. It has the luxury of being serviced by eight pharmacies. The closest being Kennoway, around a mile away, ourselves in Methil, roughly 1.4 miles away, the other six are within 2.2 miles of Windygates. All of those pharmacies offer core services, a delivery service and support those with compliance issues and Dosette Boxes. As a company, Omnicare have acted heavily to support our branches in Methil and Leven. We have a dispensing robot in Methil to allow staff to spend more time with patients and a 24/7 collection point in Leven attached to the branch which allows customers easier access to their medication. The centralised robot produces all Dosette Boxes, with staff being able to provide all core services, in person, face to face, or over the phone. Both branches have large consultation areas to allow a pharmacist and staff to provide pharmacy services to all patients. Substance misuse patients have access to a separate consultation area, and our branch in Methil has the highest rate of customers stopping smoking through the Smoking Cessation Clinic run by Marie. She has given her support to over a thousand people over the last six years. We collect prescriptions from all surgeries and offer a home delivery service six days per week Monday to Saturday from both branches to Methil, Leven, Windygates and Kennoway. We deliver all year round and even during the bad snow, a number of years ago now, we delivered medication by using a 4 x 4. In these situations we have very flexible staff who work together as a team to ensure we don't have any extra demand. Equally during the pandemic, we were never closed, even for a few hours during the day. We have supported patients in all areas including Windygates who are self-isolating and who require a delivery service. This even includes delivery of a Pharmacy First consultation and last minute emergency prescriptions. Recent drops such as Windygates have demonstrated we have far more than an adequate pharmacy service.

In terms of access, residents of Windygates have little issues accessing the eight pharmacies in my opinion. Many of them are located next to surgeries which they will visit to see their GP or other amenities which I mentioned earlier. This will just be part of their day whilst they are also at work or meeting friends. Car ownership is high in Windygates and there is adequate parking at all our pharmacies free of charge. Public services, such as the bus from Windygates takes you to all areas. The 44 takes you directly to our pharmacy in Methil and Leven branches and local surgeries every hour. The 43 takes you from Windygates to Kennoway again every hour. This is not poor access. During better weather I am sure many people like to walk from Windygates to Kennoway, this can take anywhere from 25 minutes onwards. Again for those that are housebound a delivery service is offered at least twice daily to all areas from both branches.

At this point I see no inadequacies in relation to existing pharmacy services and therefore the application fails the Legal Test. However I would just like to mention the CAR, the premises and the viability before I conclude.

I think if you look at most CARs of pharmacy applications, you will find an overwhelming support for a new pharmacy, who doesn't want a pharmacy within walking distance or within a very close proximity to where they live. So response to questions in the CAR are going to be in the majority. What is significant in this CAR is support for a new pharmacy, however there is a low number of 7% in Windygates that responded, 21% either stated that there are no gaps in the existing provision of pharmacy services or didn't know and 25% didn't support the application. I think these numbers are high and those who took the time to complete the questionnaire and give their responses indicates there is no issue with pharmacy services provided by the eight pharmacies close to Windygates. 14 people actually responded saying having a pharmacy in Windygates would have a negative impact on the neighbourhood. You can interpret their findings in the CAR whatever way you want, however I don't get the impression there is an overwhelming support for a community pharmacy in Windygates. Mr Freeland read a few comments from the CAR.

In terms of the premises, the first issue, which was raised in the CAR was the availability of parking but it's not an issue at all, other local pharmacies have parking outside, especially when it's busy and even with parking available in the Chinese carpark, which has always been available, has been raised in the CAR too. The size of the pharmacy and the plans, having visited the premises, doesn't seem to me that it's large enough to fit all the facilities needed for a modern pharmacy. The layout is a supervision area which is a consultation room and I feel for the staff having to work in there and no staff area, or little staff area. Importantly, the APC and Evelyn McPhail, the Director of Pharmacy, raised concerns on the size of the pharmacy. Both parties felt it wouldn't meet the GPSC standards.

Viability of a pharmacy in Windygates with a low population, the majority leave the neighbourhood to work elsewhere or travel outwith to carry out their normal day to day activities. The question then is, if there was a pharmacy in Windygates, would they use it. Very few, and the proof of that is that there was a pharmacy previously situated in Windygates and had to close for this very reason. In line with current staffing levels, in all pharmacies across Scotland, the opening of another pharmacy, seven days a week, raises concerns, not for every contractor at this Hearing but also the APC and the previous Director of Pharmacy, who mentioned it in their paperwork.

I believe granting a pharmacy in Windygates would destabilise the network and in general, it would have a negative effect on service provision as a pharmacy wouldn't survive in such a small population. The most up to date Pharmaceutical Care Services Plan explains that overall there are no identified gaps in the provision of pharmacy services in Fife. Additionally it mentions there is no under provision in terms of opening hours for NHS Fife with the actual number of community pharmacies open seven days having increased from eight to nine.

This is a mobile neighbourhood with high car ownership, a bus service and pharmacies who all do deliveries to the housebound. I believe the provision of pharmacy services in the neighbourhood and the level of service provided by those contractors to the neighbourhood is currently adequate and it is neither necessary nor desirable to open an additional pharmacy. Thank you.

INTERESTED PARTIES QUESTION MR FREELAND

07/21.19 The Applicant (Mr R) questioned Mr Freeland (Mr F)

Mr R asked roughly how many deliveries Mr F did to Windygates on a weekly basis.

Mr F said it varied but before Covid, roughly between 15 and 20 deliveries during the week. The numbers went up during Covid, with people self-isolating but it had gone back down to 15 to 20 deliveries.

Mr R asked that for anyone who did not have access to a car, would you expect them to walk to either of your pharmacies.

Mr F replied, realistically, no.

Mr R said you mentioned the 44 bus service and asked if he believed it was good service.

Mr F felt that if you were to look across Scotland, a bus an hour a day, would suggest it was.

Mr R asked, considering you could not get a bus for three hours during the day, did he still think it was a good service.

Having looked at Google maps it said the bus ran every hour so Mr F felt they may have to agree to disagree on this one.

Mr R commented that Mr F's delivery service was not a core NHS service so he could withdraw that at any time.

Mr F replied that in 18 years they have never withdrawn the delivery service in their 11 branches and would not.

07/21.20 Councillor Alexander (CA) questioned Mr Freeland (Mr F)

CA told Mr F that he had mentioned that Windygates only had one convenience store and asked Mr F if he had missed the one in Henderson Park? CA referred to Mr F's comment on an issue with parking so highlighted that there was a large carpark just down from the proposed site.

Mr F appreciated that there was parking, which would be shared with the two convenience stores, but said when he passed he could not park on the main road. He continued to advise that there was also parking at the other eight pharmacies which were local to Windygates. Mr F confirmed that he must have missed the other convenience store but said that even if there were two, most people would do their shopping outwith the village to go to supermarkets.

CA concluded that the fact that there were two convenience stores in Windygates suggested that people were using them.

07/21.21 Mr Arnott (Mr A) questioned Mr Freeland (Mr F)

Mr A asked Mr F if he would agree that a large number of people used the co-op in

Kennoway.

Mr F confirmed that he would have thought so.

Mr A asked Mr F if in his opinion, was there any need for a pharmacy to be open 59 hours per week in a small village in Fife?

Mr F said no, and as a business owner it was not something that he would ever contemplate.

Mr A asked Mr F if he would question the cost of viability of a pharmacy that would open 59 hours per week, plus staff, plus delivery service.

Mr F agreed he would. With the opening hours suggested by the Applicant, the increased costs of Pharmacists and locums, which he may have to use to cover holidays and the size of the population, it was not viable.

Mr A asked if one of his pharmacies was in danger of losing 30% of its business, would they all remain viable.

Mr F said not nowadays, with increased costs of staffing.

07/21.22 Mr Jamieson had no questions for Mr Freeland

07/21.23 Mr Timlin had no questions for Mr Freeland

COMMITTEE MEMBERS QUESTION MR FREELAND

07/21.24 Ms Auld (Ms A) questioned Mr Freeland (Mr F)

Ms A asked Mr F to expand on the information he had on the previous pharmacy closure in Windygates.

Mr F said he purchased Methil/Leven pharmacies from the previous owner of the Buchanan family who owned the pharmacy in Methilhaven at one point. They closed it because it wasn't viable.

MA asked how long ago that was.

Mr F said he could not be sure but suggested twenty years or more.

07/21.25 Mr Hannan had no questions for Mr Freeland.

07/21.26 Mr Jack had no questions for Mr Freeland.

07/21.27 Mr Kelly (Mr K) questioned Mr Freeland (Mr F)

Mr K asked Mr F if he would accept that if you are unwell, travelling outwith the village to access pharmacy services would not be a normal activity, so it would be desirable to have a local pharmacy.

Mr F said it would be desirable not having to travel to access pharmacy services when unwell, but the delivery service would alleviate that problem.

Mr K asked him if he was aware of any pharmacies that had closed because a new contract has been granted.

Mr F was not aware of any.

Mr K asked him what he classed as adequacy of service?

He replied pharmacies offering the core services.

Mr K asked if the reason he provided a delivery service from his pharmacy, was to increase his catchment area so he could gain prescriptions albeit that was not the same as neighbourhood.

Mr F agreed but, within Windygates, his deliveries were relatively low.

07/21.28 The Chair (Ch) questioned Mr Freeland (Mr F)

Ch asked Mr F to clarify, if someone was unwell and could not access public transport, or wished not to even if they could, or had a car, what was the criteria of a delivery service.

Mr F said there was no specific criteria, if they contacted the pharmacy up until 5.30pm they would deliver, the same as they would for anyone.

07/21.29 Mr Jamieson spoke to his presentation

Looking at the neighbourhood of the proposed site, we don't take issue with the neighbourhood defined by the Applicant. The neighbourhood of Windygates, according to the Scottish Government Urban Rule Classifications, is classified as accessible, which is a settlement of less than 3,000 people and within 30 minutes' drive of a settlement of 10,000 or more. The neighbourhood defined by the Applicant is small, with a limited population and very limited facilities. It does not exist in isolation as it has good transport links to the wider area, and residents of Windygates would use the transport links to access other neighbourhoods for all the very basics of daily needs. We would expect residents to shop regularly at the supermarkets such as Sainsbury's, Lidl and Aldi in Leven, or Asda's and Morrison's in Glenrothes or the smaller supermarket in Kennoway.

Residents are also likely to be registered with the GP Practices in Kennoway, Methilhaven and Leven. It would therefore follow that they would be likely to access Pharmaceutical Services in these areas.

Whilst there's a Primary School in Windygates, older children in the village will leave the neighbourhood to go to Levenmouth Academy or St Andrews in Kirkcaldy.

We've had a few different figures for the population and demographics. The figures from the 2011 consensus are 1,654 and I have heard during the other presentations a figure of 1,790. Not a huge amount of difference in the figures except the consensus information is from 2011. Based on the consensus, a population of 1,654, of which 283 residents were aged over 65, which is 17% of the population and this is less than the average for Fife or Scotland.

Car ownership in the neighbourhood is high, a figure of 83% of households having access to a private vehicle, which is well above the national average of approximately 69%. 42% of households have more than two vehicles. 82% of the population rate their health as really good or very good, and this is the same for the average of Fife at only 1% less than the national average.

The Scottish Index of Multiple Deprivation shows Windygates to be one of the generally least deprived settlements in the Levenmouth locality. None of the output areas that cover Windygates fall into the most deprived areas.

Moving on to the proposed site, it's located on its own at the General Store on Milton Road. There is limited on street parking outside from what we can see.

Whilst there is no pharmacy currently in the neighbourhood defined by the Applicant, the Committee must consider the Pharmaceutical Services available to the neighbourhood provided from pharmacies outwith. Pharmacies in Kennoway, Leven and Methil and the wider Glenrothes area provide access to an extensive range of Pharmaceutical Services as well as access to services seven days a week. Boots in Glenrothes is open on a Sunday. Boots have three pharmacies in the area, Buckhaven, Methil and Leven. Our pharmacies offer all core national and local negotiated services. We provide medical compliances or Domiciliary Dosage Packs which are available from our pharmacies, and they offer a delivery service which includes Windygates. We have capacity, in terms of growth for deliveries and Domiciliary Dosage Packs, if not already provided, could be provided from one of the existing pharmacies. We submit that the existing pharmacies, provide an adequate level and range of Pharmaceutical Services to the residents of Windygates. The Applicant has failed to show any evidence of inadequacy of the existing services.

The NHS Fife PCSP, its primary function is to describe the unmet need of Pharmaceutical Services within the Health Board population and the recommendation by the Health Board as to how these needs should be met. A period of public engagement was taken before they drafted the plan and note the point from Evelyn McPhail dated November 2018, stated that there were no deficiencies or gaps in Windygates identified in PCSP. The latest plan states "it would appear that overall there are no identified gaps in provision of Pharmaceutical Services in NHS Fife". These services are well distributed across the region, and meet the access needs of the vast majority of the population with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife although the need for services throughout the existing pharmacies may require ongoing scrutiny". Therefore no unmet need requiring a new pharmacy in the PCSP.

Many of the existing pharmacies are located where the patients go to the GP or access other services or facilities such as carrying out their regular shopping. Car ownership is high in Windygates, and parking is available at the existing pharmacies. There is free parking at a number of sites. The area is served by both public and community transport for any residents who do not have access to a car and a concessionary bus travel is available to those who are eligible. Delivery services are provided by a number of existing pharmacies and there is no evidence to indicate that patients are experiencing significant difficulties from wishing to access Pharmaceutical Services. All of our Boots pharmacies are DDA compliant. Boots in Leven has a level step free entrance with power assisted doors and there is a car park to the rear of the store with disabled spaces and most parking in Leven is free for two hours. Boots in Methil has parking directly outside, with disabled parking and a level step free entrance with power assisted

doors. Boots in Buckhaven has on street parking outside with a ramped entrance.

We submit the Panel must consider both the viability of the proposed pharmacy and the effect on existing pharmacies. The Applicant proposes to open from 9am to 6pm week days and 9am to 5pm Saturday and 10am to 4pm on a Sunday, 59 hours in total. Given that the population is small and that there are no GPs in the neighbourhood generating prescriptions and as patients will leave to access facilities in adjacent neighbourhoods, we believe the actual number of items that would be dispensed by the proposed pharmacy would be limited and we would question the viability of the pharmacy. The average number of items per person per year in Scotland is 19. That figure has been taken from the 2019 dispensing data where 103.4 million items were dispensed to a national population of 5,45 million people. If you take the population to be 1,790 that would equate to an approximate number of 650 prescription items per week. Windygates is not a particularly deprived area, nor does it have a large proportion of elderly and GPs are outwith the neighbourhood. The population is mobile and the majority rate their health is good or very good.

Furthermore, patients that have their prescriptions regularly are likely to have a pharmacy of choice, perhaps a pharmacy they are loyal to at a location that is convenient to them. The number of items the pharmacy is likely to dispense would be considerably less than the figure I quoted of 650. Bearing in mind the Applicant proposes to open the pharmacy for 59 hours a week, which will require a pharmacist to be present and at least one pharmacy support staff. I believe the pharmacy could not be viable based on those numbers of prescription items and services and the costs that they would incur. Therefore I would suggest that the Applicant would have to go outwith the area in order to make his pharmacy viable. If the volume of business drops by 30% in Lloyds in Kennoway, this may affect the viability of that pharmacy.

It's worth noting that only 141 people responded to the CAR. 102 responded to say the application was required, and not all that responded supported the application. 25% of respondents said either they didn't know or didn't respond. Mr Jamieson quoted a few of the comments from those who did not support the new application in the CAR.

The existing Pharmaceutical Services into the neighbourhood are adequate and that the proposed pharmacy is neither necessary nor desirable to secure the provision of Pharmaceutical Services in the neighbourhood in question. Thank you.

INTERESTED PARTIES QUESTION MR JAMIESON

07/21.30 The Applicant (Mr R) questioned Mr Jamieson (Mr J)

Mr R asked if Boots only delivered to the housebound.

Mr J replied that they have no criteria for delivery in Scotland.

Mr R asked if he would be surprised that Mr R had been told differently by some of his staff members.

Mr J said he would be.

Mr R asked him how many deliveries he did to Windygates roughly between the three pharmacies in the Levenmouth area?

Mr J did not have that information with him.

Mr R stated Boots could withdraw their delivery service at any time as it was not an NHS service.

Mr J said they could do, but they had no intention to withdraw and commercially that would be an unviable decision for a pharmacy to make.

Mr R stated that he was told by one of Boots' staff members that their delivery charge would be reinstated at some time in the future and asked Mr J to comment as to when that would be.

Mr J said they have no intention to reinstate a charge for their delivery service in Scotland.

Mr R asked if he would you consider it reasonable for someone from Windygates to walk to any of Boots pharmacies?

Mr J replied no, definitely not.

Mr R asked, for someone who did not drive and wanted to use public transport, how would they access Boots pharmacy in Buckhaven for instance.

Mr J was not sure but he would imagine they would use the easiest pharmacy they were able to access.

Mr R asked if it would it be easier to access a pharmacy if there was one in Windygates then.

Mr J agreed it would be easier but it did not mean that it met the Legal Test which the Panel had to consider. Mr R had to prove there was an inadequacy of Pharmaceutical Services into Windygates and he did not believe he had done that.

07/21.31 Councillor Alexander (CA) questioned Mr Jamieson (Mr J)

CA asked why Mr J was ignoring the view of the Community Council when all 11 members supported the application for a new pharmacy.

Mr J thought that if you ask any community if they want a pharmacy, they would say yes however the decision for the Panel to make is whether there is an inadequacy in the Pharmaceutical Services provided to the residents of Windygates, which is a different question to the Community Council providing support.

CA told Mr J that he would think the Community Council would know about the inadequacy of services. There have been negative comments made so he would argue that if the whole of the Community Council of the village were unanimous, that would mean something.

Mr J accepted the point CA was making but it went back to the Legal Test for the application to be granted and with all due respect that was not part of the Legal Test.

07/21.32 Mr Arnott (Mr A) questioned Mr Jamieson (Mr J)

Mr A asked if Mr J if he had ever attended a PPC where there was no local support from the Councillor.

Mr J replied only once.

Mr A asked if there was a need for a pharmacy to open 59 hours per week, and in his opinion, would it be viable.

Mr J could not see the need for it based on the population size and he could not see how it could be viable looking at the figures, the number of prescriptions and the costs.

Mr A asked if any of Mr J's pharmacies were to lose 30% of their business, did he think it would affect their viability.

Mr J confirmed, definitely 100%, especially due to the significant increase in locum costs this year.

07/21.33 Mr Freeland had no questions for Mr Jamieson

07/21.34 Mr Timlin had no questions for Mr Jamieson

COMMITTEE MEMBERS QUESTION MR JAMIESON

07/21.35 Ms Auld had no questions for Mr Jamieson.

07/21.36 Mr Hannan had no questions for Mr Jamieson.

07/21.37 Mr Jack questioned Mr Jamieson (Mr J)

Mr Jack mentioned that current provisions meets the access needs of the vast percentage of the population. He asked Mr J what he would consider to be an acceptable percentage of access needs to be met.

Mr J did not understand the question. He said what he mentioned, in terms of access was that many of the existing pharmacies were located near a GP Surgery where patients would go to access their shopping. He had spoken about car ownership in Windygates being high and the irregularity of public transport. He had said that there was no evidence that patients were facing difficulties when accessing Pharmaceutical Services.

He was asked if non-one in the Windygates area was having problems accessing services.

Mr J replied that they have deliveries.

Mr Jack said he expected Mr J to say that the deliveries covered the problems with accessing services, so asked if they did.

Mr J confirmed that deliveries would be available to anyone who could not go by foot,

car or public transport.

07/21.38 Mr Kelly (Mr K) questioned Mr Jamieson (Mr J)

Mr K asked if Mr J if he was aware of any situations where a new pharmacy contract had been awarded by the Health Board and it had led directly to the closure of another pharmacy.

Mr J was not but noted that locum costs have increased significantly in the last six months.

On the basis of that, he was asked if Boots had any voluntary closures due to not being viable.

Mr J was not aware of any in Scotland but they had in England

Mr K asked if Boots, Port Street in Stirling had closed.

Mr J replied that it could well have as he had only recently taken over this role, so he was uncertain about historical closures.

Mr K asked what Mr J would classify as adequacy of pharmacy services.

Mr J said that when the residents have access to Pharmaceutical Services.

Mr K asked if Boots have a complaints log. This was confirmed.

Mr J was asked if he was aware of any formal complaints in the last 24 months about Boots pharmacies regarding a poor service.

Mr J was not aware of any complaints that have been escalated to the Health Board regarding their three pharmacies in the area.

Mr K asked if he thought that if a pharmacy was open on a Sunday, people were likely to use it because it was open.

Mr J said they might do.

Mr K asked if this new contract was granted where did Mr J think the prescriptions were going to come from.

Mr J imagined they would be from the residents of Windygates, but he did not think there would be enough to make the pharmacy viable from the population of Windygates. He thought they would need to come from outwith the defined neighbourhood.

07/21.39 The Chair had no questions for Mr Jamieson.

07/21.40 Mr Timlin spoke to his presentation

Is the pharmaceutical service to the neighbourhood inadequate, is the question we need to ask. A neighbourhood is an area where people go about their daily lifestyle. In the Scottish consensus data, Windygates and Kennoway are combined as one entity, it's a total population of 6,450. On further investigation, 1,790 residents live in Windygates

and that population hasn't changed in about 10 years. Windygates and Kennoway are separated by the burn. The two villages are no longer separated by a large number of fields or a dual carriageway or a railway line, they are separated by a three feet wide burn. There are houses on each side and these houses are less than 20 metres apart. These people are neighbours. In Leven there are three burns which run through the town but it doesn't separate the town of Leven. Directly at that burn there is a restaurant and a bar and I have no doubt residents of Windygates and Kennoway will use both of these services. By definition a neighbour is a person who lives next door to or near you. People on both sides of that burn will class themselves as neighbours, the only difference is one is Windygates and one is Kennoway. Therefore there is an argument to say that they are one of the same neighbourhood. When you look at the distribution of services, it's vast in the Kennoway area compared to Windygates, however the Applicant has defined the neighbourhood as Windygates alone.

The residents on the Windygates side of the burn are only 0.7 miles away from Lloyds Pharmacy in Kennoway. Fallarch Road is at the start of the houses and is 0.9 miles from Lloyds in Kennoway and Fernhill drive which is in the centre of the village is 1.2 miles from Lloyds in Kennoway. That means that half of the population is less than one mile away from their nearest pharmacy. Looking at the service, around the Applicant's neighbourhood, there are eight pharmacies within 2.2 miles. Omnicare in Methil is 1.4 miles away, Boots in Buckhaven, Well in Methil, Boots in Methil and the three in Leven are about 2.1 to 2.2 miles away. These three pharmacies provide a total of 350 hours of opening a week.

A large number of residents are registered with the GP Practices in Leven. They use the shop and the pharmacies in Leven and also dentists and opticians. They go about their daily lifestyle outwith their village and are used to leaving to access services.

The average for each pharmacy across Scotland is a population of 4,123, in this location of Levenmouth it's 3,741. Therefore, there are more pharmacies for this population in Levenmouth, again I don't think it's inadequate.

Windygates is a mobile community where there are few shops, few services and almost every resident will travel outwith the village to access services, so whether Windygates is the neighbourhood or it's wider, these people access practically all their services outwith their own neighbourhood. You would think that this would affect the housebound but they will get deliveries no matter whether there is a new pharmacy or not in Windygates. Car ownership is 85%. Windygates is not in the lower social demographics. Journey time to access Pharmaceutical Services by car is three minutes to Kennoway and an average of five minutes to other areas, where there is easy access to parking outside these pharmacies. I don't think that is inadequate. For those who don't have a car they have access to a bus every hour. For a population of 1,790, who have chosen to live in a rural village, I don't think an hourly bus service is that bad. The bus can take them to the nearest pharmacy, allow them half an hour in the pharmacy, then home again within 55 minutes.

For those that are housebound or have a situation that they need support with they can pick up the phone as all the pharmacies are offering delivery services free of charge.

The granting of a new application is not based on convenience, the Panel must make its decision on the Legal Test and again I don't think the current neighbourhood has an inadequate service.

Kennoway Medical Practice has 3,331 patients registered which is only 60% of the population between Kennoway and Windygates. When the CAR was sent out it was to cover the population of Kennoway and Windygates. The patients will continue to leave Windygates to access other services. They could choose to register with practices near them but they choose to travel to practices in Leven, Methil and so on, as they have a choice. 40% of the population choose to use GP Surgeries that are not close to them.

The population in Windygates is 1,790 which is about 700 households. 65% of the Windygates population have no long term health conditions, 85% have cars, which could equate to 100 houses that don't have a car. Lloyds in Kennoway, 0.7 miles away, with another pharmacy just over a mile away, and another six pharmacies within 2.2 miles. There is a regular bus service and free delivery service provided by all of the eight pharmacies.

With regards viability, to open a pharmacy for 59 hours, with the current hourly rate we need to pay pharmacists and locums, I doubt this position is viable with a population of 1,790, therefore the Applicant would need to go outwith the neighbourhood to try and take more business.

This fails the Legal Test, the current Pharmaceutical Services are adequate to the neighbourhood. Thank you.

INTERESTED PARTIES QUESTION MR TIMLIN

07/21.41 The Applicant (Mr R) questioned Mr Timlin (Mr T)

Mr R asked Mr T how many deliveries he did to Windygates on a weekly basis.

Mr T thought it was about 20 but not many.

Mr R asked Mr T if he agreed that it is not a core NHS service and he could withdraw at any time.

Mr T agreed.

Mr R asked Mr T if he would expect anyone from Windygates to walk to Leven Pharmacy.

Mr T said no.

Mr R asked if he heard Mr T right when he said that the distance from Windygates to Leven was 0.7 miles.

Mr T agreed, he had said it was 0.7 miles from Windygates to where Leven starts.

07/21.42 Mr Arnott (Mr A) questioned Mr Timlin (Mr T)

Mr A asked Mr T if he thought a pharmacy open 59 hours for a population of around 1,800 is needed.

Mr T said absolutely not, it was not a viable business.

Mr A asked, if any of Mr T's pharmacies were in danger of losing 30% of their business

would it affect viability.

Mr T replied yes, absolutely.

07/21.43 Mr Freeland had no questions for Mr Timlin.

07/21.44 Mr Jamieson had no questions for Mr Timlin.

COMMITTEE MEMBERS QUESTION MR TIMLIN

07/21.45 Ms Auld (Ms A) questioned Mr Timlin (Mr T)

Ms A said Mr T mentioned in response to another question regarding viability that she did not think the application would be viable and there would need to be something else, did he think therefore there would need to be another reason for submitting an application to open these premises.

Mr T replied that he had done some research on the Applicant's current businesses and on both his two new contracts he is heavily promoting a delivery service to anyone that wants it within quite a significant area. From experience this would suggest that this is his business model so I would think that is what he would look to do, therefore I think that would put further pressure on the existing pharmacies. So yes he would need to look at other avenues to make the business viable.

07/21.46 Mr Hannan had no questions for Mr Timlin.

07/21.47 Mr Jack had no questions for Mr Timlin.

07/21.48 Mr Kelly (Mr K) questioned Mr Timlin (Mr T)

Mr K noted Mr T mentioned that the neighbourhood was adequately served by the eight other pharmacies, so was he inter changingly using the neighbourhood as we understand it in the Legal Test with the catchment area of the eight other pharmacies, or had he picked this up wrong.

Mr T said he was using it as in the Applicant's definition of the neighbourhood of Windygates, there was adequate provision of Pharmaceutical Services.

Mr T was asked if he was aware of any pharmacies that had closed because a new pharmacy contract has been awarded.

Mr T did not know of any.

Mr K asked Mr T if his understanding of adequacy related to the Legal Test.

He responded that adequacy for him would mean that the current pharmacy contractual service as agreed by NHS Fife and complying with those opening hours are sufficient to provide for that population.

07/21.49 The Chair (Ch) questioned Mr Timlin (Mr T)

Ch asked Mr T if he would say that face to face service contact with a pharmacist allowed for a fuller range of pharmacy service provision which is better for a patient.

Mr T replied that during Covid, people were advised not to leave their houses, so pharmacy and GPs have had to adapt and speed up the use of IT and so on, so as for the range of services he advised that he had provided all his different services over the telephone by asking patients the same questions they would ask if they saw them face to face, and making a professional judgement if they believed that it was the right thing to do for the patient.

08/21 INTERESTED PARTIES SUMMING UP

08/21.1 Councillor Alexander

I am less interested in the financial side of things. Windygates is a tiny little village with only 1,800 people or so that if a pharmacy contract was awarded, mayhem would ensue throughout the whole network. We have already heard that the awarding of a new pharmacy has not resulted in the closure of a pharmacy elsewhere so I think we need to take the repetition of the dire financial situation with a pinch of salt. In terms of adequacy, residents in Windygates have expressed inadequacy. No one has mentioned the letter from the Community Council, where 11 members who know the area made it perfectly clear that the service is inadequate. This wasn't good enough and was undermined. The situation with Lloyds has not been resolved, it is a lot worse than you have been led to believe, I would not write to the Health Board after multiple complaints if it was simply a few closures. There were even people complaining back in 2018. I wrote to the Health Board in July this year, but everyone seems to think this isn't quite right, but it is. It may be an adequate service but it's just not good enough. This is one of the reasons Windygates should have the protection of its own pharmacy.

There is an allocation site called the Temple that will have 70 to 80 houses built but we are waiting on the developer submitting his application. It's worth noting that what you have seen regarding the Fife Council's Development Plan, is now under review as the Scottish Government have put forward a new Plan and the numbers are changing. Windygates and Leven are going to expand, primarily not only due to the fact there will be more houses but because of the rail link. The Windygates pharmacy that closed was nearer 40 years not 20. Windygates was half the size then of what it is now.

08/21.2 Mr Arnott, Lloyds Pharmacy

I would like to add that the services in Lloyds Pharmacy in Kennoway are nowhere as bad as they have been. The relationship with the GPs in Kennoway Surgery is excellent. I think the Councillor's complaint is more in support of the Windygates pharmacy than what is actually happening. The Scottish index and multiple deprivation figures show that Windygates is a fairly affluent neighbourhood where everyone for the most part is in generally good health. There is high car ownership, compared to the Scottish average, and convenience is not a reason for granting a contract. I am not exaggerating when I say losing 30% of a business can have a devastating effect on Lloyds Pharmacy in Kennoway. Costs are up 40% in locum cover. The APC do not support this application. The FPCSP states there is no need for a new pharmacy as current services are adequate. I would therefore ask the Panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises will be located.

08/21.3 Mr Freeland, Omnicare Pharmacy

The defined neighbourhood is not a neighbourhood for all purposes. Patients have the choice of eight pharmacies within close, easy access where residents will also visit their GP or go about their day to day business. It is a mobile population with a high car ownership. The population is in generally good health and they are happy to use services outwith their neighbourhood, otherwise you would have seen a lot better response to the CAR. The local pharmacies work hard to improve pharmacy services to the population, which strongly suggest that services to the neighbourhood are adequate and the application should not be granted as it is neither necessary nor desirable.

08/21.4 Mr Jamieson, Boots Pharmacy

There are a number of existing pharmacies that service the residents of Windygates providing a range of core, national and local negotiated services and on top of this all the pharmacies provide delivery services to Windygates, therefore providing adequate Pharmaceutical Services to the neighbourhood. The population of Windygates have a high car ownership, general good health and do not experience significant levels of deprivation. The FPSCP does not identify a gap or deficiency in the Windygates area and I do not believe a new pharmacy business in Windygates would be viable therefore the Applicant, if successful, would need to go outwith the neighbourhood to make it viable. I submit that the existing pharmacy provision is adequate and that the proposed pharmacy is neither necessary nor desirable to secure the provision of Pharmaceutical Services to the neighbourhood in question.

08/21.5 Mr Timlin, Leven Pharmacy

The only fact is convenience, we need to make sure that we differentiate between convenience and adequacy so for me a lot of arguments are about convenience as most, people would like a pharmacy close to where they live but that's not a question for the Legal Test.

09/21 APPLICANT SUMMING UP

It is clear that the residents of Windygates face major barriers in accessing pharmacy services which I think make the existing Pharmaceutical Services inadequate. We've heard a lot of talk about viability, which I do not think is an issue for the proposed pharmacy, given that we have a business plan in place and that we already operate a pharmacy which opens on a Sunday, also I don't think the viability of the nearest pharmacy is an issue, given that the spread of current pharmacy network, as already mentioned, is quite wide, i.e. not everyone in Windygates will use Lloyds in Kennoway. There is a real mix of pharmacies that people are using so this will not affect any one pharmacy. Evidence of inadequacy is demonstrated by the CAR and I think a new pharmacy would go a long way to solving this, and I think it is both necessary and desirable to this neighbourhood therefore I would respectfully ask the Panel to grant the application.

10/21 NOTIFICATION OF OUTCOME

10/21.1 The Chair asked all those present whether or not they felt they had had a fair hearing,

they all confirmed that they had.

10/21.2 The Chair thanked the Applicant and the interested parties for their attendance and before asking them to leave advised them that the decision would be notified to them in accordance with the timescales laid down in paragraph 1, Schedule 3 of the Regulations.

THE APPLICANT, INTERESTED PARTIES AND PRIMARY CARE MANAGER WITHDREW FROM THE HEARING.

11/21 In accordance with the Legal Test, the Committee considered whether existing provision of Pharmaceutical Services in the neighbourhood was adequate. If it decides that such a provision is adequate, that is the end of the matter and the Application must fail.

In considering the Application the Committee took account of all relevant factors concerning neighbourhood, the CAR, the PCSR, the written and oral evidence and adequacy of existing Pharmaceutical Services in the neighbourhood in which the proposed premises would be located, in terms of regulation 5(10).

It also took account of all information available to it which was relevant to the Application

11/21.1 **The PPC were required and did take into account all relevant factors concerning the issue of:-**

a) Neighbourhood

b) Adequacy of existing Pharmaceutical Services in the neighbourhood and, in particular, whether the provision of Pharmaceutical Services at the premises named in the Application were necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the neighbourhood in which the premises were located.

Proposed premises

The location for the proposed pharmacy is Windygates General Store, Milton Road, Windygates, KY8 5DF.

11/21.2 **Neighbourhood**

Having considered the evidence presented to it by the Applicant, the interested parties, the Consultation Analysis Report and NHS Fife's Pharmaceutical Services Report the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related were located.

When seeking to define the neighbourhood the Committee considered a number of factors:-

- Evidence supporting the applicants defined neighbourhood was identified in the CAR, question 1 – Do you think the area identified by Windygates pharmacy describes the neighbourhood where the proposed pharmacy is situated? 125 respondents out of 141 responses agreed.

- The Area Pharmaceutical Committee agreed with the proposed neighbourhood as defined by the applicant

- With exception of one, the interested parties accepted the applicant's proposed neighbourhood.

The neighbourhood was agreed as the whole of Windygates as follows: North – Markinch Burn/East – Kennoway Burn travelling down the A915 to where it meets the River Leven/South – River Leven/West – River Leven at the nearest point to Milton Road travelling North in a straight line to where it meets Markinch Burn.

11/21.3 **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

Having reached a conclusion as to the defined neighbourhood, the Committee was then required to consider the adequacy of Pharmaceutical Services within or to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the Application was necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the defined neighbourhood.

In order to assist the Committee in reaching their decision, they took into account the following:-

11/21.4 **Consultation Analysis Report**

The Committee considered and noted the content of the CAR. In particular the following point was taken into account:

Question 4 – Do you think there are gaps/deficiencies in the existing provision of pharmaceutical service in the neighbourhood – 116 out of 141 respondents said yes.

11/21.5 **NHS Fife's Pharmaceutical Services Report 2019-20**

It was noted that the FPSR did not identify any gaps in service in the Windygates area. The report had stated that services were well distributed across the [Fife] region and met the access needs of the vast majority of the population. Therefore the report concluded there was no unmet need for new community pharmacies across Fife.

11/21.6 **Pharmaceutical Services already provided in the neighbourhood of the premises named in the application by persons whose names are included in a pharmaceutical list**

Current Pharmaceutical Services provided in or to the neighbourhood were considered (evidenced by the CAR, contracted Pharmacy representatives and the Applicant).

It was note that a prescription delivery service was available from neighbouring pharmacies into the area – though these numbers are limited. The Committee noted that this does not form part of the legal test. Evidenced from IP representations.

There was discussion whether the provision of a collection and delivery service demonstrates adequate provision of a pharmaceutical service in the neighbourhood. The

Committee agreed that face to face contact with a pharmacist allows for delivery of a fuller range of pharmacy services and was much better for the patient than the current delivery option.

Representations from existing neighbourhood pharmacy contractors were considered and responses to relevant questions asked during the hearing were taken into account by the Committee.

Both the Committee's APC nominees (contractor and non-contractor) agreed, that in their opinion, the current Pharmaceutical Services provided to the neighbourhood were adequate as the existing pharmacies have sufficient capacity for the area.

11/21.7 **Information available to the Board which, in its opinion, is relevant to consideration of the application**

Kennoway GP letter of concern regarding Lloyds Pharmacy in Kennoway. The GP felt the pharmacy did not have any commitment to pharmacy services and initiatives such as minor ailments or serial prescribing

Letters from Fife NHS Addictions Service highlighted concerns around accessing Pharmaceutical Services in the neighbourhood and the impact on the service user even though these were personal opinions and not those of NHS Fife.

Letter and representation from Councillor David Alexander highlighted concerns raised by local residents in relation to accessing Pharmaceutical Services due to Lloyd's Pharmacy in Kennoway closing on short or no notice and prescription items not being in stock, thus making a return visit necessary which can be problematic due to transport issues (hourly service).

It was noted Councillor Alexander had written to Fife Health Board to highlight these continual issues raised by the residents of the neighbourhood.

The Community Council views supporting the application was taken into consideration as well as the Pharmaceutical Care Service Report 2018/19.

Access to additional Pharmaceutical Services as defined in the application and which would be of benefit to residents in the neighbourhood can currently be accessed outwith the neighbourhood. There were many challenges and issues with accessibility as detailed below.

Transport, as highlighted in both the applicant's and Councillor Alexander's representations is an issue with the bus service only being hourly on various routes to neighbouring pharmacies. There was also a concern about cost (for those who pay). The mobility of the population and increasing number of elderly was considered. Accessing public transport when unwell would be an issue. It is also an issue for frail individuals. The path from the neighbourhood to the nearest pharmacy in Kennoway (1.2 miles away) was deemed as steep and at times unsafe and inaccessible due to parking on pavement. The neighbourhood has been cut off due to bad weather at times.

Although car ownership is high in the neighbourhood (80% of households) consideration should be given to residents driving when unwell, as well as impact on the environment and fuel costs, especially if they have to make two trips as described in the

representation from Councillor Alexander. This was also supported by the CAR.

The size of the proposed neighbourhood's population of 1800 plus and their needs regarding Pharmaceutical Services were also taken into account. The Committee also noted that neighbouring villages of Fife with smaller populations had a pharmacy in the neighbourhood. This was further evidenced by Councillor Alexanders presentation.

11/21.8 **The likely long-term sustainability of the Pharmaceutical Services to be provided by the Applicant**

The Committee considered the number of estimated prescribed items that would be required within a year for the proposed pharmacy to be visible. Evidence from NHS contractor monthly prescribed item list was considered.

Both APC nominees advised that they did not believe there would be enough prescription items generated by Windygates residents to make a pharmacy viable.

They also indicated that should the Lloyds Pharmacy in Kennoway lose 20-30% of their current prescription items that this could affect the viability of the existing pharmacy network.

The Committee took cognizance of the comments in the CAR and made by Councillor Alexander on the issues of recruiting pharmacist's difficulties being experience by Lloyds Pharmacy in Kennoway. The applicant assured the Committee he had a sustainable business plan in relation to recruitment.

The Fife Council local development plan highlighted possible future housing developments as well as industrial estates in the neighbouring areas. This could result in an increase of population and the demand for services in the area which would support the sustainability of existing services including contracted pharmacies. The new rail link could have a beneficial and positive impact on the neighbourhood of Windygates though tourism and attracting new residents to the town.

12/21 IN ACCORDANCE WITH THE STATUTORY PROCEDURE THE PHARMACIST CONTRACTOR MEMBERS OF THE COMMITTEE AND THE NOTETAKERS WITHDREW FROM THE MEETING DURING THE DECISION MAKING PROCESS

13/21 COMMITTEE VOTE AND DECISION

For the reasons set out above it was the view of the Committee that the provision of Pharmaceutical Service to the neighbourhood was inadequate and therefore went on to consider necessity and desirability

The Committee agreed that the new pharmacy was both necessary and desirable. It was considered necessary to ensure that the residents could be confident that the Pharmaceutical Services would be available at a pharmacy when required. It was deemed desirable in order to provide adequate Pharmaceutical Services within the neighbourhood.

14/21 ATTENDEES RETURN TO HEARING FOR DECISION

The Committee agreed that the attendees would be notified of the decision by telephone.

15/21 ADDITIONAL INFORMATION

The PPC Committee found it increasingly challenging having to make decisions based partly on a CAR dated 2018. However it was noted that the Interim Chair of The NAP had advised there was no requirement to carry out a further public consultation and that the original CAR would suffice.

Original correspondence and follow up correspondence of support were provided from the applicant Appendix 1 (email from NHS Fife's addiction service, a letter from local GP, Wok Inn Chinese takeaway). These letters formed part of the original application and the Chair decided that they should be considered and weighted accordingly.

Other original documentation was also considered and weighted accordingly – the Area Pharmaceutical Committee's view and correspondence form NHS Fife's Director of Pharmacy.

The Covid pandemic formed part of the committee's discussion on the day. However, the Chair reminded the committee and voting members that they would be considering the position as it was at the time of the original application and therefore cannot be taken into account.

Hearing Closed.

APPENDIX 1

Thank you for giving me the opportunity to present the case for a new Pharmacy in Windygates.

Firstly, I just wish to clarify that although the NAP chair has asked for this application to be considered by a freshly constituted panel, this is not a new application.

I think it is important that I highlight that this application has been granted by the PPC on 2 previous occasions being May 2019 and April 2021.

The neighbourhood and location of the proposed pharmacy is that of the village of Windygates in its entirety. It is bounded in the North by Markinch Burn and to the South by the River Leven. To the East, Kennoway Burn travelling down the A915 to where it meets the River Leven and To the West, River Leven at its nearest point to Milton Road travelling North in a straight line to where it meets Markinch Burn.

Windygates is a self-sufficient, distinct village which includes: A Primary School, Nursery, Church, Post Office, Hairdressers, Beauty Salon, 2 convenience stores, Bowling Club, Football Club, a restaurant, a Pub, and a Community Centre. This shows the residents of Windygates have all the services for day to day needs.

Windygates Community Council has also recently been reformed and is fully supportive of this application.

Interestingly, there was also once a Pharmacy in Windygates, located on Station Road.

It's possible employees of both Diageo and Cameron Hospital at Cameron Bridge will also access services in Windygates.

There are currently no healthcare services in Windygates. While the absence of a community pharmacy does not automatically necessitate the need for one, we are then required to look at whether the current provision of pharmaceutical services is adequate.

According to the latest figures from the Fife Council's Know Fife Dataset the population of Windygates is just over 2000. This can be considered to be a significantly large population when you are measuring access to pharmaceutical services. In actual fact, Windygates is one of the largest villages in Scotland in terms of population size that does not have a pharmacy or any sort of local healthcare service provision. There are examples of villages in Scotland very similar in profile and smaller in terms of population that have had a new pharmacy contract granted very recently including Townhill in Fife with a population of around 1300 and Fenwick in Ayrshire with a population of just over 1000.

A village with a population of around 2000 is more than enough to sustain a new pharmacy, and I have a business plan in place to accommodate this so viability is not an issue, even with the Sunday opening. Considering the prescription volumes that the nearby pharmacies are dispensing the granting of this this contract will not affect the viability of other Pharmacies in the Levenmouth area.
The lack of a current GP surgery should not be an indicator that a pharmacy is not required or viable. In actual fact, the opposite is true, it indicates inadequacy and

highlights the need for a pharmacy even more. The provision of a pharmacy will provide, in addition to pharmacy services, an entry point into primary health care services in a neighbourhood where there are absolutely no health services at present.

According to Scottish Index for Multiple Deprivation data, 385 people in Windygates are placed in the top 30% of worst areas in Scotland for accessing services. While it may not be the most deprived area this statistic is applicable because of the difficulties people of Windygates face in actually accessing services.

'Smoking is the single biggest cause of preventable ill health and premature death in Scotland' From looking at the Scottish Governments statistics website which replaced Scottish Neighbourhood Statistics, Windygates is split into three data zones. For Windygates East data zone which accounts for 706 people, the % pregnant women smoking was a massive 33% which was more than double the Scottish average of 16% and significantly higher than Fife at 21%. NHS Fife is the second worst health board in Scotland in terms of achieving their Smoking HEAT targets and has consistently failed to achieve these in the past few years. Taking all this into account, a new Pharmacy in Windygates offering the smoking cessation service 7 days a week, will go some way in reducing smoking rates in Windygates.

From figures taken from Fife Council's Know Fife dataset, approximately 36% of the population of Windygates consists of the elderly and children which is a staggering 740 people who are most in need of pharmaceutical services. Also, Windygates like the Levenmouth area as a whole has very much an ageing population and will result in an increased need for local healthcare services in the coming years in Windygates. 29% of residents, which is roughly 580 people ,have one or more long-term health conditions, these are people who require regular healthcare for monitoring and treatment of the condition and would most definitely benefit from having a local Pharmacy. The need for these patients to make repeated trips to Pharmacies out with their neighbourhood adds to the inadequacy of existing services.

Going back to the issue of access to pharmaceutical services, it is apparent that residents have to make significant travel efforts to access a Pharmacy given there are no health services of any description available in Windygates. Also, all of the nearest Pharmacies are clustered around Doctor surgeries and from speaking to residents not in a place where residents of Windygates would normally travel given that Windygates is well serviced for day to day living.

The nearest pharmacies are:

Lloyds in Kennoway 1.4miles
Omnicare in Methil 1.7miles
Boots in Buckhaven2.3 miles
Well in Methil 2.5 miles
Boots in Methil 3.3 miles
Omnicare in Leven 2.7miles
Leven Pharmacy 2.7 miles
Boots in Leven 2.9miles

The nearest Pharmacy as mentioned is currently in Kennoway. There is a major barrier to accessing this Pharmacy due to the steep hill on Kennoway Road which is the only route from Windygates to Kennoway. Walking to Kennoway from

Windygates is therefore very difficult. In fact Kennoway which in Gaelic translates to 'Head of the Den' actually gets its name from its topographical situation. From Windygates Cross this would take a fit and healthy individual around 30mins to walk to the Pharmacy in Kennoway. For an elderly person or a parent with children it would take considerably more. I do not believe walking to this Pharmacy is a reasonable option for person with a pram, wheelchair or for the elderly. This barrier to accessing the nearest Pharmacy to Windygates is a clear indicator of inadequacy.
I have spoken to many residents who have expressed their concern that they were unable to obtain their medicines during the bad weather in the past as Kennoway was essentially cut off for 3 days during 'the beast from the east'.

To walk to the next nearest Pharmacy Omnicare in Methilhill would involve crossing the steep pedestrian overpass over the A911 and then crossing the busy A915 and along the B932. This is a long and difficult route and would take a fit and healthy individual around 35-40mins. Again, this cannot be considered a reasonable journey to make for residents of Windygates to access pharmaceutical services. Due to the distance and having to cross the steep overpass this walk is wholly inadequate for a person with a pram, wheelchair or for the elderly.

Due to the distances involved, it is also not reasonable to expect anyone from Windygates to walk to any of the other nearest Pharmacies in Methil, Buckhaven or Leven, therefore, they have to be accessed by public transport or car.

In terms of buses, a patient wishing to travel by bus to the nearest pharmacy in Kennoway would take the 43 Service. This service is very infrequent and comes once every hour. The 41 service which used to run 4 buses during daytime hours has been cut recently and now only runs in the evening so residents of Windygates have an even more infrequent service to Kennoway. For a resident wishing to take the bus to the next nearest Pharmacy-Omnicare in Methil they would need to take the 44 in the opposite direction which has again had it's frequency cut in recent times. The 44 runs once every hour from the morning only until 1.44pm and the next direct bus which is the 44b does not begin until 4.55pm. This is 3 hours without a direct bus to Methil where residents are forced to choose between a lengthy walk or take a bus to Leven and then change to another bus to Methil. I do not believe this is adequate in any way. It is clear that including bus wait times and the wait in the Pharmacy, a round trip using public transport to either Lloyds in Kennoway or Omnicare in Methil would take considerable time and cannot be considered adequate.

For a resident travelling to Leven by bus they could use the 43 or 44 just mentioned which both terminate at Leven Bus Station or the X4 service which is also limited at one every hour. None of these buses stop outside any of the pharmacies in Leven and would require a further walk to the Pharmacy. Due to the distances involved in travelling to Leven a round trip by bus again would take considerable time is therefore inadequate.

There are no direct buses from Windygates to Boots in Buckhaven, Boots in Methil or the Well Pharmacy in Methil and would require having to walk from the nearest bus stop or changing to a second bus service. A round trip to any of these Pharmacies is again very lengthy and wholly inadequate.

Also, it shouldn't be assumed getting on a bus is easy. Many parents with prams and the elderly have difficulty getting on and off buses.
Bus services, no matter how frequent, do nothing to reduce inadequacy.

The return fare to Kennoway and Methil is £3.60 and to Leven is a whopping £4.50. The prohibitive cost of bus fares is yet another barrier to accessing pharmaceutical services. All bus information was taken from Traveline Scotland and confirmed by Stagecoach.

The difficulty in accessing the nearest Pharmacies and complaints about the frequency and cost of public transport have been echoed by local residents numerous times in the CAR. A key theme in the CAR was ‘a new pharmacy would be beneficial for those who rely on public transport as the service within the neighbourhood is limited and can be costly’

From census data, 20% of households in Windygates do not have access to a vehicle. This means approximately 400 people have no choice but to walk or rely on public transport when accessing pharmaceutical services. A further 41% of households have access to only one vehicle and given the lack of employment opportunities within the village it would be reasonable to suggest that the car would be used to commute to a place of work and so would not be available to other members of the household during normal working hours, leaving them with no option but to walk or use public transport to access services. This is further validated by census data which shows just under 70% of those in employment in Windygates commute to work by car with only 11% using the bus.

For residents of Windygates, it is clear that a lengthy round-trip to access their nearest Pharmacy cannot be considered in any way adequate. Why in 2021, should residents of Windygates(especially the elderly and parents with young children) be forced to walk up a steep hill or wait an hour for a bus to access Pharmaceutical services especially when there are numerous villages in Scotland who have less of a population, yet have a pharmacy? I believe a community pharmacy should be just that and lie in the heart of a community where it is easily accessible.

There is a chronic shortage of housing in the Levenmouth Area and as a result there are numerous new developments planned which will increase not only the population but demand for pharmacy services.

There are plans to build some 1500 houses in Buckhaven in the coming years and there is Land at Halfields Gardens in Kennoway which is earmarked for 190 houses. Also in Kennoway planning permission has been granted for around 66 houses at Hallfields Farm. There are also 260 houses which have been built at the CastleFleurie Development in Leven recently which is located near to Windygates. What’s interesting to note about this development is some of the children from here are registered with the Primary school in Windygates so it’s possible some people may access services in Windygates also. In Windygates,75 houses are earmarked for land at Temple which would increase the population of Windygates further.

Some contractors do provide delivery of prescriptions which is currently the only pharmacy service available to residents of Windygates. This in no way constitutes an adequate pharmaceutical service. Services such as Pharmacy First which is the biggest change to community Pharmacy in Scotland for 10 years, Medicines, Care and Review Service and Smoking Cessation require face to face access to a Pharmacist and cannot be delivered from the back of a van. A delivery service is not a core NHS service and can be withdrawn at any time. Some contractors here will argue that they are using the ‘Near Me’ Service to provide remote consultations. This again is not an adequate pharmaceutical service and does not replace having a local

Pharmacy service. As with the delivery service this is not a core NHS service and can be withdrawn at any time.

If you look at the Scottish government strategy ACHIEVING EXCELLENCE IN PHARMACEUTICAL CARE: A STRATEGY FOR SCOTLAND

The very first commitment of that strategy is:

Increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions, in-hours and
out-of-hours.

This is a clear shift in priorities for community pharmacy in Scotland. In order for this strategy to work, the community pharmacy has to be truly accessible and local. Also, as already mentioned, this strategy cannot be achieved by delivery services.

In terms of the premises itself I do not envisage any issues with converting it into professionally fitted out and modern premises with a consultation room. It will also be DDA compliant and fitted with a hearing induction loop system and will meet all the requirements of the Equalities Act 2010.

The Post Office which is currently located in the premises will be moving a short distance to the convenience store on Station Road and will not be closing. This will allow the premises to be used solely as a Pharmacy and also free up some parking spaces.

In terms of opening hours for the proposed pharmacy these are
9AM - 6PM Monday to Friday
9AM - 5PM Saturday
10AM- 4PM Sunday

This would provide an extra 6 hours of access a week to a pharmacy compared to what is available from the current network at the moment.
The Saturday afternoon opening will be of great benefit to local residents especially considering only 2 pharmacies in the Levenmouth area are open after 1pm.

The Sunday opening hours I believe would be of great benefit too, with the only Sunday opening pharmacies both being located some distance away in Kirkcaldy.

The Sunday rota service in Levenmouth ceased in 2007. There was possibly a lack of demand then but considering that was 14 years ago, Community Pharmacy has changed drastically since then with the new pharmacy contract. Just like Pharmacies no longer need to be near GP Surgeries, Sunday opening pharmacies do not need to be near to out of hour services. I operate a Pharmacy open on a Sunday which is not in an area where there is an out of hours service and have experienced first-hand the huge benefits especially with serviced like smoking cessation, ehc, unscheduled care and pharmacy first. With these services its likely a Sunday opening `pharmacy will take the pressure off the out of hours service in Kirkcaldy considering the well documented shortage of out of hours GPs in Fife as people are more likely to visit a Pharmacy first. This will be a huge coup not only for Windygates but for the Levenmouth area as a whole.

An added benefit of Sunday opening would be for substance misuse services. After contacting the addictions team based in Cameron Hospital, I got this reply from Katryn Innes who was Senior Addiction Nurse for this area.

I will quote from her email.

Kevin Mckenzie who has since replaced Katryn as the Senior Addiction Nurse for the area also sent an email very recently. Quote from Email

People of poor mobility having to travel out with the area to access substance misuse services is another indicator of inadequacy especially when its likely people receiving daily medication will have to travel to a pharmacy 6 times a week. A new Pharmacy in Windygates would go some way in solving this.

We would participate in all core aspects of the pharmacy contract including any local health board initiatives. Additional services would include blood pressure testing, weight management service and a free prescription collection and delivery service.

CAR Analysis

The CAR had an excellent response rate resulting in 141 people responding to the consultation.

Q1. Do you think the area identified by Windygates Pharmacy describes the neighbourhood where the proposed Pharmacy is situated?

89% responded Yes and by looking at the comments I don't think there was any real arguments against the defined neighbourhood.

Q2. Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services within the neighbourhood?

I think this is perhaps, the most important question from the consultation since the comments point to inadequacy of existing services. A massive 82% which is 116 respondents answered yes. This question received the highest number of comments. It's clear on this question the public were compelled enough to come forward and elaborate on the issues. Some of the comments from the public include:

'you have to travel to get to one and not everyone can afford to make a bus or taxi trip'

'well there are no pharmacies! I have to travel to either Kennoway or Methil to get to one and I don't have a car which makes it difficult. The Lloyds in Kennoway are terrible anyway as they never have my medication in'

'sometimes no Pharmacist at Kennoway. Elderly not able to access public transport to nearest Pharmacy.

'as a pensioner I struggle to get to the Lloyds in Kennoway. It's often a real hassle and they rarely have my medication in stock so I need to make multiple journeys. A new Pharmacy is absolutely needed in Windygates'

‘it is very difficult for me to get to Lloyds in Kennoway so this is very much needed. I sometimes need to take a taxi to Lloyds to get my medication which I cannot afford so I am relying on this proposal getting approved’

‘having to take a bus to access a Pharmacy is terrible! The bus service is unreliable which makes it even worse’

‘have to travel to neighbouring villages to get pharmaceuticals which is a struggle for the elderly or those that don’t drive’

‘current pharmaceutical services to the area are very poor. I can’t even get my medication delivered so have to rely on taxis most of the time which I can ill afford’

‘It costs around £6 each way in taxis to Buchanan Chemist (now Omnicare) at Methilhaven Road and I have to go sometimes twice or three times a month it’s a lot of money so having one in the village would be amazing’

‘ a chemist in Windygates is desperately needed. We have been crying out for this for years now. Make this happen please. Will make things so much easier for me as I can then easily get to a Pharmacy to get my young daughters’ medication’

The key issues here were:

-difficult access to a Pharmacy without transport especially for elderly/families with young children

-limited and costly public transport

-complaints about the nearest Pharmacy

Q3. Do you think there will be a positive or negative impact on the neighbourhood in having a community Pharmacy?

In this question it is clear there is a lot of support for the new Pharmacy with an overwhelming majority of people in agreement that a new Pharmacy will be positive for the neighbourhood.

Q4. Do you think the pharmaceutical services being proposed by Windygates Pharmacy are required within this neighbourhood?

Again, the majority of people responded that the proposed serviced are required within Windygates.

Some comments are:

‘Required because I need to walk up that hill to get to Lloyds which isn’t easy at my age’

‘It takes me a long time to get my medicines from Leven so yes very much required. I sometimes have to make multiple journeys when they don’t have my medicines which is a big problem for me’

‘Yes these are all required as it’s a real hassle to travel out of Windygates to get these services’

‘The community has a large elderly population and bus services are very poor’

‘It’s a pain to go to Kennoway or Methil. There are many elderly residents in Windygates for whom it would benefit greatly. It would also benefit those who rely on bus services who need to travel to the nearest Pharmacy’

‘We have zero real healthcare in the village, would be great to have a local centre for some health care. For people who are retired it saves long trips and for working people they can get served in the village’

This question again highlights difficulty people in Windygates face in accessing Pharmacy services especially for the elderly.

After analysis of the 16 non respondents, 15 all provided other positive comments or supported the Pharmacy in Q4 so it should not be assumed these people do not think the services are required but rather the opposite.

Q5. Do you think there is anything missing from the list of services provided?

Most people didn’t think there was anything missing. For people who responded yes, we will already be providing some of these services for example collection/delivery service.

Q6. What are your thoughts about how a community pharmacy in the neighbourhood will work with/help other NHS Health Services such as GP Practices?

The main themes from this question are:

-A Pharmacy in Windygates will work well with other NHS Health Services

-A new Pharmacy will take pressure off the local GP Practices and Pharmacies both of which are seen as busy. Pharmacies- there are mentions of long waiting times and queues.

-The importance of a local Pharmacy and it’s benefits without the need to visit a GP especially for services like minor ailments.

-A new Pharmacy would benefit the elderly

What’s interesting to note is there is a number of comments in this question again pointing to difficulty is accessing services and complaints about the local Pharmacy, even when the question does not necessarily ask for this. This shows people’s strong feelings regarding these issues and further highlights the inadequacy of existing services to the neighbourhood.

Examples of some comments:

‘Elderly residents with minor ailments (coughs and colds, UTI’s allergies etc) without having to always see the Dr or journey on public transport’

‘People will be able to order their prescriptions at the pharmacy and minor ailments can be dealt with more easily without making appointments at doctor’s surgeries which for some in our area is 2 bus rides away’

‘I think this would be a great addition to Windygates and speaking as someone working within a GP surgery it would be a great benefit to our patients given the current situation at Lloyds Kennoway’

‘ease the burden off Lloyds Kennoway as often no Pharmacist and no one permanent in that role currently’

‘nearest pharmacy is Kennoway. Ideal for minor ailments…queues at Kennoway long and then nearest is Leven’

‘the nearest pharmacy is 2 far away n lack of transport this would be great’

‘I feel that having a pharmacy would really help the community because at the moment we need to pay to get a bus or walk to nearest town’

Q7. Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS Services.

Majority of people answered Positive.

There was only a small number of comments in the section mainly relating to reducing pressure on Pharmacies and GPs

Q8. What do you think about Milton Road as the location of the proposed pharmacy?

Majority of comments which equalled 92 were happy with the location of the proposed pharmacy or had no complaints. Most people thought Milton Road was a good, central location.

Q9. What do you think about the proposed opening hours?

The vast majority which was over 100 comments were happy with the opening hours. There were a mix of comments ranging from people who thought the opening hours were good/excellent/very good/ideal and perfect.

Some comments are:

‘Brilliant….been needing a Sunday opening Pharmacy for a while now. There will be no need to travel to Kirkcaldy for minor ailments on a Sunday now’

‘The hours are brilliant. It’ll be the only pharmacy open in this area on a Sunday. The nearest at the moment is Asda in Kirkcaldy’

‘Fantastic opening hours especially the Sunday opening and most Pharmacies close at 5.30 so 6pm is great’

‘Excellent, with a poorly grandparent the area I can pop in after work with a prescription’

Q10. Do you support this application?

Again, in keeping with the theme of the CAR there is a large majority of people who support the application. After analysis of the 19 non responders, 18 of them had

given other positive answers or comments so it could be argued these people support the application as well.

Examples of comments, some of which again highlight difficulty in accessing services are:

‘the new Pharmacy is 100% absolutely needed in Windygates. Why should other villages have their own Pharmacy and we don’t? For people who like me don’t have a car it’s a real hassle to get to a Pharmacy. Also, the Sunday opening hours will be fantastic and will be well used’

‘I need this pharmacy to open to be able to get my medication locally and not have to walk all the way to Lloyds Pharmacy’

‘Best thing to happen to Windygates in years’

One of the local GP’s from Kennoway Medical Group, Dr Mullan, has also responded to the consultation. I’m sure the committee have already seen this, but I just wanted to highlight some responses.

In response to Q2 Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services within the neighbourhood? Dr Mullan commented ‘Lloyds Pharmacy Kennoway have a very poor service and are providing inadequate cover this area with minor ailment, chronic disease services etc’

In response Q3. Do you think there will be a positive or negative impact on the neighbourhood in having a community Pharmacy? Dr Mullan commented ‘I think people of Windygates and surrounding area will be better served by a more local service’

In response Q10. Do you support this application? ‘Dr Mullan commented’ As a GP in Kennoway I am frustrated by the service my patients get from our local Lloyds Pharmacy. I would be excited by the prospect of having a proactive new pharmacy service’

Dr Mullan has followed up these comments with a letter which I will quote from:

For a GP who is well placed to know the local areas healthcare needs to make these comments is rare in a Public Consultation for a new Pharmacy contract and further cements the fact that existing services are inadequate.

From the CAR we can see there is a high level of support for a new Pharmacy in Windygates. It is absolutely clear from the public consultation, the comments do not relate to convenience but inadequacy of existing services. The most common theme from the CAR undeniably is the difficulty people in Windygates face when accessing Pharmacy services which is a big indicator of inadequacy.

Looking at the small number of negative comments in the CAR I think these are centred around 2 issues:

1. Parking

Although Milton Road can be busy at times and the parking could be better, I have visited the proposed site on numerous occasions at different times of the day and

have always managed to get parked within a very short walking distance. There is on street parking outside the shop, across the road and right along Milton Road. There is also plenty of parking not far on Station Road. As mentioned previously the relocation of the post office will also free up some parking at the proposed site. Due to the parking concerns, I have an agreement in place with the owners of the Chinese Restaurant across from the proposed premises for patients to use their car park should it be needed. Considering the restaurant does not open until 5pm every day, patients will have sole use of the car park for the majority of the time the Pharmacy is open. (letter from the owner confirming this has been circulated)

2. Provision of Methadone/Substance Misuse Services

I appreciate there are often concerns regarding Methadone in new pharmacy applications particularly in villages. However, in reality I do not think this will be a problem and I have experience in dealing with such issues when opening another new Pharmacy. I will look to work closely with the local community on this matter to alleviate any of their concerns. It is both unfair and wrong to discriminate Methadone patients as a cause of any potential problems and I believe I have a professional and moral obligation to offer this service.

<u>APC Letter</u>

I would like to talk about some of the comments made by the APC in their letter.
They have mentioned the distance of the nearest Pharmacy but there was no mention of any difficulty in accessing this Pharmacy either by bus or walking which has been highlighted in the CAR numerous times.
There was mention of the NHS Fife Pharmaceutical Care Services Plan. These care plans are used as a guide and the PPC are not bound by them. Of all the recent new Pharmacy contracts granted across Scotland none were identified in any of their Care Plans. There was no mention of the CAR in relation to this by the APC which is a requirement of the application process.

The APC have gone on to mention information from the Care plan which stated the population per community pharmacy for the Levenmouth locality was 3667 which is the second lowest in Fife. The average population per community pharmacy is seen as a guide especially when other factors haven't been taken into consideration e.g Levenmouth being the most deprived area in Fife, and the large volumes of prescriptions dispensed by these Pharmacies in Levenmouth.

Even if you were to take the APC's argument, if this contract was granted the population per community pharmacy would go down to 3333 which would still make Levenmouth the second lowest and not change anything in that respect.

They went on to say on page 5 of the CAR the committee noted comments related to the nearest Pharmacy in Kennoway, specifically that no Pharmacist is available. There was a concern as to whether an additional pharmacy may exacerbate any issues related to the availability of the Pharmacist workforce in Fife. I think consideration should have been given here to the effect of not having a Pharmacist on the local community and if having a Pharmacy in Windygates would alleviate this. They also failed to mention anything else from page 5 of the CAR where a much larger number of people had commented on difficulty in accessing services.

I would also like to point out that any potential shortages in pharmacist workforce has no bearing on the Legal test and in my 12 years of being a contractor and operating

Pharmacies from Aberdeen in the North to Hawick in the Scottish Borders have never had an instance where a Pharmacy has been without a Pharmacist. We already have a Pharmacist in place should the new contract be granted and have a relief Pharmacist who has agreed to cover weekends. Due to the small number of pharmacies open on a Sunday, pharmacist cover on a Sunday is not problematic.
On the final point made by the APC, having investigated Principle 3 of the GPhC standards as mentioned by the APC, and having previous experience registering premises with the GPhC, I have no doubt the proposed premises meets them all. The proposed premises is roughly 600 sqft in size which is larger than some Pharmacies in Scotland.

Before I conclude I just wanted to mention the pandemic.

If we have learned anything from the current pandemic and recent lockdowns, it is that in times of an emergency we are unable survive without food supplies and healthcare services. This was evident during the most stringent lockdowns when only supermarkets, grocers, food places and pharmacies were allowed to remain open.

The impact of the pandemic has had a devastating effect on communities with disruption to many services including healthcare which has led to an overload on doctors. It has also completely changed the way we live our lives.

Having spoken to many residents in Windygates recently, they have expressed their extreme unhappiness at being forced to travel using public transport, during the height of the pandemic, to access a pharmacy outwith the neighbourhood.

The pandemic has perfectly illustrated why Windygates needs its own Pharmacy

Conclusion

In conclusion, the neighbourhood is that of Windygates.

It has a large population of over 2000 and there are no healthcare services of any kind located in the village.

Sunday opening will give residents an extra 6 hours of access to Pharmacy than what is available at the moment.

The only services available to residents of Windygates are that of delivery services which can be withdrawn at any time and cannot be considered adequate.

Resident are forced between a lengthy or difficult walk or an infrequent bus service to access services. Bus services do nothing to reduce inadequacy.

There is a high level of support in CAR with the majority of comments highlighting barriers in accessing services especially for the elderly and people without cars including comments from a local GP all of which indicate inadequacy of existing services.

Given all the reasons above, I believe this contract is necessary and desirable and respectfully ask that it should be granted.

Thank you

Summary

It is absolutely clear residents of Windygates face major barriers in accessing pharmacy services thus making the existing services inadequate.

Evidence for this inadequacy is demonstrated by the CAR.

A new pharmacy would go a long way to solving this inadequacy and is both necessary and desirable for this neighbourhood.

APPENDIX 2

APPLICATION UMAR RAZZAQ

I would like to thank the Panel for allowing me to speak today

The Applicants reason for making this application seems to be that the Pharmaceutical Services provided by current Contractors is inadequate only because there are no Pharmacy Premises in his definition of the neighbourhood

There are, as the Panel is aware numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated out with that neighbourhood and this is the case in this in Windygates

Indeed the Panel will see from The Advice and Guidance for those Attending THE PHARMACY PRACTICES COMMITTEE they must consider WHAT ARE THE EXISTING PHARMACEUTICAL SERVICES IN THE NEIGHBOURHOOD OR IN ANY ADJOINING NEIGHBOURHOOD

I do not disagree with the Applicants definition of the neighbourhood however, I am sure that on their site visit the Panel found it difficult to determine where Kennoway ended and Windygates began. and vice versa

There are numerous Existing Pharmacies situated NEAR TO Windygates which the residents of Windygates (which is a Rural Village) currently utilise, the Lloyds Pharmacy in Kennoway is only 1.3 miles from the Applicants proposed site.

The residents also use the Pharmacies in Leven indeed There are 7 Pharmacies within 3 miles of the Applicants proposed Pharmacy.

The Applicants proposed opening hours include Full Day Opening on a Saturday and 6 hours on a Sunday, I note that Fife Health Board in their Pharmaceutical Care Services Plan indicate that the current provision of Pharmaceutical services on a Sunday is adequate to meet the needs of the residents of Fife.

The Pharmacist costs alone based on these hours would be £105,000 and staff costs of £74,000 as a minimum.

The Applicant has stated these opening hours simply to add some substance to his Application NOT because there is a need. And I would also question the viability of a Pharmacy opening for 59 hours per week at this location.
The Applicant could at any time reduce these hours to the minimum Health Board expectation of 9am to 5.30 pm Monday to Saturday and 4 hours on a Saturday.

The following is taken from the NHS (PHARMACEUTICAL SERVICES) (SCOTLAND) REGULATIONS AS AMENDED)

Should the panel deem the existing service inadequate but also consider the applicants business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the Application should be refused

On visiting the Applicants proposed site, I noted that the existing Post Office only opens from 9am to 3pm on a Monday and Thursday and only 9am to 1pm on a Tuesday Wednesday and Friday I assume this is because of a lack of demand
On my original visit for the previous PPC I also asked the Counter Assistant if she new where the Pharmacy was to be sited she said they had only heard through rumour about a Pharmacy and had no detail , she very kindly phoned her Line Manager , who was also unsure of the situation , I found this surprising as any refitting of the premises which may affect the security of the Post Office would surely have had to be discussed with the Post Office , reading the Landlords letter to the Applicant (dated 25th October 2018) there is no mention of the existing Post Office , however on visiting the Post Office on the 2nd November I was informed that the Post Office is to remain open within the premises

I am sure that like myself the Panel must be wondering how a Pharmacy with a Consultation Room can be fitted into what is a small space

On visiting Windygates I could see no evidence of major housebuilding and therefore the population is likely to remain static for the foreseeable future indeed since 2011 the population has only increased by 10 people.

Information about Fifes Towns and Villages shows that Windygates has a population of 1,860 making it 38th of the 65 listed towns and villages in Fife and as stated the population has hardly increased since 2011I would have to question the viability of a Pharmacy in Windygates

The Applicant may point out that Contracts have been granted in other parts of Fife with small populations.

There is however a major difference in the circumstances, for example Falkland Population 1,160. Falkland is a rural village. Falkland is also used by the residents of Strathmiglo Population 1,000 or the residents of Freuchie population 1,240 (a total of 3,400).

It is interesting to note that according to the latest Scottish Index of Multiple Deprivation the 3 Data zones that represent Windygates (SO 1009615 to SO1009617) residents of Windygates are ranked 4917 , 3155 AND 4,794 this shows the neighbourhood to be fairly affluent and this is reflected in the Health Statistics that rank the 3 Datazones as 4225 , 2758 and 4,137 of the 6,976 Data zones in Scotland

Windygates is NOT a deprived Area it is a Rural Village fairly affluent with a generally Healthy population

Situated at the Applicants proposed site are the Wok Inn ,a Keystone Convenience Store , a pub and Williamsons Electrical Contractors hardly the centre of a Community and proof that on a regular basis the residents of Windygates leave their neighbourhood to access services such as Banks Supermarkets GPs and other services including Pharmaceutical Services , and for many to attend their place of work and indeed there is higher than average Car Ownership (83%) this was also highlighted at a previous PPC

Indeed, in Kennoway there are the following businesses

A CO OP Foodstore , Beauty and the Beach , Tasty Treats , a ChineseTakeaway, Kings Taxi Office , Ramzan Curry House , Stuarts Bakers, a Premier Convenience Store and Post Office , Lorraine Hair Care , Keystore Convenience Store A Pizza Takeaway , the Little Friar Fish and Chip Shop , a Petrol Station Scotbet Bookmakers and The GP Surgery
I am sure the residents of Windygates are travelling outwith Windygates to use these facilities

The Panel must take account as to whether the granting of an Application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
As stated at a previous Hearing the Lloyds Pharmacy in Kennoway could lose up to 30% of its prescriptions This could seriously impact on the long term viability of the LLOYDS Pharmacy in Kennoway

All existing Pharmacies offer all Core Services and the Lloyds Pharmacy in Kennoway is fully engaged with AMS , CMS now known as Medicine Case Review (currently 793 Live Patients) and Pharmacy First
Lloyds Pharmacy has no Capacity issues, as well as the Dispensary Team the Pharmacy can also utilise the Off-Site Assembly Facility, which ensures there will never be any Capacity issues
Although Collection and Delivery is not a Core Service this FREE service is offered by all existing Pharmacies, and if a Patient is genuinely housebound then a Pharmacy in Windygates would make no difference to their access to Pharmaceutical Services.

I would also point out that there has been no growth in prescription numbers over the previous 12 Months to March 2019 the time of the First Hearing and no prescription growth from then until now

CONVENIENCE IS NOT A REASON FOR GRANTING A PHARMACY CONTRACT.
And this Application is all about Convenience NOT NECESSITY

I note that Councillor David Alexander points out that many years ago there was a Pharmacy in Windygates however it closed, **I assume it was not viable**

The Area Pharmaceutical Committee do not support this Application and both they and Evelyn McPhail stated that the granting of this Application may exacerbate the current shortfall of Pharmacists and Pharmacy Technicians in NHS Fife a situation that is becoming much worse not just in Fife but throughout Scotland in fact in some Areas it could be described at being at crisis point

Evelyn McPhail also stated that there are no deficiencies / gaps in the provision of Pharmaceutical Services in Windygates identified in the Pharmaceutical Care Plan and points out that Pharmaceutical Services are currently being provided by other Pharmacies

Community Pharmacy Scotland have stated that the cost of a new Pharmacy Contract to the Health Board is between £30,000 and £50,000

The CAR Report shows that from a population of 6,470 (the combined population of Kennoway and Windygates) only 141 Responses were received 2.17% of residents I find it difficult to believe that all the responses only came from residents of Windygates (1,860) however even then the response rate is only 7.5% and of those only 116 in response **to Question 2**
Do you think there are any Gaps / Deficiencies in the Existing provision of Pharmaceutical Services in the neighbourhood replied positively
116 represents **only 1.8%** of the residents, or 6.2% hardly overwhelming support

In response to **Question 4**
Do you think the pharmaceutical services being proposed by Windygates Pharmacy are required within this neighbourhood only 102 respondents agreed with this statement
1.6% or 5.4%

The residents of Windygates on a regular basis travel outwith the neighbourhood to meet their daily needs and access services including Pharmacy Services

This Application is all about Convenience not Adequacy or need

CONVENIENCE IS NOT A REASON FOR GRANTING A PHARMACY CONTRACT

The Panel must consider WHAT ARE THE EXISTING PHARMACEUTICAL SERVICES IN THE NEIGHBOURHOOD OR IN ANY ADJOINING NEIGHBOURHOOD

Having examined the NHS Fife 2018/2019 Pharmaceutical Care Services Plan I can see no reference to there being a need for a Pharmacy in the Applicants proposed neighbourhood
This is the 2018 / 2019 Plan

I quote

There are 85 Contracted Community Pharmacies in Fife .These are well distributed across the Region and meet the access needs of the vast majority of the population with no large gaps identified In addition the Report has not identified unmet need for New Community Pharmacies across Fife , although the services delivered through existing Pharmacies may require ongoing scrutiny
It would appear that overall there are no identified gaps in the provision of Pharmaceutical Services in NHS Fife and it is important to continue to support the development of Community Pharmacy services through Staff Training and ensuring a robust infrastructure for continued delivery of Pharmaceutical Services that meet the needs of the population

As regards Sunday Opening (and I quote from the Fife Healthboard Pharmaceutical Care Services Plan)
There would appear to be NO UNDERPROVISION in terms of opening hours for NHS Fife For example the number of Pharmacies that open 7 days a week has now increased from 8 to 9

This Application is all about CONVENIENCE as current services are adequate
The Panel must take account as to whether the granting of an Application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
The Lloyds Pharmacy in Kennoway could lose up to 30% of its prescriptions This could seriously impact on the long term viability of the LLOYDS Pharmacy in Kennoway

Should the panel deem the existing service inadequate but also consider the applicants business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services , the Application should be refused

I would therefore ask the Panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located