NHS Fife Finance, Performance & Resources Committee

Tue 13 September 2022, 09:30 - 12:00

MS Teams

Agenda

09:30 - 09:30
0 min

1. Apologies for Absence

Verbal *Alistair Morris*

09:30 - 09:30
0 min

2. Declaration of Members' Interest

Verbal *Alistair Morris*

09:30 - 09:30
0 min

3. Minutes of the Previous Meeting held on Tuesday 12 July 2022

Enclosed *Alistair Morris*

Item 03 - Finance Performance Resources Committee Minutes (unconfirmed) 20220712.pdf (7 pages)

09:30 - 09:40
10 min

4. Matters Arising / Action List

Enclosed *Alistair Morris*

Item 04 - Finance, Performance & Resources Committee Action List - 12 July 2022.pdf (1 pages)

09:40 - 10:05
25 min

5. GOVERNANCE MATTERS

5.1. Board Assurance Framework - Financial Sustainability

Enclosed *Margo McGurk*

Item 5.1 - Board Assurance Framework - Financial Sustainability.pdf (4 pages)
Item 5.1 - Appendix 1 NHS Fife BAF Financial Sustainability.pdf (1 pages)
Item 5.1 - Appendix 2 - Board Assurance Framework - Financial Sustainability - Linked Operational Risks.pdf (1 pages)

5.2. Board Assurance Framework - Strategic Planning

Enclosed *Margo McGurk*

Item 5.2 - SABR Board Assurance Framework - Strategic Planning.pdf (3 pages)
Item 5.2 - Appendix 1 - Board Assurance Framework - Strategic Planning.pdf (1 pages)

5.3. Board Assurance Framework - Environmental Sustainability

Enclosed *Neil McCormick*

Item 5.3 - SBAR Board Assurance Framework - Environmental Sustainability.pdf (3 pages)
Item 5.3 - Board Assurance Framework - Environmental Sustainability.pdf (1 pages)
Item 5.3 - Board Assurance Framework - Environmental Sustainability - Linked Operational Risks.pdf (1 pages)

5.4. Proposed Finance, Performance & Resources Committee Meeting Dates 2023/24

Enclosed *Gillian MacIntosh*

Item 5.4 - Proposed Finance, Performance & Resources Committee Meeting Dates 2023-24.pdf (1 pages)

10:05 - 10:40
35 min

6. STRATEGY / PLANNING

6.1. Development of Assistant Practitioner Role

Enclosed *Janette Owens*

Item 6.1 - SBAR Development of Assistant Practitioner Role.pdf (23 pages)

6.2. Financial Improvement and Sustainability Programme Progress Report

Enclosed *Margo Mcgurk*

Item 6.2 - SABR Financial Improvement and Sustainability Programme Progress Report.pdf (8 pages)

6.3. Property & Asset Management Strategy (PAMS)

Enclosed *Neil McCormick*

Item 6.3 - SABR Property & Asset Management Strategy (PAMS).pdf (3 pages)
Item 6.3 - Appendix 1 - Property & Asset Management Strategy 2022.pdf (37 pages)
Item 6.3 - Appendix A - Strategic Framework - Property & Asset Management Strategy.pdf (1 pages)
Item 6.3 - Appendix B - Fife Capital Planning Investment Proforma - Property & Asset Management Strategy.pdf (1 pages)

6.4. Victoria Hospital, Kirkcaldy – locations with Listed Building Status by Historic Environment Scotland

Enclosed *Neil McCormick*

Item 6.4 - SABR Victoria Hospital, Kirkcaldy – Locations with Listed Building Status by Historic Environment Scotland.pdf (4 pages)
Item 6.4 - Appendix 1 - Notification Covering Letter of 14 July 2022.pdf (3 pages)
Item 6.4 - Appendix 2 - Designation Report of Handling.pdf (32 pages)

6.5. Fife Capital Investment Group Reports 2022/23

Enclosed *Margo McGurk / Neil McCormick*

Item 6.5 - Fife Capital Investment Group Report 2022-2023.pdf (4 pages)

6.6. Orthopaedic Elective Project

Enclosed *Janette Owens*

Item 6.6 - SBAR Orthopaedic Elective Project.pdf (5 pages)

6.7. Delivery of Long Wait Targets Outpatients, Elective Surgery and Diagnostics

Enclosed *Claire Dobson*

Item 6.7 - SBAR Delivery of Long Wait Targets Outpatients, Elective Surgery and Diagnostics.pdf (8 pages)

10:40 - 10:50
10 min

7. RISK

7.1. Draft Corporate Risk Register & Dashboard

Enclosed *Margo Mcgurk*

Item 7.1 - SABR Draft Corporate Risk Register & Dashboard.pdf (4 pages)
Item 7.1 - Annex 2 - Draft Corporate Risk Register & Dashboard.pdf (7 pages)

10:50 - 11:05
15 min

8. QUALITY / PERFORMANCE

8.1. Integrated Performance & Quality Report

Enclosed *Exec. Leads*

Item 8.1 - SABR Integrated Performance & Quality Report.pdf (4 pages)
Item 8.1 - Integrated Performance & Quality Report - Finance, Performance & Resources.pdf (24 pages)

11:05 - 11:15
10 min

9. FOR ASSURANCE

9.1. Audit Report - Post Transaction Monitoring

Enclosed

Item 9.1 - Audit Report - Post Transaction Monitoring.pdf (6 pages)

9.2. Delivery of Annual Workplan

Enclosed *Margo Mcgurk*

Item 9.2 - Delivery of Annual Workplan.pdf (4 pages)

11:15 - 11:20
5 min

10. LINKED COMMITTEE MINUTES

10.1. Fife Capital Investment Group held on 9 June 2022 (confirmed) & 27 July 2022 (unconfirmed)

Enclosed

Item 10.1 - FCIG Notes 9 June 2022 (Confirmed).pdf (6 pages)
Item 10.1 - FCIG Notes 27 July (Unconfirmed).pdf (5 pages)

10.2. IJB Finance, Performance & Scrutiny Committee held on 8 July 2022 (unconfirmed)

Enclosed

Item 10.2 - IJB Finance, Performance & Scrutiny Committee held on 8 July 2022 (unconfirmed).pdf (6 pages)

10.3. Primary Medical Services Committee held on 7 June 2022 (unconfirmed)

Enclosed

Item 10.3 - Primary Medical Services Committee held on 7 June 2022.pdf (5 pages)

11:20 - 11:25
5 min

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1. To the Board in the IPQR Summary

Verbal *Alistair Morris*

11.2. Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

Verbal *Alistair Morris*

11:25 - 11:30
5 min

12. ANY OTHER BUSINESS

11:30 - 11:30
0 min

13. Date of Next Meeting: Tuesday 15 November 2022 at 9:30am via MS Teams

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 12 JULY 2022 AT 09:30AM VIA MS TEAMS

Alistair Morris
Chair

Present:

A Morris, Non-Executive Director (Chair)
W Brown, Non-Executive Stakeholder Member
A Grant, Non-Executive Director
M McGurk, Director of Finance & Strategy
J Owens, Director of Nursing
C Potter, Chief Executive
J Tomlinson, Director of Public Health

In Attendance:

J Brown, Head of Pharmacy *(deputising for B Hannan)*
N Connor, Director of Health & Social Care
S Fraser, Associate Director of Planning & Performance *(Items 7.1 & 7.2 only)*
N McCormick, Director of Property & Asset Management
G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
K Donald, Interim PA to Director of Finance & Strategy *(observing)*
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to meeting, noting this was his first meeting as Chair. A welcome was extended to J Brown who is deputising for B Hannan.

The Chair gave thanks and appreciation to Rona Laing for all her work over the years to guide and support this Committee.

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members M Mahmood (Non-Executive Director), A Lawrie (Area Clinical Forum Representative), C McKenna (Medical Director) and attendees C Dobson (Director of Acute Services), A Graham (Associate Director of Digital & Information) and B Hannan (Director of Pharmacy & Medicines).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minute of the last Meeting held on 10 May 2022

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

4. Action List / Matters Arising

The Committee **noted** the closed item on the Action List.

5 GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2021/22

The Director of Finance & Strategy advised that the Annual Internal Audit Report 2021/22 forms part of the suite of assurance that is provided to the Audit & Risk Committee to support the Governance Statement within the Annual Accounts for 2021/22.

The Director of Finance & Strategy informed the Committee that the detailed report is positive and is testament to progress across a number of improvement areas over the previous 12 months, despite the ongoing challenges. Areas pertinent to this Committee within the Internal Control Evaluation (ICE) section of the report were highlighted.

The Committee took **assurance** from this report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement within the Annual Accounts for 2021/22.

5.2 Board Assurance Framework (BAF) – Financial Sustainability

The Director of Finance & Strategy spoke to the Financial Sustainability BAF and reported that the risk score has been reviewed and updated to High.

The Director of Finance & Strategy advised that since the writing of the report, a level of allocation to support Health Board retained Covid expenditure has been received, which offers some mitigation, however, does not close the gap in terms of the forecast Covid expenditure. Significant work, both locally and nationally, looking to manage the costs of the Covid recovery is ongoing.

In terms of the risk around not achieving the revenue financial target, it was reported that this has been assessed as high. A financial gap of £10.4m for 2022/23 is being discussed with the Scottish Government.

It was advised that guidance has been received for the medium-term financial plan submission, and work is ongoing to prepare this.

The Chair questioned if there was any further Covid related support anticipated from the Scottish Government. The Director of Finance & Strategy confirmed that Scottish Government have advised there will be no funding beyond that already received for 2022/23. A detailed assessment is however being made to determine whether any acute set aside service Covid expenditure could be supported from the IJB Covid reserve.

The Director of Finance & Strategy highlighted the importance of delivering against the savings plans within the Financial Sustainability Improvement Programme, which was discussed further at agenda item 7.4.

The Director of Public Health recognised the funding challenges, due to the ongoing pressures, and fully supported the escalation of the risk.

The Committee **considered** and **approved** the updated Financial Sustainability element of the Board Assurance Framework which confirms that risk has been increased to High.

5.3 Board Assurance Framework (BAF) – Strategic Planning

The Director of Finance & Strategy reported that the level of risk within the Strategic Planning BAF has been assessed as moderate, and as we continue to progress through the milestone plan activity for strategy development, it is expected that the risk level will reduce further.

As part of the discussions with the Board around risk appetite and the development of a new corporate risk register, the Director of Finance & Strategy advised that a review of the BAF risks is being carried out.

The Committee **considered** and **approved** the current position in relation to the Strategic Planning element of the Board Assurance Framework which confirms that risk has been assessed as Moderate.

5.4 Board Assurance Framework – Environmental Sustainability

The Director of Property & Asset Management spoke to the Environmental Sustainability BAF and advised that the risk remains at High.

The Director of Property & Asset Management reported that discussions are ongoing around identifying risks to include in the new corporate risk register. It was advised a risk has been identified in relation to the development and delivery of the Property & Asset Management Strategy in that it may not meet the requirements of the wider Population Health & Wellbeing Strategy. A further associated new risk is that that we do not have sufficient resources to deliver the strategy in terms of workforce and capital. A further risk identified is the potential failure to deliver the climate emergency arrangements set out by the Scottish Government in November 2021.

The Committee **considered** and **approved** the current position in relation to the Environmental Sustainability element of the Board Assurance Framework which confirms that risk remains at High.

6 STRATEGY / PLANNING

6.1 Property & Asset Management Strategy (PAMS) 2021/22

The Director of Property & Asset Management advised that development of the PAMS is in line with supporting strategies to ensure alignment. Engagement with key stakeholders will be carried out before the PAMS is presented to the Fife Capital Investment Group and Portfolio Board. The draft PAMS will then come back to this

Committee at the meeting on 13 September 2022, before it is then presented to the wider Board.

The Chief Executive provided background detail to previous iterations of the PAMS document and provided assurance that the approach the team are taking is to ensure that the PAMS is aligned and embedded to become an integral part of the Population Health & Wellbeing Strategy.

The Committee took **assurance** from the update and supported the timeline and proposed governance route.

6.2 Fife Capital Investment Group Report 2022/23

The Director of Finance & Strategy advised that the report details the proposed utilisation of the 2022/23 capital allocation. Assurance was provided that the Fife Capital Investment Group (FCIG) have reviewed and supported in detail the proposals around utilisation of the core allocation.

The Director of Finance & Strategy advised that the outline business cases for Lochgelly and Kincardine Health Centres were received positively by the Scottish Government's Capital Investment Group in June 2022. It was advised that the NHS Assure process needs to conclude and is a key milestone to be reached before full approval from the Scottish Government.

A Grant, Non-Executive Member questioned where the detail of the Elective Orthopaedic Centre expenditure is recorded and reviewed. The Director or Finance & Strategy advised a detailed breakdown of that spend is presented to the Elective Orthopaedic Centre Programme Board who review in detail, and that this Committee is presented with the high-level detail.

The Committee took **assurance** from the Report.

7 QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Associate Director of Planning & Performance joined the meeting and advised that the majority of the metrics within the IPQR are remain very challenged. It was noted that the Annual Delivery Plan will explore ways to recover the position, and that operational plans will be aligned to the Annual Delivery Plan.

The Deputy Director of Finance spoke to the revenue expenditure section within the IPQR.

It was reported that the Covid spend, to date, totals £3.8m, and a breakdown of this is provided in the IPQR. It was reported an additional £7.5m for Covid expenditure has been allocated by the Scottish Government, and it was advised that confirmation is awaited in relation to test & protect and that this has not been included in the additional £7.5m allocation.

The Deputy Director of Finance advised that the Scottish Government have been clear that the monies that have been allocated must be spent on existing Covid spend.

It was reported that in terms of the cost improvement YTD target of £1.6m, that £750k has been delivered. It was advised that the slippage within this target relates to two areas: vacancy factor target and the financial grip & control target.

A Grant, Non-Executive Member commented that the Covid funding from the Scottish Government appeared low. The Director of Finance & Strategy advised that the Scottish Government have not received any UK consequentials to support Covid spend in 2022/23 and noted that it will be a very challenging year, with anticipated high levels of scrutiny by the Scottish Government in terms of in-year expenditure and delivery against saving targets.

The Director of Health & Social Care reported on the performance indicators for Acute Services and the Health & Social Care Partnership within the IPQR. The position remains extremely challenging and pressurised across all of our system.

The Director of Health & Social Care thanked all staff and volunteers for all their hard work during these challenging times.

The Chair highlighted that the majority of our trends are on an upward trajectory, which is positive.

The Committee took **assurance** from the Report.

7.2 Integrated Performance & Quality Report (IPQR) Review Update

The Associate Director of Planning & Performance advised a review of the IPQR has been carried out following the Board Active Governance Session in November 2021.

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that review work continues on the corporate risks, which will inform how the risk management information is presented in the IPQR. It was reported that corporate risks will be aligned to risk management within the IPQR, which will also be aligned to the improvement outcomes.

It was reported that the IPQR is now in its new format, and new metrics have been included.

The Committee were informed that activity projections remain a work in progress.

The Associate Director of Planning & Performance also reported that improvement actions from the previous year will be included in the next iteration of the IPQR and will be aligned to the Annual Delivery Plan.

The Chair requested further detail on complaints and the level of workforce vacancies within the IPQR. The Associate Director of Planning & Performance agreed to include this in the next iteration of the IPQR.

Action: The Associate Director of Planning & Performance

The Committee took **assurance** from the proposed update to the IPQR from the IPQR Review Group.

7.3 Labs Managed Service Contract (Msc) Performance Report

The Chief Executive provided background to the report.

The Director of Property & Asset Management provided an overview of the report and advised that the report provides a summary of activity over the previous year.

The Committee took **assurance** from the Report.

7.4 Financial Improvement and Sustainability Programme Progress Report

The Director of Finance & Strategy advised regular updates will be provided to the Committee on this important programme.

The Director of Finance & Strategy advised that each cost improvement area is supported by a detailed cost improvement plan which are scrutinised in detail at the Financial Improvement Sustainability Programme Board and at Directorate level.

The Deputy Director of Finance added that there are a number of pipeline schemes that will be presented during the year to the Financial Improvement Sustainability Programme Board.

A Grant, Non-Executive Member requested more detail, for this Committee, on delivery of the vacancy factor and financial grip and control plans. It was also requested an additional column be added to the summary, which presents the breakdown for the year, on the current position. The Deputy Director of Finance agreed to take this forward.

Action: Deputy Director of Finance

The Committee took **assurance** from the Financial Improvement and Sustainability Programme Progress to date.

8 FOR ASSURANCE

8.1 Delivery of Annual Workplan

The Director of Finance & Strategy outlined the updates to the annual workplan. It was noted that the Development Sessions require to be rescheduled.

The Committee **approved** the workplan.

8.2 Procurement Governance Board Report No. B18-22

The Director of Finance & Strategy introduced the report and confirmed that the Procurement Governance Board is now active and detailed plans are coming forward in terms of improvement activity.

It was agreed that going forward a short covering SBAR would be prepared for these internal audit reports outlining key areas of committee focus.

The Committee took **assurance** from the Procurement Governance Board Report No. B18-22.

8.3 Financial Process Compliance Report No. B20-22

The Director of Finance & Strategy introduced the report.

The Committee took **assurance** from the Financial Process Compliance Report No. B20-22.

9. Linked Committee / Group Minutes

The Committee **noted** the linked committee minutes:

9.1 Fife Capital Investment Group held on 20 April 2022 (unconfirmed)

9.2 IJB Finance & Performance Committee held on 11 March 2022 (confirmed) and 29 April 2022 (unconfirmed)

9.3 Pharmacy Practice Committee held on 30 May 2022 (unconfirmed)

Following a question from A Grant, Non-Executive Member, it was advised that there are no Non-Executive Members on the Fife Capital Investment Group as this group is a subcommittee of the Executive Directors Group (EDG) who look at the operational detail of capital on behalf of the EDG.

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no issues to escalate to the Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 13 September 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 13 September 2022

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	12/07/22	**IPQR Review Update**	To include further detail on complaints and the level of workforce vacancies within the next iteration of the IPQR.	**SF**	~~13/09/22~~ 15/11/22	07/09/22 - Workforce vacancies are being worked on by the Workforce Directorate and will be included when data quality is confirmed. A discussion between the Associate Director of Planning & Performance and Director of Nursing will be arranged in relation to the inclusion of an additional complaints' metric in the IPQR or whether the complaints report will provide the Committee with sufficient assurance.	In progress
2.	12/07/22	**Financial Improvement and Sustainability Programme Progress Report**	To include more detail, for this Committee, on delivery of the vacancy factor and financial grip and control plans. An additional column to be added to the summary, which presents the breakdown for the year, on the current position.	**MMi**	13/09/22	07/09/22 - Work is ongoing with detailed update to be provided to the September Finance and Sustainability Board. Both targets have been separated within Appendix 2 of the FIS update report presented to Committee	Closed

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**13 September 2022**
Title:	**Board Assurance Framework – Financial Sustainability**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Maxine Michie, Deputy Director of Finance**

1 Purpose

This is presented to the Committee for:

- Consider
- Approve

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners. This report provides the Committee with an update on NHS Fife BAF specifically in relation to Financial Sustainability as at 31 July 2022.

2.2 Background

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

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

The Committee is invited to consider the following:

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

2.3 Assessment

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

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

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

The attached schedule reflects the position at 31 July 2022. Since the last update (30 June 2022) the BAF current score has been reviewed and remains at High for 2022/23.

Despite the mitigating factors detailed below

- The IJB Chief Officer and the Board's Director of Finance have agreed an approach to deploy the earmarked COVID reserve carried forward from 2021/22 by the IJB to support ongoing additional COVID expenditure across the H&SCP and health delegate services.

- Confirmation from Scottish Government of a COVID funding envelope to support ongoing COVID expenditure within non delegated health services during 2022/23 with a significant emphasis on cost mitigation.

- Significant work on both a national and local scale has commenced to mitigate the costs of managing COVID to be affordable within existing resources.

the risk to the board of not achieving delivery of its financial targets in 2022/23 is high. The current challenges to the financial position include the following:

- Scottish Government have indicated to all boards a significant financial challenge for 2022/23 and beyond and whilst our financial plan for 2022/23 signals to Scottish Government a funding gap in year of £10.4m, SG have requested to improve this position we consider how best to utilise all core and earmarked funding.

- Although access to Covid funding support is available, due to high inflation levels and service pressures the available funding may not be sufficient to cover the costs of manging the pandemic.

- Ongoing high levels of activity across unscheduled care continues to create financial pressure.

- Challenging service pressures along with workforce fatigue may impact on the ability to deliver on cost improvement plans

- Uncertainty remains in relation to funding allocations from Scottish Government.

However, In order to drive financial sustainability across the organisation, the Financial Improvement/Sustainability (FIS) Programme is underway and is supported by increased capacity within the Corporate Programme Management Office. This programme will report through the Portfolio Board and aligns firmly with one of the strategic priorities to "Drive Value and Sustainability". This is a key enabling programme to support the delivery of our 2022/23 corporate objectives and longer-term strategy development.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Please refer to the full report at Annex 1.

2.3.4 Risk Assessment/Management

Please refer to the full report at Annex 1.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This paper is presented to the committee in advance of discussion at other groups.

2.4 Recommendation

The Committee is invited to:

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

3 List of appendices

The following appendices are included with this report:

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

Report Contact

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

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Financial Sustainability																											
1671	Sustainable	31/05/2022	31 August 2022	There is a risk that the board will not achieve its financial targets in 2022/23 due to the inability to deliver the level of cost improvement plans required, the costs of managing the ongoing global Covid 19 pandemic exceed available funding, the increasing cost of very challenging unscheduled care service pressures and insufficient available resource to support the recovery of elective care services.	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	Although agreement has been reached with IJB CFO in relation to partnership approach to funding support from Covid reserve carried forward by the IJB for both partnership and health delegated services and a further COVID financial envelope made available by SG to support health non delegated services, there remains the risk that the cost of manging the pandemic will exceed the available funding. The challenges involved with managing increasing services pressures could impede the achievement of cost improvement plans.	Margo McGurk Director of Finance and Strategy	Finance, Performance & Resources (F,P&R) Rona Laing	*Ongoing actions designed to mitigate the risk including:* 2022/23 Financial Plan approved by NHS Board in March 2022. Cost improvement plans of £11.7m and capital to revenue transfer of £2m approved to mitigate the initial funding gap of £24m. Remaining Funding gap of £10.4m with plans to mitigate over the medium term. Financial Improvement and Sustainability Programme (FIS) board established to provide oversight to the delivery of Cost Improvements Plans and approve pipeline schemes to be taken to implementation. Capacity within the Corporate Programme Management office has been increased to provide support to deliver on the FIS programme. Agreement has been reached with IJB CFO on partnership approach to the use of the Covid reserve carried forward by the IJB to support Covid expenditure across the partnership and Health delegated Services. Covid financial envelope to support non delegated Health services has been provided by Scottish Government Covid expenditure to be mitigated wherever possible either by stopping spend or absorbing into business as usual resources. All cost improvement opportunities to be shared by and with all NHS boards across Scotland through the establishment of national cost improvement workstreams	Nil	1. Continue to develop all opportunities identified through the FIS programme cost improvement pipeline tracker in the context of sustainability & value. 2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations. 3. Continue to scrutinise and review any potential financial flexibility. 4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB prior to the application of the risk share arrangement	1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery. 2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.	1. Internal audit reviews on controls and process; including Departmental reviews. 2. External audit review of year end accounts and governance framework.	1. Enhanced reporting on various metrics in relation to supplementary staffing. 2. Confirmation via the Director of Health & Social Care on the social care forecasts and the likely outturn at year end.	Current performance very challenging with ongoing financial consequences of Covid 19, significant cost pressures associated with workforce and medicines due to high levels of unscheduled care activity, enhanced costs of recruitment and retention issues and rising inflationary costs. Cost improvement plans continue to be developed with 6.4% of approved CIP target delivered to end of May 2022.	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	Financial risks will always be prevalent within the NHS / public sector and it would be reasonable to aim for a position where these risks can be mitigated to an extent. However, SG have indicated significant financial challenge in year which requires robust mitigation and may impact availability of SG funding allocations.

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
522	Prescribing and Medicines Management - Prescribing Budget	Active Risk	High Risk	15	McKenna, Christopher

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1357	Financial Planning, Management and Performance	Active Risk	Moderate	12	McGurk, Margo
1363	Health and Social Care Integration	Active Risk	Moderate	9	McGurk, Margo
1513	Financial and Economic impact of Brexit	Active Risk	Low Risk	6	McCormick, Neil
1364	Efficiency Savings	Closed Risk	High Risk	16	McGurk, Margo
1784	Finance (Short Term/Immediate)	Closed Risk	Moderate	8	Connor, Nicky
1846	Test and Protect/Covid Vaccination	Closed Risk	Low Risk	6	Connor, Nicky

ID	522
Position of Risk (Risk Register)	CORPORATE RISK REGISTER, NHSFBD - Finance Directorate Risk Register, NHSFBD - Prescribing & Medicines Management Risk Register
Opened	30/03/2006
Title	Prescribing and Medicines Management - Prescribing Budget
Description	Prescribing and Medicines Management - Prescribing Budget: There is a risk that NHS Fife will be unable to control the prescribing budget. Changes in market forces, national pricing policy and variation in prescribing practice may impact upon our ability to deliver financial targets with regards to prescribing (both primary care and secondary care) costs. As new medicines become increasingly complex and their costs continue to grow, it is imperative we have in place effective governance arrangements to ensure the safe, clinically effective and cost effective use of medicines.
Likelihood (initial)	3 - Possible - May occur occasionally - reasonable chance
Consequence (initial)	3 - Moderate
Risk level (initial)	Moderate Risk
Rating (initial)	9
Current Management Actions	05/05/22 - Finance advised that Final year position was a slight underspend not break even and that the uplift to the H & SCP budget had been allocated in line with SG guidance. 27/4/22 - GP Prescribing is £68k underspent at February, on an annual budget of £74.7m; forecast year-end position is breakeven. £400k to the end of Q2 has been recharged to COVID funding in line with national guidance. Hospital prescribing is £1.7m overspent at February, on an annual budget of £38.27m. Current year efficiency savings in Acute is £136k with a recurring benefit of £77k at February. Current year efficiency savings in Acute is £736k.
Likelihood (current)	5 - Almost Certain - Expected to occur frequently - more likely than not
Consequence (current)	3 - Moderate
Risk level (current)	High Risk
Rating (current)	15
Likelihood (Target)	3 - Possible - May occur occasionally - reasonable chance
Consequence (Target)	3 - Moderate
Risk level (Target)	Moderate Risk
Rating (Target)	9
Risk Owner	McKenna, Christopher
Handler	Reid, Euan
Previous Review Date	26/11/2021
Next Review	26/08/2022

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**13 September 2022**
Title:	**Board Assurance Framework - Strategic Planning**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1 Purpose

This is presented to the Committee for:

- Consideration & Approval

This report relates to a:

- Board Assurance Framework

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

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

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

This report provides the committee with the next version of the NHS Fife BAF 5 on 2 Sept 2022.

2.2 Background

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

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

The Committee is invited to consider the following:

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

2.3 Assessment

This BAF reflects the changes that have happened over the COVID period and included the strategic planning for the new Population Health and Wellbeing Strategy for NHS Fife. The current risk level is assessed and remains as **Moderate**, the expectation is that as we progress through the milestone plan activity in terms of the new strategy development and, as the recently recruited additional PMO capacity embeds, that this risk level should reduce.

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

- the Strategic Priorities form the focus of strategic planning direction going forward for NHS Fife.
- Work is progressing in the development of the Population Health and Wellbeing Strategy with revised timescales. Further engagement work has been commissioned and will take place over the next few months. Milestone plan to December 2022 has been produced.
- The Annual Delivery Plan 2022/23 was submitted on 29 July 2022 with a feedback meeting with the Scottish Government taking place on 22 August 2022. The Planned Care section of the ADP was submitted on 12 August 2022 with a financial template supporting the long waiting times recovery plan.

The committee are asked to note the current risk level against progress made in the development of the Population Health and Wellbeing Strategy and the robust planning through SPRA.

2.3.1 Quality/ Patient Care

Quality of Patient Care underpins the work undertaken by Strategic Planning and the development of the Population Health and Wellbeing Strategy.

2.3.2 Workforce

Workforce planning is aligned to the work undertaken by Strategic Planning through SPRA and the development of the Population Health and Wellbeing Strategy.

2.3.3 Financial

Financial planning is aligned to the work undertaken by Strategic Planning.

2.3.4 Risk Assessment/Management

Risk Assessment and Management is an integral part of the work undertaken by Strategic Planning.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is part of the work undertaken by Strategic Planning.

2.3.6 Other impact

n/a

2.3.7 Route to the Meeting

This paper was discussed at EDG on 18 August 2022 in advance of discussion at other committees.

2.4 Recommendation

The Committee is invited to:

- **Consider** and **approve** the current position in relation to the Strategic Planning risk of Moderate.

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

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Strategic Planning																											
1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	03/10/2022	3 October 2022	There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements. Key Risks from previous BAFs will remain until committees are content they are covered in renewed PHW Strategy. 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales 2. Governance of the transformation programmes remains between IJB and NHS Fife. 3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams 4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate Risk	Following period of COVID-19, portfolio management is being put in place. Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.	Margo McGurk Director of Finance and Strategy	Clinical Governance. Christina Cooper.	*Ongoing actions designed to mitigate the risk including:* 11/8/22 1. Workshop has been held with PH to discuss DoPH report and focus for NHS Fife strategy. Next step is Grand Round on 31/8/22 with clinicians from across Fife to discuss next steps. Supported by MD, DoP and DoN 2. Joint engagement progressing with focus groups being planned. Opportunity to benefit from wider engagement process in HSCP. 3. Annual Delivery Plan submitted to SG but still in draft form.	EDG Portfolio Board will provide the required leadership and executive support to enable strategy development - now in place.	PHW Portfolio Board is now meeting monthly. TOR signed off. Governance route will be Public Health and Wellbeing Committee Time period for Strategy has been amended to start from 23/24 rather than 22/23. Annual Delivery Plan for 22/23 providing interim strategic direction. Work will continue during 2022 to ensure delivery of Strategy for 23/24. Responsible Person: Director of Finance Timescale: 31/03/2023	1. Minutes of meetings record attendance, agenda and outcomes. 2. Reporting of key priorities to governance groups from the SPRA process. .	1. Internal Audit Report on Strategic Planning (no. B10/17) 2. Governance committee scrutiny and reporting. .	Governance of new arrangements will be agreed to deliver the required assurance. This gap have now been closed.	Corporate Objectives now finalised for 22/23. Draft Annual Delivery Plan has been submitted in July 22 with draft Planned Care plan submitted on 12/8/22. ADP Q2 update on deliverables to be submitted in October 22.	2 – Unlikely – Not expected to happen – potential exists	4 – Major	8	Moderate Risk	Position is improving as Portfolio Board and Public Health and Wellbeing Committee is in place.

Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil applicable				

NHS Fife

Meeting:	**Finance, Performance and Resources Committee**
Meeting date:	**13 September 2022**
Title:	**Board Assurance Framework – Environmental Sustainability**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Jimmy Ramsay, Estates Manager - Compliance**

1 Purpose

This is presented to FP&R for:

- Consider
- Approve

This report relates to a:

- Board Governance & Strategic Objectives

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

- Safe
- Effective

2 Report Summary

2.1 Situation

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

This report provides the committee with an update in relation to BAF risks.

The Internal Audit Internal Control Evaluation (ICE B08/22) Recommended that the risks around delivery of the PAMs and capital programme would benefit from having a BAF or operational risk which would aid and support the delivery of the future Health and Wellbeing Strategy.

2.2 Background

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

2.3 Assessment

The Environmental sustainability BAF remains as a **high** risk. Property & Asset Management continue to mitigate the identified risks.

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

The Fire Evacuation Phase 2 linked risk remains at 15 following a review of the extensive mitigations undertaken.

The Theatre Phase 2 Remedial Works have been carried out as far as possible and this risk and the Fire Evacuation Phase 2 linked risk will remain as a residual risk until the commissioning of the new Fife Orthopaedic Elective Centre towards the end of 2022. Good progress is being made on site with respect to the new build.

The Director of Property & Asset Management and the NHS Fife Risk Manager are developing an appropriate risk which would aid and support the delivery of the future Health and Wellbeing Strategy as part of the corporate risk register which will replace the BAF as part of the overall review of risk management within NHS Fife. An additional risk with respect to environmental sustainability and net zero carbon targets is also being developed in line with DL (2021) 38 (a Policy for NHS Scotland on the Climate Emergency and Sustainable Development).

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Please see attached risks and BAF.

2.3.5 Equality and Diversity, including health inequalities

N/A.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

External stakeholders are consulted where appropriate.

2.3.8 Route to the Meeting

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

- EDG 18 August 2022

2.4 Recommendation

The Committee is invited to:

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

3 List of Appendices

The following appendices are included with this report:

- BAF Environmental Sustainability
- BAF Environmental Sustainability linked operational risks

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

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Environmental Sustainability																											
1672	Clinically Excellent, Sustainable	01/08/2022	30 September 2022	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Neil McCormick Director of Property & Asset Management	Finance, Performance & Resources (F,P&R). Rona Laing.	*Ongoing actions designed to mitigate the risk including:* 1. Operational Planned Preventative Maintenance (PPM) systems in place 2. Systems in place to comply with NHS Estates 3. Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding. 4. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance. 5. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually. 6. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on.	Nil	1. Capital funding is allocated depending on the E&F risks rating Responsible person: Director of Estates, Facilities & Capital Services Timescale: Ongoing as limited funding available 2. Increase number of site audits Responsible person: Estates Compliance Manager Timescale: Ongoing	1. Capital Investment delivered in line with budgets 2. Sustainability Group minutes. 3. Estates & Facilities risk registers. 4. SCART & EAMS. 5. Adverse Event reports..	1. Internal audits 2. External audits by Authorising Engineers 3. Peer reviews.	None.	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 – Remote – Can't believe this event would happen	5 - Extreme	5	Low Risk	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5..

Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1207	Water system Contamination STACH	Active Risk	Moderate Risk	10	McCormick, Neil
1275	South Labs Plantroom	Active Risk	Moderate Risk	8	Lowe, David
1306	Risk of pigeon guano on VHK Ph2 Tower Windows	Active Risk	Moderate Risk	12	Lowe, David
1316	Inadequate Compartmentation VHK Phase 1, Phase 2 floors B-1st	Active Risk	Moderate Risk	8	McCormick, Neil
1341	Oil Storage - Fuel Tanks - Central/NEF	Active Risk	Moderate Risk	10	Keatings, Gordon
1342	Oil Storage - Fuel Tanks - QMH/DWF	Active Risk	Low Risk	5	Wishart, James
735	Medical Equipment Register	Closed Risk	Moderate Risk	10	Lowe, David
749	836 - VHK Ph.2 Main Foul Drainage Tower Block	Closed Risk	High Risk	15	Lowe, David
1083	VHK CLO2 Generator (Legionella Control)	Closed Risk	High Risk	15	GRB
1312	Vertical Evacuation - VHK Phase 2 Tower Block	Closed Risk	Moderate Risk	10	Fairgrieve, Andrew
1314	Inadequate Compartmentation of Escape Stairs and Lift Enclosures	Closed Risk	Low Risk	6	Fairgrieve, Andrew
1315	Vertical Evacuation - VHK Phases 1 and 2 (excluding Tower Block)	Closed Risk	Moderate Risk	8	BAN
1335	FCON Fire alarm potential faiure	Closed Risk	High Risk	15	GRB
1352	Pinpoint malfunction	Closed Risk	High Risk	16	Pirie, Margaret
1384	Microbiologist Vacancy	Closed Risk	High Risk	20	JGARDN
1473	Stratheden Hospital Fire Alarm System	Closed Risk	High Risk	20	Keatings, Gordon

ID	1007	1252	1296
Position of Risk (Risk Register)	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Corporate Directorate - Estates Risk Register	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register
Opened	11/02/2015	02/06/2016	22/08/2016
Title	Theatre Phase 2 Remedial work	Flexible PEX hoses in PHASE 3 VHK	Emergency Evacuation, VHK Phase 2 Tower Block
Description	Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.
Likelihood (initial)	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur
Consequence (initial)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (initial)	High Risk	High Risk	High Risk
Rating (initial)	15	15	20
Current Management Actions	DL 16/05/22 - Reactive repairs, routine planned maintenance activities and re-validation of Theatre ventilation plant is continuing to be managed through the Estates Department. Construction of new Fife Elective Orthopaedic Theatre (National Treatment Centre)is progressing on programme. Planned completion late Oct 2022, with handover for operational use by end of 2022.	JR - 06/06/2022 - update from Equans that works are underway. Completion date to be advised	JR - 01/08/2022 - works have delayed and completion now due end of August
Likelihood (current)	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (current)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (current)	High Risk	High Risk	High Risk
Rating (current)	15	15	15
Likelihood (Target)	1 - Remote - Can't believe this event would happen	2 - Unlikely - Not expected to happen - potential exists	1 - Remote - Can't believe this event would happen
Consequence (Target)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (Target)	Low Risk	Moderate Risk	Low Risk
Rating (Target)	5	10	5
Risk Owner	Cross, Murray	McCormick, Neil	McCormick, Neil
Handler	Lowe, David	Bishop, Paul	Ramsay, Jimmy
Previous Review Date	16/05/2022	06/06/2022	01/08/2022
Next Review	16/08/2022	30/09/2022	31/08/2022

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

DATES FOR FUTURE MEETINGS

Date
Tuesday 9 May 2023
Tuesday 11 July 2023
Tuesday 12 September 2023
Tuesday 14 November 2023
Tuesday 16 January 2024
Tuesday 12 March 2024

Please note that all meetings take place via **MS Teams** / in the **Staff Club** (TBC) and start at **9.30am**

A pre-meeting of Non-Executive Members is routinely held, beginning at **9am**

* * * * *

NHS Fife

Meeting:	**Finance, Performance and Resources Committee**
Meeting date:	**13 September 2022**
Title:	**Development of Assistant Practitioner Role**
Responsible Executive:	**Janette Owens, Director of Nursing**
Report Authors:	**Janette Owens, Director of Nursing**

1 Purpose

This is presented to Finance Performance and Resources Committee for:
- Assurance

This report relates to an:
- Emerging issue
- Government Directive
- Health & Social Care Support Worker Development Programme (NES / SG)

This aligns to the following NHS Scotland quality ambition(s):
- Safe
- Effective
- Person-centred

2 Report summary

2.1 Situation

This report has been prepared to provide assurance to the FPR Committee on the development and introduction of the Assistant Practitioner (AP) role in Fife.

Development of the AP role within NHS Fife and Fife HSCP will assist in addressing gaps in the nursing workforce, by varying the skill mix and providing an alternative career pathway into the nursing profession for Health Care Support Workers.

2.2 Background

2.2.1 Nursing Workforce

Registered Nurse Recruitment

NHS Scotland Boards are facing significant challenges in the recruitment of Registered Nurses. These challenges are being faced across the UK, Europe and are, in fact, a global issue. Despite multiple recruitment strategies, the only viable options, at present, are international recruitment, which commenced in February 2022, and the development of the Assistant Practitioner role to support a more sustainable workforce.

The recruitment issues are compounded by the high level of existing vacancies and by the level of sickness absence in the nursing workforce.

Wellbeing of staff remains a priority for NHS Fife, and the vacancy position and absence levels, combined with a high patient demand and deficit in the availability of supplementary staff, continues to cause additional pressures on the nursing and midwifery workforce.

Impact on quality of care remains a consequential concern.

As there can no longer be reliance on the number of newly qualified practitioners entering the profession, which traditionally balanced the number of 'leavers', and conventional recruitment methods to address the vacancy gap, alternative nursing and midwifery recruitment and staffing models are required to:

- reduce the risk to the quality of care and on patient safety
- maintain safe staffing levels
- establish a more sustainable workforce
- promote and support staff well-being
- respond to the increased staffing requirements of national drivers, new service models
- address escalating agency costs

2.2.2 Sustainable Workforce

Response to current system pressures

In response to current systems pressures within health and social care and the emergence of new service models, NHS Education for Scotland was commissioned by the Chief Nursing Officer Directorate (CNOD) in Scottish Government, in October 2021, to undertake work to support the expansion and development of the Band 2-4 nursing, midwifery and allied health professions (NMAHP) workforce.

Cognisant of the variation in role, education provision and development for HCSW in Nursing, Midwifery and Health Professions (NMaHP), including health care science, across NHS Scotland, the work aimed to propose a **national education and development framework** outlining the knowledge, skills and behaviours required to deliver safe, effective, person-centred care.

This would not only maximise the impact of the roles within each level but also maximise the support for registered health care professionals enabling them to practice to their full potential within their scope. The need to develop and enhance these roles at pace responds to pressures in the system and the emergence of new service models.

By undertaking further education and competency assessments, the AP can support registrants to provide high quality patient care, creating a sustainable workforce. Education and training are well established recruitment and retention strategies, in addition to supporting staff to feel valued and recognised for the work they do.

2.3 Assessment

2.3.1 National Development of the Assistant Practitioner role

2.3.1.1 NES Healthcare Support Worker Development and Education Framework for Levels 2 – 4 NMAHP Healthcare Support Workers

The development of the Framework is underway. The Commission set timelines for the programme of work in three phases:

- **PHASE 1:** Band 4 nursing HCSWs. The Level 4 HCSW within nursing teams in acute care was given as the priority in phase one. In addition, the CNOD requested NES to prioritise level 3 and 4 within community nursing. The Phase 1 report was published in January 2022, with the Development and Education Framework for Levels 3 and 4 Nursing Healthcare Support Workers published on **March 29, 2022.** The overview of the Development Framework for Level 4 is appended to this report (Appendix 1)

- **PHASE 2:** Band 2 nursing plus all nursing, midwifery and allied health professions (NMAHPs) Band 2 – 4. This Framework has been drafted with consultation on the Framework concluding on July 29, 2022. This work is being taken forward as part of the Nursing and Midwifery Workforce Task and Finish Group, chaired by the CNO and the Chief Executive of NHS Lanarkshire. Level 2 – 4 NMAHP development is one of 5 subgroups of the Task and Finish Group, due to be completed by **November 2022**

- **PHASE 3:** Healthcare Science – Bands 2 – 4. This phase will be commenced in the near future.

2.3.1.2 Assistant Practitioner Role Definition

Assistant Practitioners work at a level above that of other Healthcare Support Workers and have more in-depth understanding about factors that influence health and ill health and have developed more specialised skills relevant to specific area of practice.

The role of Assistant Practitioner is defined in the NES Healthcare Support Worker Career Development and Education Framework for Levels 3 and 4 Nursing Healthcare Support Workers (March 2022) as:

Level of Practice	Role Title	Definition
Level 4	Assistant Practitioner	The Assistant Practitioner can evidence previous experience and consolidation of practice as a Senior HCSW and/or has the appropriate skills and knowledge and demonstrates the depth of understanding and ability required to participate in the planning and carrying out of holistic, protocol-based care under the direction and supervision of healthcare professionals. They will assist and support the multidisciplinary team in the delivery of high-quality care. The Assistant Practitioner will possess or have the opportunity to attain education at SCQF 7/ 8 within an agreed timeframe.

2.3.1.3 Next steps at national level - considerations

There is support for a 'Once for Scotland' approach as it is felt that a standardised and consistent approach to education, role development and governance will promote the adoption of professional values, ethical standards and engagement in continuous learning in all HCSW roles. It may also make the role more attractive to applicants considering a career in healthcare, aid transition for HCSWs moving posts within Boards and add value to the role with recognised accreditation supporting the progression to registered practitioner.

Work is being taken forward at national level to support this approach, with representatives from NHS Fife on the national steering group.

To provide standardisation in role titles across NHS Scotland:

- Level 2: Healthcare Support Worker
- Level 3: Senior Healthcare Support Worker
- Level 4: Assistant Practitioner

Future policy considerations include the potential to regulate HCSWs. This would include:

- setting national standards for education and practice
- accreditation of education programmes
- maintenance of a register and fitness to practise

2.3.2 Local Development of the Assistant Practitioner Role

Local development of the role is running in parallel with the national approach, bearing in mind the need to take the development forward at pace.

2.3.2.1 Governance and Leadership

A Steering Group has been established to govern the process and provide direction, to encourage a collaborative work environment and to monitor progress. Members of the Steering Group include the Director of Nursing, Director of Workforce, Employee Director, Director of Finance, Director of Acute Services and Director of Health and Social Care.

A Project Management approach is being adopted to ensure that all strands of the programme are interconnected across services, supporting equity of access to education and development. The Director of Nursing has assumed the 'Lead' role and other Directors are identified as 'Critical' to the delivery of the programme.

At an operational level, and to take this work forward at pace, a 'Clinical Assistant Practitioner Workforce Group' is overseeing the further development of the clinical AP workforce across NHS Fife. The scope of this group, which reports into the Steering Group and the Nursing and Midwifery Workforce Planning Group, is to provide tactical and operational leadership to the Clinical Assistant Practitioner development programme across NHS Fife.

The Group's membership includes senior nurses, Service Managers, General Managers, partnership, finance, workforce, communications, and PPD. The Group is meeting at fortnightly intervals.

2.3.2.2 Job Description and Person Specification

The job description for Assistant Practitioner was evaluated in May 2022.

Whilst undertaking the educational programme, the staff member will be in a Trainee Assistant Practitioner role and will be paid accordingly within the provisions of the Annex 21 framework. Post holders will be recruited as per Agenda for Change Terms and Conditions of Service-Annex 21: 2(iii) and therefore will be paid as a percentage of top of band 4. Noting that the provisions of the Annex 21 (AfC Handbook) Business Case sets out how the existing skills, qualifications and experience of any candidate is appropriately recognised when taking up the educational programme required for the AP role (see section 2.3.5.)

2.3.2.3 Education programme

Fife College will deliver the educational component for Assistant Practitioner development. Currently we are advised that College intakes are 3 times per year: August, November, February. The College will consider increasing the number of intakes and we are actively engaged with Fife College to consider both the number and timing of intakes as well as how we might be able to vary the programme to allow staff who will be able to demonstrate skills, qualifications and training that could lead to a short course being developed.

Academic Requirement	Supplementary Information
Underpinning Knowledge	12 weeks accelerated underpinning knowledge (1 day per week)
SCQF Level 7	Professional Development Award online)
SCQF Level 8	Professional Development Award (online)

The Trainee will be supported by a Practice Development Nurse, who has been recruited specifically to support Assistant Practitioners, and a Practice Supervisor and Practice Assessor at ward / team level, as well as support provided by Fife College.

2.3.2.4 NES Recognition of Prior Learning (RPL) Guiding Principles (Appendix 2)

Recognition of Prior Learning means that staff can get recognition for learning completed in a work-based environment and learning from life experience to support their career development. NHS Fife will as part of the introduction of this programme apply an RPL approach to the delivery of the programme in order that as many candidates as possible can complete the programme as soon as is reasonably practical, whilst ensuring a person-centric approach.

2.3.2.5 Service Needs Analysis Tool (SNAT) (Appendix 3)

A Service Needs Analysis Tool has been designed, based on the SNAT used in NHS Lothian and which is informing the 'Once for Scotland' approach, to assess the need for APs, ensuring service needs, workforce planning, accountability and governance arrangements are considered.

2.3.2.6 Safe Staffing - HSP workforce tools

A specific workbook is being developed to capture information on establishments and skill mix. A draft example, based on the HSP tools work, is in Appendix 4 but this will be refined after discussion with the CAPWG and staff side colleagues. The Professional Judgement Tool will be used as a planning tool to provide information on the design / shape / skill mix of nursing teams.

2.4 Quality/ Patient Care

Healthcare staffing levels are associated with the delivery of high quality, person-centred care. The development of the Assistant Practitioner role will assist in creating a more sustainable workforce, supporting the delivery of safe, quality care.

Following the Development and Education Framework will ensure that staff have the knowledge, skills and behaviours required to deliver safe, effective, person-centred care.

This will maximise the support for registered health care professionals enabling them to practice to their full potential within their level of practice. By undertaking further education and competency assessments, the AP can support registrants to provide high quality patient care, helping to create a sustainable workforce.

There are already excellent examples of Band 4 NMAHP staff working well in Fife:

- Maternity Care Assistants: complete a Certificate in Higher Education (SCQF 7) through the University of the West of Scotland
- Theatre practitioners: complete SVQ3 theatres and PDA modules
- Rehab HCSW: complete SVQ3 and relevant profession specific modules

2.5 Workforce

The Staff Governance Standard applies to all staff employed by NHS Boards. The CAPWG will ensure that the strands of the Standard are addressed:

Well informed	A communications plan is being developed by the CAPWG. Drop-in sessions have been arranged, and discussion is taking place with staff side colleagues to enhance staff engagement and communication
Appropriately trained and developed	There are excellent, skilled, trained HCSWs already working in Fife at Band 3 level. The Development and Education Framework will provide consistency in describing the level of training, experience and education for the role of Assistant Practitioner. The RPL process will be utilised.
Involved in decisions	Discussion is taking place with staff side colleagues to enhance staff engagement and communication
Treated fairly and consistently	Fair and equitable recruitment processes will be in place
Provided with a continuously improving and safe working environment	Enhanced training and education will support staff development, promoting safe, person-centred care. A more sustainable workforce will provide a safer working environment.

2.6 Financial

The underpinning financial plans to support nursing will require to be considered over the medium-term to facilitate the delivery of this innovative approach to mitigating the ongoing shortfall in trained staff. There is currently a significant gap in the level of recruited Band 5 nurses against establishment which is anticipated will continue over the medium-term, the reasons for this are explained elsewhere in the paper. This leaves a vacancy balance which can be utilised to support the introduction of Band 4 and other HCSW supporting roles over the medium-term.

The following key principles will apply:

- over the medium-term, the budget available for Band 5 staff will be maintained at a level which allows all possible recruitment to flow whilst recognising that it is unlikely that the full Band 5 budget will be utilised for this purpose
- it is possible that the introduction of Band 4 staff will in itself have the potential to create part of that Band 5 recruitment over time where staff choose to enter the degree programme following successful completion of the Band 4 training process
- in the event that Band 5 levels of recruitment increase over the medium-term beyond that which is nationally predicted, there may be a requirement to create a cost improvement programme to support the long-term sustainability of the Band 4 role
- there will be recurring realignment of a level of Band 5 vacancy to Band 4 to cover the agreed level of Band 4 recruitment over the medium-term
- there will be a review of all other current commitments against the Band 5 vacancy level to ensure there is sufficient flexibility to cover the Band 4 recruitment
- there will be an annual assessment of the impact of the introduction of this new role.

There is inevitably a level of risk associated with realigning the budget to support this new initiative over the medium-term. Given the current pressures on workforce and limitations on recruitment, this initiative will create capacity which would otherwise not be available to the system. Additionally, the NHS Fife Board recently agreed to a refreshed risk appetite where a “moderate” level of risk was agreed in relation to delivery against;

- Improving the quality of health and care services
- Improving staff experience and wellbeing
- Delivering value and sustainability.

Assessment of this initiative against this risk appetite would indicate it sits within that “moderate” level of risk and therefore is within the risk tolerance of the Board.

2.7 Risk Assessment/Management

In line with the assessment commentary, the risks to staff wellbeing and patient safety will potentially decrease by the development and introduction of the Assistant Practitioner role. The staffing level risk is a linked risk in the Quality and Safety BAF and the Workforce BAF.

2.8 Equality and Diversity, including health inequalities

N/A

2.9 Other impact

The recruitment of Trainee Assistant Practitioner posts from our substantive workforce will create vacancies in the band 2 / 3 HCSW workforce. Recruitment to these posts will run in parallel with trainee Assistant Practitioner recruitment.

2.10 Communication, involvement, engagement and consultation

Engagement with staff has been taking place through drop-in sessions and in team meetings, and a more formal communication plan is being developed by the CAPWG.

2.11 Route to the Meeting

Reports on the development of the Assistant Practitioner role have been taken to EDG. A presentation was provided at the private Board meeting on 17th August and at the Board Development Session on 30th August 2022.
Colleagues from across Nursing, Workforce, Finance, Partnership and Service have contributed to the development of the paper and their feedback has informed the development of the content presented in this report.

2.12 Next Steps: Recruitment

To take this development forward, at pace, and to ensure staff have been identified to commence educational programmes in November, the recruitment process should commence as soon as possible. It is recommended that consideration is given to 25 recruits from Acute Services and the HSCP for the first cohort.

It is recognised that several processes will have to run in parallel – the analogy of building a plane when you are flying it. A linear process will not provide development of the role at 'pace', but oversight from the Steering Group, and project management by the CAPWG will ensure robust governance is in place.

3. Recommendations

Assurance
The Finance, Performance and Resources Committee is asked to note the contextual information and take assurance that the Assistant Practitioner role is being progressed with staff, financial and clinical governance in mind.

LEVEL 4
Assistant Practitioner

Development Framework Level 4 – Overview

Career Framework Level	Pillars of Practice	Broad sphere of Responsibility/ Role	Qualifications and experience expected for practitioners at this level of career framework	SCQF
LEVEL 4 **Assistant Practitioner**	**Clinical Practice** **Facilitation of Learning** **Leadership** **Service Improvement**	Has developed clinical skills which are more specialised than senior support workers and specific to an area of practice Actively involved in supporting others to learn, for example HCSWs, senior HCSWs and students Expected to have strong leadership and service improvement skills, for example working on improvement projects such as information for people receiving care, liaising with other departments and services Deliver less routine delegated activities care, treatment or interventions for people receiving care in support of and supervised (direct or indirect) by healthcare practitioners as part of a multi-professional/multi-agency team. This will be dependent on an individual's needs and area of practice relevant to each profession and context of care delivery	Can evidence previous relevant experience using Recognition of Prior Learning (see appendix 2) Normally at or working towards a SCQF Level 7 or 8 qualification in a health or social care related subject (See appendix 3) At this level specific training, guidance or qualifications may be required by relevant professional bodies or legislation Numeracy and literacy qualifications are required at this level of practice (see appendix 3)	**7-8**

Career Framework Level	Pillars of Practice	Aspects of Practice	Examples of Sphere of Responsibility/Role	Key Knowledge, Skills and Behaviours
LEVEL 4 **Assistant Practitioner**	**Clinical Practice**	**Person-centred safe, effective and care**	**Within own practice area:** Following the initial assessment by a healthcare practitioner*, take responsibility for planned, assigned care or treatment including defined clinical or therapeutic interventions within the care environment, recognising and understanding their role boundaries and limitations Working within current evidence base, agreed protocols and guidelines, adapt approaches and activities regarding care interventions, technical skills and programmes under the direction and supervision (direct or indirect) of a healthcare practitioner Carry out routine elements of an individual's assessment, treatment or intervention following protocols and evidence-based practice, guidelines/protocols and evaluate outcomes (actual or potential) Within the boundaries of their role, are able to use their own initiative and utilise clinical knowledge and skills at a more complex level than a senior HCSW Demonstrate critical thinking and problem-solving skills related to needs and activities and take action within the agreed parameters of the role Work as part of a multidisciplinary/multi–agency team Apply knowledge of infection prevention and	Has an in-depth knowledge and understanding of their scope of practice, job role and related activities Has a comprehensive skill base related to their practice. Any interventions carried out will be achieved through additional, focused training and education Understands and gains valid consent prior to action or providing care, and records this appropriately **Ability to:** Apply knowledge and demonstrate appropriate understanding of: - ✦ Infection control policies and procedures ✦ Appropriate standards for confidentiality, records and record-keeping ✦ Data Protection Act, Caldicott Guidelines and local policies regarding confidentiality and access to medical records. ✦ HCSW Code and Induction Standards ✦ Health and safety ✦ Moving and handling ✦ Standard infection control precautions ✦ COSHH regulations ✦ Risk management ✦ Equality and diversity policies ✦ Safeguarding legislation and policies

			control, leading by example and supporting others to comply with infection prevention and control policies Apply knowledge and skill related to undertaking/assisting as directed with specific complex care interventions and procedures Develop and maintain own knowledge and skills to provide safe and effective person-centred care with direction from a healthcare practitioner and can support others to do so Provide accurate information and adapt communication approaches which support individuals and carers to make informed choices Understand and act on factors that contribute to and impact on wellbeing and actively promote health improvement/promotion, understanding health inequalities and the impact on health outcomes Recognise and respond to change and/or concerns in a person's condition/care and/or treatment, using knowledge and skill to understand the situation and promptly report and/or escalate any changes to a registered practitioner Recognise and respond to issues with equipment or the environment ensuring the safety of those in their care Communicate both routine and complex/sensitive information to individuals,	Signs of harm and abuse What to do if you suspect harm or abuse ✦ HCSW Code of Conduct Understand and apply knowledge of legislation, and policies specific to their area of practice Develop knowledge on how and why their care provision and that of others in the multidisciplinary/multi-agency team, impacts on the person's journey Demonstrate risk assessment skills in relation to the person receiving care Demonstrate application of best practice within the practice setting Demonstrate underpinning knowledge that enables integration of theory relating to practice in relevant settings Understand and apply the concepts of accountability and responsibility and be confident to accept or decline delegated responsibility from a healthcare practitioner

			carers, relatives and other healthcare professionals/services/agencies using a range of effective communication methods including health literacy approaches Understand the communication needs of others and adapts communication accordingly Plan and prioritise activities and duties in consultation with healthcare practitioners and use a framework to support decision making when delegating interventions and activities Provide person centred, safe and effective care, that is responsive to individual preferences, needs and values, ensuring consent is given to proceed. Problem solves and takes action regarding individuals care or technical complications through awareness/understanding of policy and legislation **Where appropriate** and in line with local, national, and regulatory guidelines and policy, prepare, administer and record medication[1] Demonstrate and apply knowledge and skills in providing person centred, safe and effective care, treatment or intervention in collaboration with families and carers	

[1] **Resource guide to support the safe administration of medicines by HCSWs and Carers in health and social care settings (CNOD Dec 21).**

			Identify and measure the impact of conditions/care needs on individuals/family/carers and can support the implementation of strategies/tools to facilitate effective self-management, sign posting or providing information Maintain full, accurate and legible records and is proficient in using and supporting others to use digital systems and platforms e.g., email, electronic patient records Understand, follow and apply local process and procedure in reporting incidents and adverse effects Understand risk and adhere to local policies, protocols and guidelines, supporting others to do likewise e.g., workforce policies, clinical policies and guidance Recognise and act on health and safety issues Demonstrate, apply and share knowledge and understanding of clinical, scientific, administrative and technical activities required in the practice area	

- it is recognised that there may be some specific roles where an initial assessment is carried out by a senior HCSW or assistant practitioner

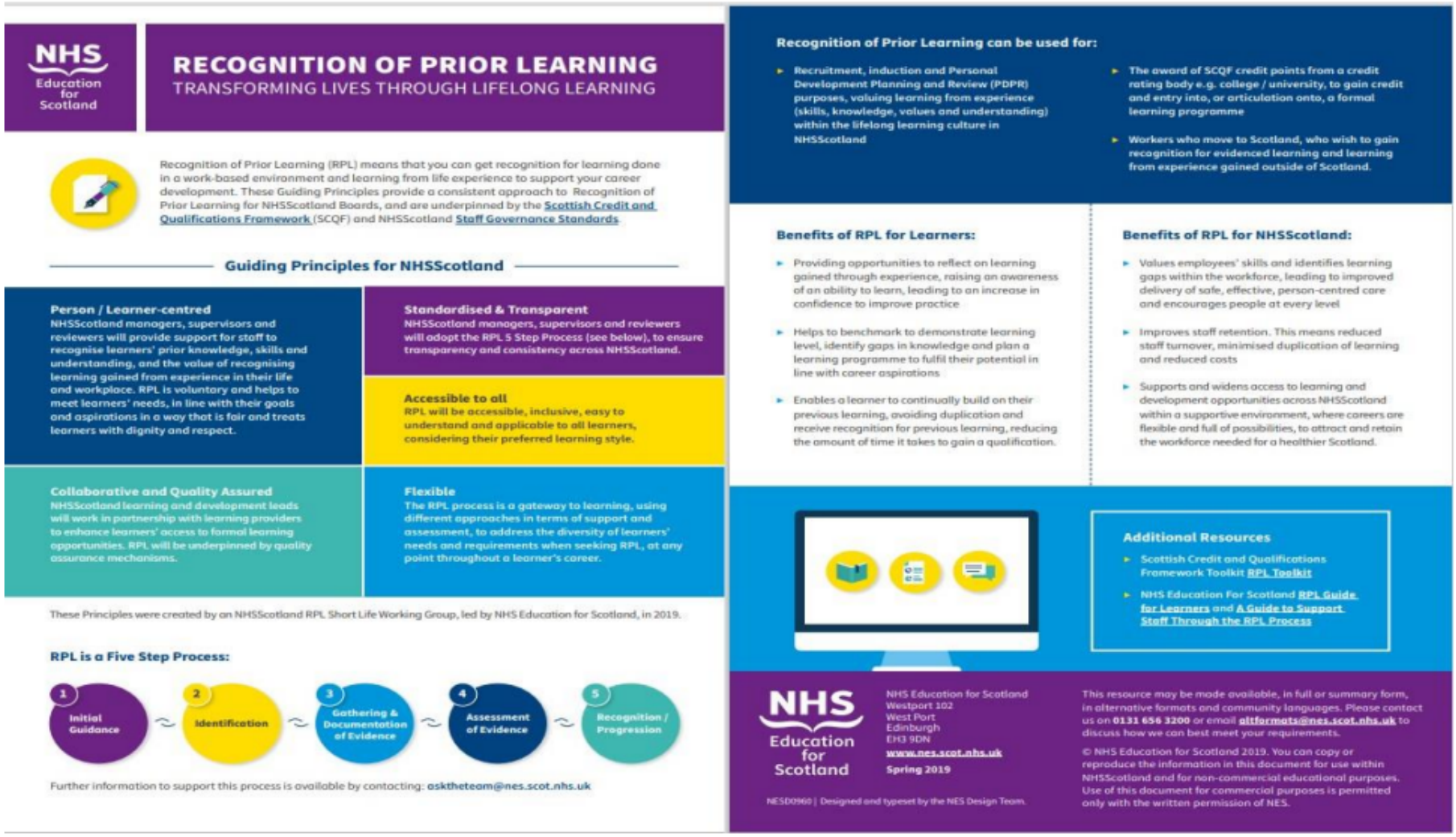
Career Framework Level	Pillars of Practice	Aspects of Practice	Examples of Sphere of Responsibility/Role	Key Knowledge, Skills and Behaviours
LEVEL 4 **Assistant Practitioner**	**Facilitation of Learning**	**Learning, Teaching and Assessment**	**Within own practice area:** Be responsible and accountable for keeping own knowledge and skills up to date through reflective practice and continuing professional development Within the boundaries of role, and seeking support where necessary, facilitate learning for individuals, families and carers Promote a positive learning environment by participating in the support and experience of all learners Act as a positive role model to others Give, ask for and receive feedback in an open, honest and constructive manner to facilitate learning and development for all learners	**Ability to:** Use reflection to enhance self-awareness, gain new insights and develop resilience when faced with adverse situations Recognise the personal impact of any difficult situations and have strategies to enable personal learning and development, recognising the limits of their competence and personal strengths Demonstrate application of a variety of methods to ensure learning has taken place, e.g., 4 stage approach to teaching a clinical skill, or use of Chunk & Check/Teach Back

Career Framework Level	Pillars of Practice	Aspects of Practice	Examples of Sphere of Responsibility/Role	Key Knowledge, Skills and Behaviours
LEVEL 4 **Assistant Practitioner**	**Leadership**	**Teamwork and Development**	**Within own practice area:** Act as a positive role model at all times Contribute to multi-professional/multi agency working, actively promoting, participating and respecting the contribution of others Develop effective team working skills and can negotiate with and influence others Contribute to team objectives in relation to leading service development initiatives	**Ability to:** Work effectively in a multi-disciplinary/multiagency team and participate in team development initiatives Demonstrate critical thinking and problem-solving skills and take action regarding people's care- or treatment through an awareness of policy and legislation Demonstrate effective organisational and time management skills practice in an anti-discriminatory and inclusive manner with individuals and colleagues Demonstrate and apply an understanding of the impact of leadership theories and activities in relation to compassion, civility, kindness and human factors

Career Framework Level	Pillars of Practice	Aspects of Practice	Examples of Sphere of Responsibility/Role	Key Knowledge, Skills and Behaviours
LEVEL 4 **Assistant Practitioner**	**Service Improvement**	**Guidelines and evidence-based practice**	**Within own practice area:** Contribute to the design, development, implementation and evaluation of service and quality improvement initiatives and range of quality assurance activities, including involvement in data collection Access, assess and apply relevant guidelines Apply knowledge and skills in using information technology systems	**Ability to:** Understand and apply evidence-based practice and identify and assesses risk in relation to care provision and quality care outcomes Demonstrate and apply knowledge of relevant guidelines Recognise the importance of responding to individuals' feedback and comments appropriately including resolving complaints in a timely manner and effectively at local level, escalating as appropriate Demonstrate effective application of quality improvement methodologies and tools Identify risk in relation to care provision and service improvement

RPL Guiding Principles

Appendix 2



NHS Education for Scotland

RECOGNITION OF PRIOR LEARNING

TRANSFORMING LIVES THROUGH LIFELONG LEARNING

Recognition of Prior Learning (RPL) means that you can get recognition for learning done in a work-based environment and learning from life experience to support your career development. These Guiding Principles provide a consistent approach to Recognition of Prior Learning for NHSScotland Boards, and are underpinned by the Scottish Credit and Qualifications Framework (SCQF) and NHSScotland Staff Governance Standards.

Guiding Principles for NHSScotland

Person / Learner-centred
NHSScotland managers, supervisors and reviewers will provide support for staff to recognise learners' prior knowledge, skills and understanding, and the value of recognising learning gained from experience in their life and workplace. RPL is voluntary and helps to meet learners' needs, in line with their goals and aspirations in a way that is fair and treats learners with dignity and respect.

Standardised & Transparent
NHSScotland managers, supervisors and reviewers will adopt the RPL 5 Step Process (see below), to ensure transparency and consistency across NHSScotland.

Accessible to all
RPL will be accessible, inclusive, easy to understand and applicable to all learners, considering their preferred learning style.

Collaborative and Quality Assured
NHSScotland learning and development leads will work in partnership with learning providers to enhance learners' access to formal learning opportunities. RPL will be underpinned by quality assurance mechanisms.

Flexible
The RPL process is a gateway to learning, using different approaches in terms of support and assessment, to address the diversity of learners' needs and requirements when seeking RPL, at any point throughout a learner's career.

These Principles were created by an NHSScotland RPL Short Life Working Group, led by NHS Education for Scotland, in 2019.

RPL is a Five Step Process:

1. Initial Guidance
2. Identification
3. Gathering & Documentation of Evidence
4. Assessment of Evidence
5. Recognition / Progression

Further information to support this process is available by contacting: asktheteam@nes.scot.nhs.uk

Recognition of Prior Learning can be used for:

- Recruitment, induction and Personal Development Planning and Review (PDPR) purposes, valuing learning from experience (skills, knowledge, values and understanding) within the lifelong learning culture in NHSScotland
- The award of SCQF credit points from a credit rating body e.g. college / university, to gain credit and entry into, or articulation onto, a formal learning programme
- Workers who move to Scotland, who wish to gain recognition for evidenced learning and learning from experience gained outside of Scotland.

Benefits of RPL for Learners:

- Providing opportunities to reflect on learning gained through experience, raising an awareness of an ability to learn, leading to an increase in confidence to improve practice
- Helps to benchmark to demonstrate learning level, identify gaps in knowledge and plan a learning programme to fulfil their potential in line with career aspirations
- Enables a learner to continually build on their previous learning, avoiding duplication and receive recognition for previous learning, reducing the amount of time it takes to gain a qualification.

Benefits of RPL for NHSScotland:

- Values employees' skills and identifies learning gaps within the workforce, leading to improved delivery of safe, effective, person-centred care and encourages people at every level
- Improves staff retention. This means reduced staff turnover, minimised duplication of learning and reduced costs
- Supports and widens access to learning and development opportunities across NHSScotland within a supportive environment, where careers are flexible and full of possibilities, to attract and retain the workforce needed for a healthier Scotland.

Additional Resources

- Scottish Credit and Qualifications Framework Toolkit RPL Toolkit
- NHS Education For Scotland RPL Guide for Learners and A Guide to Support Staff Through the RPL Process

NHS Education for Scotland
Westport 102
West Port
Edinburgh
EH3 9DN
www.nes.scot.nhs.uk
Spring 2019

NESD0960 | Designed and typeset by the NES Design Team.

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on 0131 656 3200 or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.

© NHS Education for Scotland 2019. You can copy or reproduce the information in this document for use within NHSScotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.

Fife Health & Social Care Partnership
Supporting the people of Fife together

NHS Fife

Assistant Practitioner Service Needs Analysis Tool

This tool aims to support practice in identifying the requirements for any new Assistant Practitioner role.

SERVICE NEEDS ANALYSIS TOOL

Section A – Patient /Client Needs

Changes in demography and patterns of health and illness, reducing inequality, an ageing skilled and experienced workforce are only some of the factors that impact on future service needs and delivery. This information is therefore important in assessing the need for Assistant Practitioner roles (Band 4) and building a robust case in support of your proposals.

1. What are the challenges that currently exist in meeting patient needs?

2. How would you propose to meet these using a Clinical Health Care Support Role?

Section B – Service Needs

3. What does the current model of care look like, including current skill mix? How is it delivered and by whom?

4. What are the gaps in the current model of care? What will be the proposed new skill mix?

5. Identify the gaps you expect the Assistant Practitioner to meet.

Communication with Stakeholders

6. **Who are the stakeholders who need to be involved in considering these options?**

7. **How will you engage and involve key stakeholder i.e. patients/carers, staff, service planners, to ensure ownership and support for the new role?**

Workforce Planning

8. **Has the new role been considered in the funding of the wider context of workforce planning, service planning and business planning?**

9. **How does the role contribute to the priorities of the organisation in terms of service delivery?**

10. **Could service gaps be addressed by using existing roles or staff? Please give a rationale?**

New role development, enhancing registrant role etc

11. **How will funding implications be addressed?**

12. **Who will be responsible for developing the business case for sustaining the new role?**

Section C –Clinical Health Care Support Worker/Assistant Practitioner Role

This section will help to determine the type of role that is required, what the person needs to be able to do, the parameters of the role, skills, knowledge and education required and levels of accountability and responsibility.

Define New Model of Care and Health Care Support Worker/ Assistant practitioner role

13. What new care practices and care delivery strategies can be employed to achieve identified goals? What evidence-based data supports these changes?

14. Are changes to current roles and responsibilities required to implement new care practices and care delivery strategies?

15. What knowledge/skills will be required to deliver desired service/outcomes for patients?

16. **Which professionals already have the required knowledge/skills?**

17. **Would the new role enhance ability to achieve goals for meeting patient health care needs? How do you know this?**

Parameters of accountability

18. **Have you defined specific areas of accountability for the individual/s taking on this role?**

19. **Do you have team roles and systems that support the individual's accountability e.g. scheme of delegation?**

20. **How will audit of individual practice be conducted?**

21. **Do you have mechanisms in place for support and supervision?**

22. **Have the scope of practice and the limitations of the new role been clearly identified, in line with the organisation's risk management policy and procedures and vicarious liability?**

23. **Have the activities of the new post holder been identified, and a job description constructed?**

24. **Who will cover the role in case of absence/sickness?**

25. **Who will the practitioner be accountable and responsible to on a daily basis?**

26. **Has professional, criminal, civil and employer accountability been agreed with the whole team and organization so that it is clear to whom the new role is accountable and responsible to?**

Governance arrangements

27. **How can patient safety be assured within this role e.g. risk assessment, clinical decision making, treatment delivery, agreed standards/guidelines, protocols?**

28. **Have clinical and professional accountability and supervision been agreed?**

29. **What arrangements have been made to support the new role in terms of supervision?**

30. **What mechanisms are in place to ensure individuals maintain their skills and competence?**

31. **Have the skills and competences required for the new or enhanced role been identified? Have they been mapped to any existing national standards?**

Adapted with permission from NHS Lothian

Ward details	
Ward name:	AU1
No. of beds:	44
27.9.21-10.10.21	
Staff in post	74.32
Ex Hrs	78.53
OT Hrs	123.57
Total Add Hrs	**202.10**
Bank Hrs	737.00

Band	Current Funded WTE	P.J. Tool	AIT Tool	2021 recom'ed	Actual WTE change
Band 7	2.00	2.00	occ	2.00	0.00
Band 6	7.72	7.00		7.72	0.00
Band 5	43.76	48.38		46.38	2.62
Band 4	0.00	0.00	dep	0.00	0.00
Band 3	8.19	8.00		8.00	0.19
Band 2	19.08	36.60		24.60	5.52
Total	80.75	101.98	N/A	88.70	8.33
Skill Mix	66	56		63	
	34	44		37	

Band	CFE	Est gap 01.08.22	IR Sep	NQP Sep	Vac Balance	STAFF in POST	Skill mix change	Proposed recom	SKILL MIX estab	
Band 7	2.00					2.00		2.00	RN	53
Band 6	7.72					7.72		7.72	nRN	47
Band 5	43.76	23.04	3.00	9.24	10.80	32.96	-10.80	35.01		
Band 4	0.00					11.00	11.00	11.00	RN	53
Band 3	8.19					8.19		8.00	AP	14
Band 2	19.08					19.08		24.60	nRN	34
TOTAL	**80.75**					**80.95**		**88.33**		

Note; STAFF IN POST equates to the number of band 5 RNs in post after IR and NQP recruitment.

NARRATIVE FROM 10.10.21:
Acute medical admission Unit with 44 bed spaces . Configuration of the ward has change over the course of the last 18 months in line with Covid clinical requirements . AU1 currently supports an assessment function for both red and amber patient pathways . Amber assessment is regularly over-crowed and above the recommended capacity . PJ workforce review recommends a small uplift in B5 by 2.6 WTE and a significant uplift of 17.5 WTE B2 to support the increased activity and fundementals of care .Non registered workforce includes bedbusters and discharge coordinators . Current agency & bank expenditure would support additional substantive B2 workforce to support the current AU1 operational footprint . recommend an uplift of 5.6 WTE B2 and for AU1 to consider the evolving B4 in future.

NARRATIVE FROM 01.08.22:
A SNAT has been completed. Recognising that registrants cannot be recruited, the introduction of Assistant Practitioners will support the development of a sustainable workforce, safe patient care as well as providing career development and opportunities for HCSWs. To ensure that 2 APs are included on each shift, 11WTEs should be employed.

NHS Fife

Meeting:	**Finance, Performance and Resources Committee**
Meeting date:	**13 September 2022**
Title:	**Financial Improvement and Sustainability Programme Progress Report**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Maxine Michie, Deputy Director of Finance**

1 Purpose

This is presented for:

- Assurance

This report relates to:

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This paper outlines the progress to date of the Financial Improvement and Sustainability Programme.

2.2 Assessment

At its August meeting, the Financial Improvement and Sustainability Board (FIS) received an update on the status of the FIS Programme at the end of July as described by the Performance Dashboard at Appendix 1.

By the end of July anticipated cost improvement plans (CIP) of £3.336m were anticipated with £1.486m achieved, resulting in slippage of £1.850m. Recurring CIPSs achieved totalled £1.046m, equivalent to 9% of the full year target. Significant risk remains around plans which are not yet finalised and CIP documents not completed.

Approved Cost Improvement Plans - Position at 31 July 2022

Budget Area	Current £'000	Year to £'000	Year to £'000	Year to £'000
Acute	5,752	949	500	-449
Estates & Facilities	1,652	902	906	4
Corporate	4,296	1,485	80	-1,405
Total	**11,700**	**3,336**	**1,486**	**-1,850**

.

A summary by Senior Responsible Officer (SRO) of the status of approved plans is detailed in Appendix 2

The full £11.7m target is still expected to be achieved despite slippage in individual schemes and a review is underway of developing the pipeline schemes to full implementation. Three pipeline schemes with a value of £0.162m were approved at the FIS August meeting and have now proceeded to implementation stage.

The approved cost improvement schemes contributing to the slippage to date are identified below along with the total target anticipated.

Risks
Supplementary Staffing (Acute) - £2m
Procurement Savings (Acute) - £1.5m
Financial Grip and Control - £1.6m – CIP due at the September FIS Board
Vacancy Factor (All) - £3m – CIP due at the September FIS Board

The high level of vacancies and continued service pressures within unscheduled care services are making it difficult to reduce the spend on supplementary staffing. Recruitment plans in the coming months will contribute to reducing the spend on temporary staffing and discussions are ongoing across the health and social care system in relation to the pressures across unscheduled care services. It is unlikely the full cost improvement target of £2m will be achieved in year but pipeline schemes are being considered to help meet any shortfall.

The procurement target is challenged by increasing inflation rates with National Procurement working hard to keep prices increases to a minimum. Despite this challenge a number of opportunities are being pursued eg working with the Board's VAT consultant to ensure all VAT is reclaimed and we have already the third party responsible for Direct engagement with Medical Agency Locums, saving circa £240k per annum.

Work is underway to confirm a number of solutions to deliver the financial grip and control target including a number of technical accounting opportunities, flexibility due to slippage in projects, a review of the costs of external health care providers and income generating options. Details will be provided to the FIS board in September to move cost improvement plans to implementation and delivery phase.

The allocation of the Vacancy factor to directorates was approved at the June FIS board and will be largely taken forward in the remaining months of the financial year. A detailed update will be provided at the September FIS Board.

Links have been made with cost improvement programmes in other boards to ensure potential opportunities are not being overlooked.

During July additional capacity was recruited into the PMO team to support the delivery of the financial improvement programme and help drive forward the adoption of pipeline schemes as quickly as possible.

2.4 Recommendation

This paper is presented to the Committee for:

- Assurance

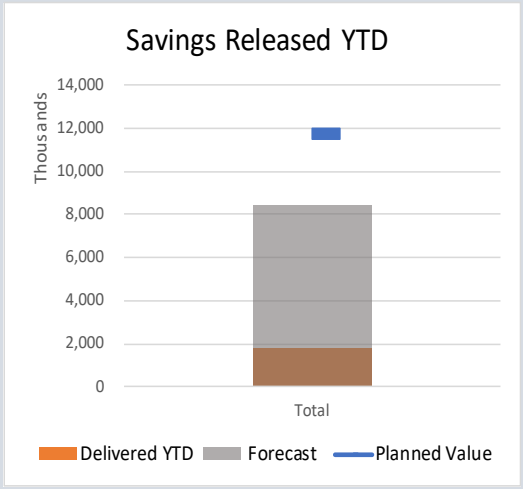
Report Contact

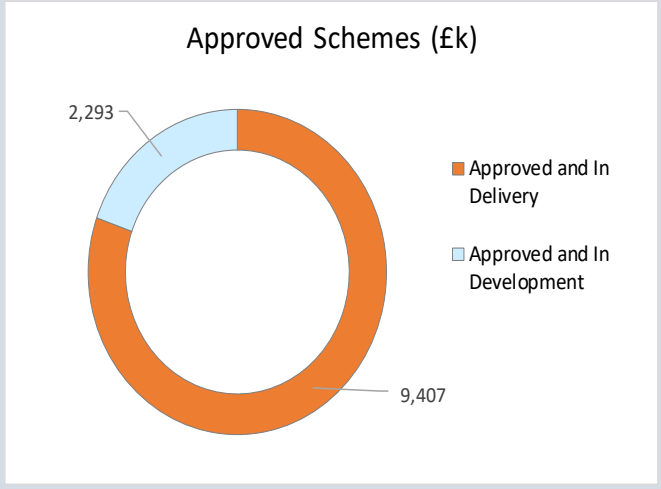
Maxine Michie
Deputy Director of Finance
maxine.michie @nhs.scot

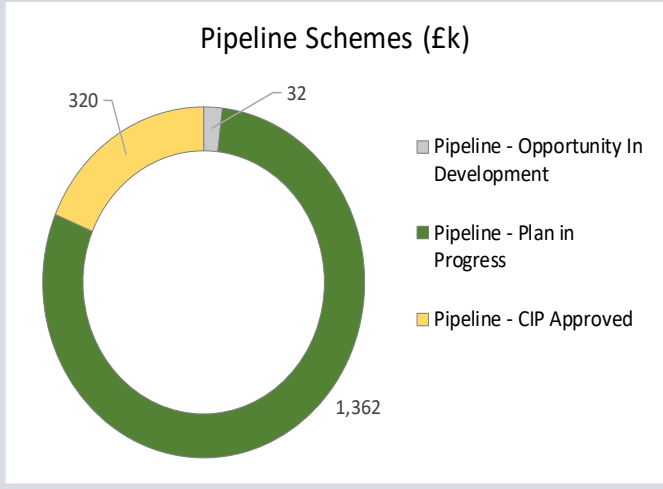
Appendices:
Appendix 1: FIS Performance Dashboard
Appendix 2: Detail Assessment of CIPs by SRO

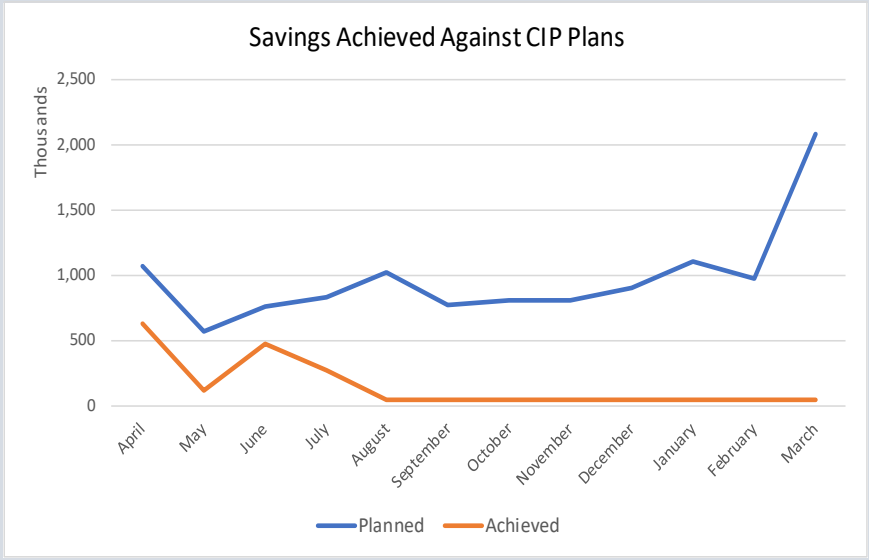
Appendix 1

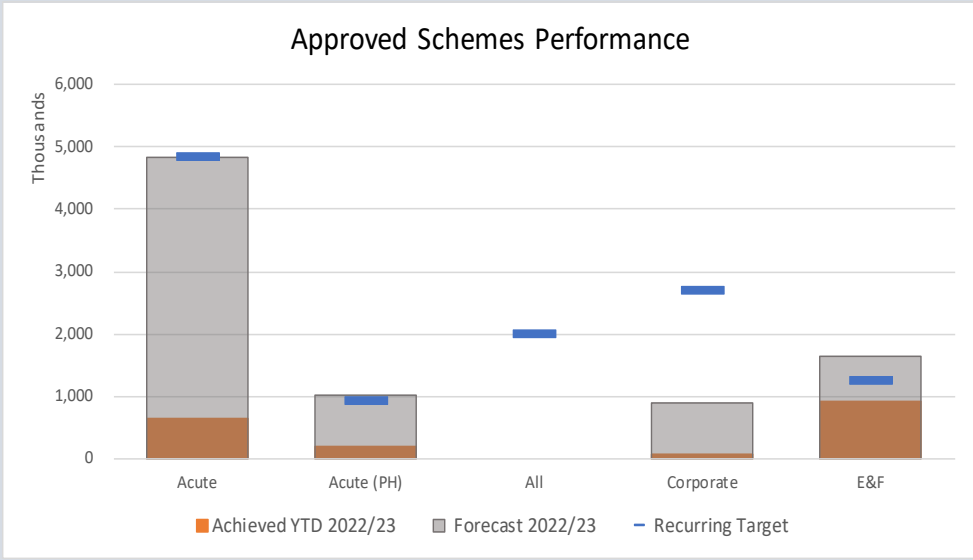
Schemes Performance Dashboard Jul-22











Appendix 2

Acute Schemes- Update

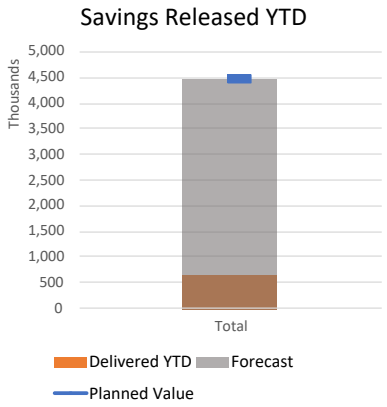
Total target Including Vacancy Factor- £4,832k

Total budget released to date against the target- £636k

Outstanding Target- £4,196k

Risks:

- Supplementary Staffing (Target £2m)
- Procurement, Instruments and Sundries (Target £1.5m)



Pharmacy- Update

Total Target- £920k

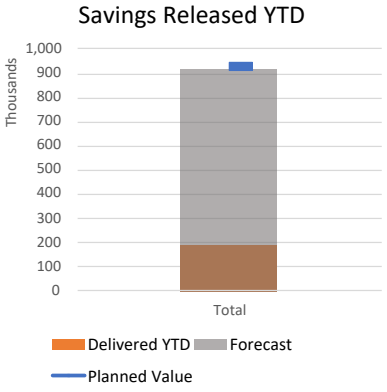
Total budget released to date against the target- £180k

Outstanding Target- £732k

Overall pharmacy is expected to delivery against the schemes with further pipeline savings being identified.

Risk:

- Work needed to identify possible savings falling within H&SC



Estates and Facilities Update

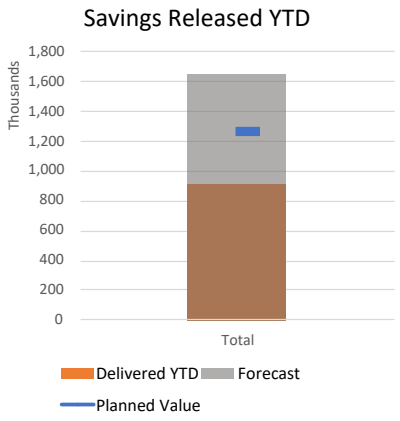
Original Target- £1,250k

Additional £402k identified to offset part of the Grip and Control target

Total budget released to date against the target- £906k

Outstanding Target- £747k

The remaining schemes are due to deliver in the second part of the financial year.



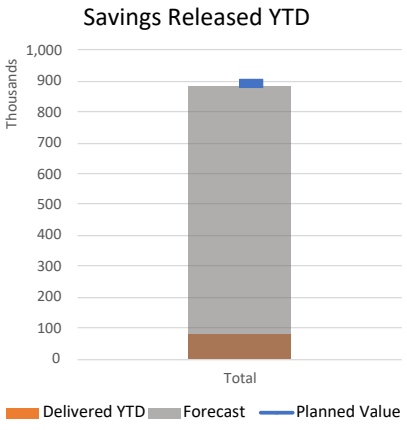
Corporate Savings Update

Total Target- £883k

Total budget released to date against the target- £80k

Outstanding Target- £803k

Outstanding element relates to the Vacancy Factor target. CIP for the scheme is due to the FIS Board in September.



Financial Grip and Control Update

Original Grip & Control Target- £3,815k

Remaining to be identified- £3,413k. Additional savings within E&F offset part of the original balance (£402k). CIP to be presented at the September FIS Board.

Division	Department	Scheme Detail	R/ NR	Recurring Value	22/23 Planned Total	Budget Released YTD	Outstanding
Corporate	Service Level Agreement	Financial Grip and Control	R	1,815	1,815	0	1,815
All	All	Financial Grip and Control	R	2,000	1,598	0	1,598

NHS Fife

Meeting:	**Finance Performance & Resources Committee**
Meeting Date	**13 September 2022**
Title:	**Property & Asset Management Strategy**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Ben Johnston, Head of Capital Planning**

1 Purpose

This is presented to FP&R for:

- Decision

This report relates to the:

- 2022 Property & Asset Management Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This document presents the 2022 Property & Asset Management Strategy (PAMS) as required by the State of the NHS Scotland Assets & Facilities Report (SAFR) Programme. The Board's PAMS submission to Scottish Government is now every two years with an interim PAMS update report required every other year. The 2022 document is an interim update, but it expected that future PAMS submissions will be in a similar format.

2.2 Background

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

2.3 Assessment

This 2022 NHS Fife PAMS has been streamlined to be more readable and succinct. New information has been presented on the Boards Statutory Compliance figures. The data in this document represents NHS Fife's position as of 1 April 2022 and an allowance for inflation has been included since the last full report.

The 2022 PAMS document is a part of NHS Scotland's data collection for information pertaining to the Estate.

The document also provides:

- An insight into our directorate and what we do
- The Alignment of the PAMS as an enabling strategy as part of the Population Health and Wellbeing Strategy development.
- The development of an action plan within the PAMS in line with best practice and to provide a way to measure progress in delivering the key changes required to enable the wider Population Health and Wellbeing Strategy.
- A context for future infrastructure investment Business Cases which should be in line with the 2022 PAMS
- The strategic issues that are being considered for future developments within the Estate as identified in the Executive Summary

NHS Fife's 2022 PAMS return was compiled by the Head of Capital Planning in conjunction with key stakeholders.

The Report covers all buildings owned or leased by the Board and only references third party ownership.

2.3.1 Quality/ Patient Care

Not Applicable.

2.3.2 Workforce

Not Applicable.

2.3.3 Financial

A summary investment plan is included within the report.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

Not Applicable.

2.3.7 Communication, involvement, engagement and consultation

Not Applicable.

2.3.8 Route to the Meeting

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

- FCIG, 27 July 2022
- EDG, 18 August 2022

2.4 Recommendation

- **Decision** – FP&R are asked to endorse the 2022 PAMS prior to submission to the Board for Approval in September.

3 List of appendices

The following appendices are included with this report:

- Property & Asset Management Strategy 2022

Report Contacts

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

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

Property & Asset Management Strategy - 2022

August 2022 (Draft) v4 NMcC

Contents

DRAFT

Glossary of Terms

AIMS	NHS Scotland Assure Information Management System
BIM	Building Information Management
DATIX	Incident Reporting System
DCP	Decontamination Collaborative Programme
DL	Document List
EAMS	Estates Asset Management System
FY	Financial Year
GMS	General Medical Services
GP	General Practitioner
HFS	Health Facilities Scotland
IJB	Integrated Joint Board
KSAR	Key Stage Assessment Review
KWH	Kilowatt Hours
NPD	Non-Profit Distributing
PAMS	Property and Asset Management Strategy
PFI	Private Finance Initiative
QMH	Queen Margaret Hospital, Dunfermline
SAFR	NHS Scotland Assets and Facilities Report
SCART	Statutory Compliance Audit and Risk Tool
SCIM	Scottish Capital Investment Manual
SG	Scottish Government
SPRA	Strategic Planning and Resource Allocation
UN	United Nations
VHK	Victoria Hospital, Kirkcaldy
WTE	Whole Time Equivalent

DRAFT

1 Introduction from the Director of Property & Asset Management

I am delighted to be able to present NHS Fife's 2022 Property & Asset Management Strategy (PAMS) to you.

The PAMS sets out our progress from previous years along with our vision of the future in support of the NHS Fife Population Health and Wellbeing Strategy.

A lot of work has gone into ensuring that the strategy is aligned with the wider Population Health and Wellbeing Strategy with the help and support of the wider Executive Team and other key stakeholders within the organisation.

The PAMS also now explicitly includes an Implementation Action Plan (Section 6.3) which will be used to track future progress against the strategy.

The 4 pillars of the Population Health and Wellbeing Strategy are shown overleaf which are overlaid with some of our directorate's key areas of work.

One of the most exciting developments currently in the final phases of construction is the National Treatment Centre for Fife Orthopaedics which will see a step change in the delivery of modern elective care in Fife and beyond.

It has also been a pleasure over the last year to work with a range of primary care colleagues to develop a strategy for the premises that are used to deliver that valuable service and to begin to identify short-, medium- and long-term solutions to some of the problems that will hopefully provide a more sustainable position.

The key challenge, however, that faces NHS Fife over the next 15 years is addressing the Climate Emergency in partnership with our staff, patients, supply chain, and the wider Public and Voluntary Sector within Fife. We also have the much-appreciated help and support of our East Region and National Colleagues.

NHS Fife's continued focus on the Anchor Institution principles and the future potential community use of our property and assets in a more sustainable way will, I hope, support the Population Health and Wellbeing Strategy and the Wider Plan 4 Fife for years to come.

Neil McCormick

Director of Property & Asset Management

DRAFT

The goals of the Population Health and Wellbeing Strategy fall within four domains. These domains are aligned to the NHS Fife Population Health and Wellbeing Strategy and help us to ensure our work aligns with the priorities of the wider organisation. We have mapped some of our directorate's key priorities against these domains which you can see below.

IMPROVE HEALTH AND WELLBEING

Anchor Institution – extended community use of land and assets
Minimise the impact of climate change through decarbonisation and adaption
Development of a Green Space Strategy for NHS Fife

IMPROVE QUALITY OF HEALTH AND CARE SERVICES

Help to provide the right services in the right places and facilities
Support the development of options for the future delivery of Mental Health Services
Continue to deliver strategic premises reviews (Primary Care)

IMPROVE STAFF EXPERIENCE AND WELLBEING

Provide excellent facilities to attract, retain and develop staff
Develop facilities to support our staff's physical, mental, social and spiritual wellbeing
Create opportunities for sustainable travel and exercise

DELIVER VALUE AND SUSTAINABILITY

Develop an improved database of medical devices
Reduce energy usage and carbon emissions within NHS Fife
Maximise the use of our assets (eg room bookings and agile working)

2 Who are we and what do we do?

Estates, Facilities and Capital Planning is a significant directorate with a budget of £80m (not including capital investment) and a staff complement in the order of 1,100 or 900 WTE.

Our directorate's remit is diverse but our main objective so to provide safe and appropriate facilities together with hard and soft FM services to support excellent care for the people of Fife.

The sub departments within our directorate help us to achieve this objective and for clarity and understanding these are noted below.

Estates – ensures that our properties are safe and compliant so that continuity of patient care can be maintained. Our Estates department also undertakes small capital projects on an annual basis to help improve our facilities and services. *Key contact: Paul Bishop, Head of Estates*

Facilities – undertakes estate & space management, soft FM (cleaning, catering, laundry), grounds maintenance, vehicle and waste management. *Key contact: Jim Rotheram, Head of Facilities*

Capital Planning – develops a longer-term property investment strategy whilst delivering larger capital projects against that plan. Key contact*: Ben Johnston, Head of Capital Planning & Project Director*

Health & Safety – helps to protect the safety of our staff, patients, visitors, and contractors by putting policy, processes, procedures, advice, and training in place. *Key contact: Billy Nixon, Health & Safety Manager*

Property – manages our property transactions in respect to sales, leases, and purchases. *Key contact: Neil McCormick, Director of Property & Asset Management*

Sustainability – helps to drive sustainability, energy efficiency, carbon reduction and sustainable travel across our Board. *Key Contact: Jimmy Ramsay, Estates Compliance Manager*

Compliance – working closely with Estates the compliance team help to ensure that our systems are administered, and our processes and procedures are in place to help provide a compliant and safe estate. Key Contact: Jimmy Ramsay, Estates Compliance Manager

DRAFT

3 Introduction to Property & Asset Management Strategy

The State of the NHS Scotland Assets and Facilities Report (SAFR) Programme is an annual Scottish Government requirement.

The data allows NHS Scotland Assure to establish the position of the NHS estate across Scotland.

The data also allows Scottish Boards to understand their own estate in the form of a Property and Asset Management Strategy (PAMS).

NHS Fife's PAMS has been developed in line with guidance (SHTN 00-02) and a conscious effort has been made, this year, to consolidate the PAMS document into a summarised format. This will provide a more meaningful understanding of the estate and future change plans linked to the wider strategy.

Your feedback is welcome.

The report is split into 3 main sections:

- **Section 2 – Where are we now?**

  The section summarises the current position in respect to property and assets, reflects on initiatives completed in the year and ongoing committed project work

- **Section 3 – Where do we want to be?**

  This section sets out the position regarding our Clinical Strategy and the vision for how the PAMS might respond and support

- **Section 4 – How will we get there?**

  This section is more tangible and consists of a proposed delivery programme, key departmental objectives together with risks and constraints

DRAFT

4 Where are we now?

4.1 Summary of Last Year's Strategic Developments

4.1.1 National Treatment Centre – Fife Orthopaedics

The National Treatment Centre – Fife Orthopaedics Project is progressing well and is currently anticipated to be complete in October 2022.

Following a service decant and transition period, it is projected that the building will be operational for patients in January 2023.

Despite several external (global and national) pressures, the project is also performing well from a budgetary point of view. The project budget is £33.2m.

Figure 1 - NTC, Fife Orthopaedics - West Elevation

Figure 2 - NTC, Fife Orthopaedics - South Elevation

4.1.2 Lochgelly and Kincardine Health & Wellbeing Centres

The Outline Business Cases for the projects have been approved by the Fife Board and were submitted to the Scottish Capital Investment Group for consideration at its meeting on 29 June 2022.

Design work is ongoing, and it is anticipated that the Full Business Cases will be submitted early in 2023 which would facilitate completion of the facilities in 2024.

The current anticipated project budgets are £13m for Lochgelly and £7.8m for Kincardine.

Figure 4 - Lochgelly Health & Wellbeing Centre - Artist's Impression

Figure 3 - Kincardine Health & Wellbeing Centre - Artist's Impression

4.1.3 Mental Health Inpatient Redesign

The project is at an early stage where the Initial Agreement is being developed for internal and external governance later in 2022. A Service Option Appraisal is currently in progress to identify the best service option for Mental Health Inpatient Services moving into the future.

This project is likely to be considerable in scope and value and may require to be delivered progressively over several years. It is planned that it will be delivered in parallel with a new complimentary community model which will mean that robust mental health support will be provided within the communities across Fife with inpatient environments provided where they are needed.

4.1.4 Other Key Initiatives

Other key initiatives undertaken in the period include:

- Removal of steam boilers at Queen Margaret Hospital, Dunfermline providing improved energy performance and reduced operational risk:

Figure 5 - Replacement Boilers at QMH, Dunfermline

- Completion of North Labs, Pharmacy and VHK Phase 2 Tower Block Feasibility Studies
- Completion of draft GP Premises Strategy
- Ongoing development and delivery of staff wellbeing hubs
- Implementation of £1.8m energy efficiency measures

DRAFT

4.2 Capital Expenditure – 2021/2022

Capital planning and expenditure has been substantial with Directorates having worked collaboratively to deliver a substantial programme of capital investment in the year.

Our routine Capital Formula from Scottish Government amounted to £7.04m for 2021/22. In addition, we received £19.36m of project specific funding to cover expenditure on major Capital Schemes. Later in the financial year, we were allocated £6.43m of additional capital which was used to purchase a variety of priority equipment. A detailed breakdown of Capital Expenditure is provided in the table below:

Table 1 - Capital Expenditure 2021/22

Project	Expenditure 2021/22
Community & Primary Care	
Capital Equipment	149,125
Clinical Prioritisation	210,700
Condemned Equipment	22,682
Kincardine Health Centre	207,000
Lochgelly Health Centre	347,999
Statutory Compliance	156,699
National Equipping Balance	6,158
Decontamination Unit	350,000
Total Community & Primary Care	**1,450,363**
Acute Services Division	
Capital Equipment	1,879,918
Cancer Waiting Times Equipment	77,790
Condemned Equipment	73,116
Elective Orthopaedic Centre	16,740,019
Clinical Prioritisation	687,194
Statutory Compliance	2,979,273
National Equipping Balance	3,370,200
Laundry Support	654,444
National Eye Care Workstream	147,438
SG & Louisa Jordan Equipment	49,753
QMH Theatre Upgrades	753,893
Additional SG Equipment Tranche 1	741,586
Audiology Equipment	95,660
Decontamination Equipment	244,634
Additional SG Equipment Tranche 2	368,651
Colposcope	12,240
Total Acute Services Division	**28,875,809**
NHS Fife Wide Schemes	
Fire Safety (Fife Wide)	182,234
Digital & Information	1,643,165
Vehicles (Fife Wide)	198,033
Mental Health Review	25,774
COVID	46,016
Total NHS Fife Wide	**2,095,222**
TOTAL ALLOCATION FOR 2021/22	**32,421,394**

DRAFT

4.3 Summary of Asset Condition & Performance

4.3.1 Summary of NHS Fife Board's Property Assets

Table 2 - Board's Property Assets Summary

NHS Fife Board's Property Assets	2022	2021
Number of Sites	43	43
Floor area (000s sq m)	276	276
Net book value (£m)	471	454
Tenure		
Owned	73%	73%
Leased	0.2%	0.2%
PFI/NPD	21%	21%
Hub	0%	0%
Other	6%	6%

There were no disposals or property sales in 2021/22.

4.3.2 State of the Board's Property and Assets

The table below provides an overview concerning the state of the Board's property with the position very similar to 2021:

Table 3 - State of the Board's Property Assets

	Age Profile (years)					**Condition**			
	>50	30-50	10-29	0-10		A	B	C	D
2022	40%	19%	40%	1%		26%	45%	29%	0%
2021	40%	19%	39%	2%		26%	48%	26%	0%
	Functional					**Quality**			
	A	B	C	D		A	B	C	D
2022	27%	49%	19%	6%		27%	41%	27%	5%
2021	27%	49%	19%	6%		27%	41%	27%	5%
	Space					*Key*			
	Empty	Under-used	Fully used	Over-crowded		*A*	*Excellent*		
2022	6%	11%	79%	4%		*B*	*Satisfactory*		
2021	6%	11%	79%	4%		*C*	*Poor / less than satisfactory*		
						D	*Unacceptable / poor quality*		

4.3.3 Statutory Compliance & Assurance

SCART (Statutory Compliance Audit & Risk Tool) is a web-based risk assessment tool.

Health Boards can use this tool to measure and manage their level of compliance with legal and best practice guidance.

Where a gap in statutory compliance has been identified, NHS Fife has a Risk Register and a Risk-based Action Plan in place for each of its sites.

The Risk Register is reviewed bi-monthly at Estate Manager Meetings and all risks, with a risk rating of 15 or more, are reported to the Executive Directors Group through the Board Assurance Framework.

The table below provides a summary of the current position in respect to Statutory Compliance. It can be seen there has been a slight improvement since 2021:

Table 4 - Statutory Compliance Summary

Year	NHS Fife Completed Sites	NHS Fife's Average Score	National Average Score
2022	95%	66.3%	63.91%
2021	93%	66.1%	63.75%

4.3.4 Backlog Maintenance

The investment required to bring NHS Fife properties up to an acceptable physical condition (Condition A or B) is known as backlog costs.

There has been a reduction in backlog costs compared to 2021 and this is primarily connected to the steam decentralisation work undertaken at Queen Margaret Hospital, Dunfermline.

Given the constraints in connection with Capital Formula, the Board focuses on mitigating 'high' risk backlog items resulting in a reduction of £1.2m in the year.

It should be noted that backlog costs for 2022 are subject to inflationary increases and 5.56% is due to be imminently applied. For this reason, it is important that capital allocations are increased broadly in line with inflation to ensure that the Board has the necessary resources to continue to manage and control backlog risks and costs:

Table 5 - Backlog Risk & Costs

Year	Low (£)	Moderate (£)	Significant (£)	High (£)	Total (£)
2022	5,517,660.74	29,096,217.43	51,875,059.53	5,319,778.71	91,808,716.41
2021	5,108,301.30	27,498,615.95	53,094,005.58	6,541,883.35	92,242,806.18

4.3.5 Environmental Management Strategy

During 21/22, NHS Fife secured access to a £1.8m energy efficiency fund from Scottish Government.

This has facilitated several energy efficiency measures including:

- Calorifier replacement
- LED lighting upgrades
- Increased photovoltaics

Figure 6 - Photovoltaics at VHK, Kirkcaldy

Associated revenue savings will flow through into the next financial year. We also delivered 9 Feasibility Study reports outlining measures that could be delivered to reduce carbon across 9 sites. These will be used to apply for a proportion of escalating Capital Funding for the Scottish Central Energy Efficiency Grant Scheme to support further decarbonisation.

4.3.5.1 Steam

Steam has been removed from the Queen Margaret Hospital, Dunfermline and the final phase of the Project to carry out similar works at Victoria Hospital, Kirkcaldy is underway.

Together, these Projects will improve energy efficiency and overall site resilience at these key sites.

4.3.5.2 National Sustainability Assessment Tool

NHS Fife has recently secured 'Silver Status' (not verified) using the National Sustainability Assessment Tool which indicates the Board's commitment to the UN Sustainable Development goals.

Over the past 2 years we have:

- Installed 105 covered, enclosed, and sheltered cycle parking

- Implemented a 5 e-bike Trial Scheme to encourage staff to use more sustainable forms of transport. Travel plans for Victoria Hospital, Kirkcaldy, Queen Margaret Hospital, Dunfermline and Cameron Hospital, Windygates have been updated in the period.

4.3.5.3 NHS Fife's Energy and Carbon Emissions

The current position in respect of NHS Fife's energy and carbon emissions is noted in the table below:

Table 6 - Energy and Carbon Emission Summary

Fuel Type	Total Energy Use			Total Energy CO_2e		
	2019/20	2021/22	Difference	2019/20	2021/22	Difference
	kWh	kWh	%	Tonnes	Tonnes	%
Biomass Woodchips	5,926,200	7,236,172	22.1%	139.6	166.8	19.5%
Electricity	23,481,647	23,123,886	-1.5%	6,511.5	5,344.4	-17.9%
Gas kWh	72,180,499	68,773,796	-4.7%	14,996.2	14,752.7	-1.6%
Gasoil (Class A2)	205,172	114,187	-44.3%	64.8	36.0	-44.3%
Total	**101,793,519**	**99,248,042**	**-2.5%**	**21,712.0**	**20,299.9**	**-6.5%**

4.3.6 Office Accommodation

A summary of the main blocks of office accommodation retained by NHS Fife is noted in the table below:

Table 7 - Main Block Office Accommodation Summary

Office	Gross area m^2	Desks
Hayfield House Victoria Hospital Kirkcaldy	1,851	126
Cameron House Cameron Hospital Windygates	662	35
Haig House Cameron Hospital Windygates	2,048	129

Due to the current Covid-19 situation, it is difficult to assess utilisation of the desks in relation to future trends. That said, however, the pandemic has offered the Board the opportunity to consolidate existing desk space.

One key change to office accommodation is the move of the Finance Directorate from Evans Business Park, Kirkcaldy to Board owned accommodation at Hayfield House, Victoria Hospital, Kirkcaldy. This measure has had a positive revenue effect and is in keeping with the Board's emerging strategy which is to utilise office accommodation in a much more agile and efficient manner.

4.3.7 Medical Equipment

Given the financial situation in 2021/22 in respect of surplus available capital, the Board was able to apply for significant additional funding to procure much needed equipment. In total, £6.43m of additional priority equipment was purchased in 2021/22. This included CT scanners and much needed replacement laundry equipment.

The current financial position in respect of equipment:

Total replacement and equivalent value: £40.2m (excl VAT)

Total recurring expenditure: £2.2m (excl VAT)

(Please note that Radiology and Radiotherapy equipment are excluded from these figures as these are monitored centrally).

The National Infrastructure and Equipping Board has requested that Boards submit their equipping requirements for years 2202/23 and 2023/24. The purpose of this request is to enable Boards to take a nationally co-ordinated approach with Procurement to gain the best overall value.

A National Procurement approach may secure greater purchasing power for existing capital allocations.

4.3.8 Existing Vehicular Fleet

4.3.8.1 Transport Assets

NHS Fife utilises a fleet of 99 vehicles. The fleet includes a mix of cars, light and medium sized commercial vehicles.

The fleet is currently augmented by 26 short-term hires. These hires are specifically related to the Test and Protect Programme and other requirements of the Covid-19 pandemic. Most of the 26 hires will be terminated in the short-term.

The Fleet is funded through a mix of revenue funding for leased vehicles and on-going annual capital investment. Currently for 2022/23, available capital funds are £100k. NHS Fife recognises that there is a need to regularly invest capital in order to decarbonise the fleet. Significant investment has been provisionally earmarked for capital expenditure in future years.

The make-up of the 99 fleet vehicles include:

- 41 vehicles of which approximately 41.4% are owned
- 58 vehicles of which approximately 58.6% are leased

DRAFT

4.3.8.2 Pool Cars

In addition to the main fleet, NHS Fife currently utilises a pool of 30 cars for staff travel.

The majority of this fleet (27 vehicles) are leased from and managed by Enterprise Car. The 27 Enterprise cars are supplemented by 3 directly leased Nissan Leaf vehicles which are fitted with the Enterprise keyless entry system. These vehicles are primarily used by staff delivering community services throughout Fife.

As the charging infrastructure matures, it is planned that these pool cars will be replaced by EVs. A small trial of Enterprise EVs is planned for 2022/23.

4.3.9 Other Independent Facilities

Surveys of independent GP premises were commissioned by HFS Scotland in 2019 and the results uploaded onto our Estates EAMS system. No annual reviews are carried out and there are currently no formal conditional surveys carried out in independent dental, pharmaceutical or optical premises as this is not funded.

A desktop review of condition, functional suitability, space utilisation and quality was carried out in late 2017 confirming that these premises, although aging, are generally in good order.

DRAFT

5 Where do we want to be?

5.1 Strategic Overview

NHS Fife's Population Health & Wellbeing Strategy is currently being developed for publication in 2023. The Strategic Framework underpinning the Strategy is referenced at Appendix A (extracted graphic below). Ultimately, the role of Property & Asset Management within the Framework is to act as an enabling service working with other Directorates and colleagues to collaboratively meet our objectives and emerging strategy.

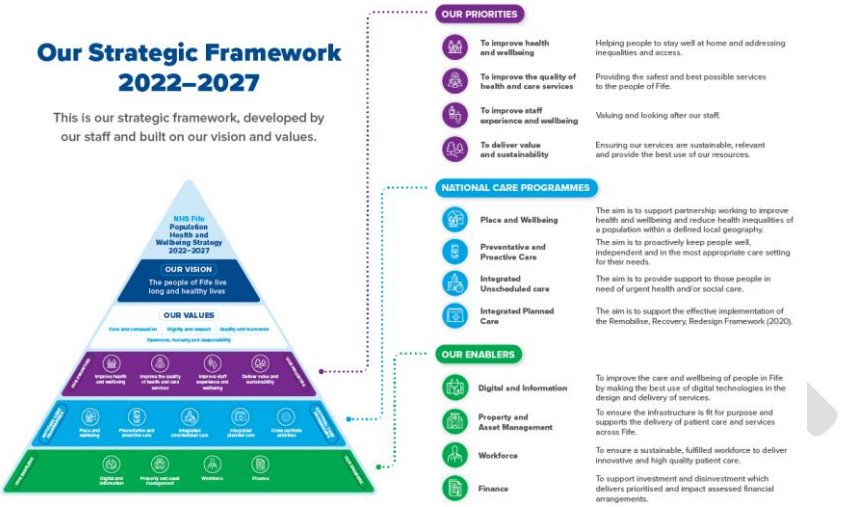


Figure 7 - NHS Fife Strategic Framework 2022-27

Property & Asset Management will act as one of the key enablers within the Framework helping to realise the strategy. To ensure we manage our estate sustainability, it is important that property related solutions help to tackle emerging health and wellbeing priorities rather than being the instigator themselves.

To enable this, the following community-based planning model will generally be adopted where people, communities and health services help to drive physical property requirements:

Table 8 - Community Based Planning Model

Community Based Planning			
1 – People	**2 - Community**	**3 - Service**	**4 - Property**
Health needs	Wellbeing	Capacity	Capacity/function
Wellbeing needs	Support	Performance	Age/infrastructure risks
Population needs	Public services	Transformation	Modernisation opportunities
Demand projections	Development plans	Health and wellbeing outcomes	Anchor role in community

5.2 Property & Asset Management Strategy

5.2.1 Anchor Institution

An Anchor Institution is an organisation whose long-term sustainability is tied to the wellbeing of the population they serve.

NHS Fife has a strong desire and conscious sense of responsibility to become an Anchor Institution.

The key objectives of NHS Fife's Anchor Institution Programme are:

- Additional local purchasing thus increasing social benefits
- Widening of access to quality work
- Using buildings and spaces to support communities
- Reducing NHS Fife environmental impact
- Working more closely with local partners

These key objectives, which are relevant to this Property & Asset Management Strategy, include maximising growth, community, health and environmental benefits through the design and procurement of buildings, land, and other assets.

It also includes how we manage land and built assets and the way in which they can benefit local communities, help the environment, and create great places.

The following sections describe what we can do to improve our progression:

Design and Procurement of new Infrastructure and Developments

- NHS Fife will design and commission new infrastructure with inclusive growth, community and the environment in mind including location, access, attractive design and usability

- NHS Fife will go beyond standard procurement good practice by adding clauses that are specific to the opportunities provided by large construction projects eg minimum requirements for new job opportunities, accessible to local and previously unemployed people, enabling local sub-contracting and links to local schools/colleges

Management of Existing Buildings, Land and Other Assets

- NHS Fife will adopt good environmental practice and management systems and retrofit assets to improve their attractiveness, enhance green infrastructure and enable active travel

- NHS Fife will widen the extent to which local groups and communities can use buildings and spaces for enjoyment or positive uses

- NHS Fife will encourage the sharing of resources and facilities involve communities in managing and maintaining assets and take opportunities to transfer assets to the third-party sector where this would improve their use and strengthen communities

DRAFT

- NHS Fife will work across localities to develop shared anchor asset strategies eg looking at the assets of a hospital, university, local authority and planning how they can best be used for the benefit of the economy, people and places

5.2.2 Staff Health and Wellbeing

In alignment with our Staff Governance Standard, NHS Fife are committed to providing a healthy working environment which supports, promotes and protects the physical and mental wellbeing of our employees.

To enable this an NHS Fife Staff Health and Wellbeing Framework has been developed in 2022, the aims of the framework include:

- To promote a healthy and safe working environment where our employees can thrive
- To support the physical, mental, social and spiritual wellbeing of our employees
- To encourage, promote and support employees to develop and maintain a healthy lifestyle
- To support long term Health and Wellbeing through supporting sustainable measures

To support the aims and outcomes identified within the framework, several physical components have been developed – these are:

5.2.2.1 Staff Hubs

As part of the response to managing challenges connected to working through the Covid-19 pandemic, a network of temporary Staff Hubs was established across NHS Fife.

Hubs offered safe, calm, relaxing environments for staff to come to away from busy, demanding clinical and administrative spaces. Free refreshments were made available.

During the first wave of the pandemic, as well as being able to rest and recharge, staff were able to access support in the form of literature as well as being able to speak with Psychologists and members of the Spiritual Care Service and generally achieve respite from the unprecedented demands during the Covid-19 pandemic. Literature remains in our Hubs with Psychological and Spiritual Care services available.

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

The Wellbeing Hub at Queen Margaret Hospital, Dunfermline was recently handed over.

Figure 8 - Staff Wellbing Hub, QMH, Dunfermline

Figure 9 - Sir Tom Moore picture on display

The creation of the new facility cost around £65,000. Funding was provided jointly by the Fife Health Charity and NHS Charities Together, which was brought to prominence by the incredible fundraising efforts of the late Captain Sir Tom Moore.

5.2.2.2 Pause Pods

Pause pods are nicely furnished small discrete rooms for staff to rest and recharge their body and mind at Whyteman's Brae Hospital, Kirkcaldy, and within the Playfield Institute, Stratheden Hospital, Cupar.

5.2.2.3 Environmental Sustainability

Environmental sustainability has an important role to play in contributing towards staff health and wellbeing.

Sustainable travel has been promoted during pandemic times as a means of saving lives and the environment as part of the wider carbon reduction strategy. Many initiatives have been promoted to encourage employees to use more active and sustainable forms of travel, contributing towards Scotland's target of achieving Net-Zero emissions by 2040.

NHS Fife has been updating its travel plans for 3 major sites by partnering with Mobility ways, an organisation that's primary focus is to support staff to choose more active and sustainable forms of travel to reduce commuter emissions. Mobility ways platform will enable staff to be provided with personal travel plans if they fill in a short 3-minute survey distributed via communications. As part of this, NHS Fife will continue to promote active and sustainable means of transportation, such as walking, cycling, ebikes, lift share (when permitted), public transport (NHS fife enjoys a 10% bus discount for stagecoach for staff) and working from home in accordance with the Health and Wellbeing Framework.

DRAFT

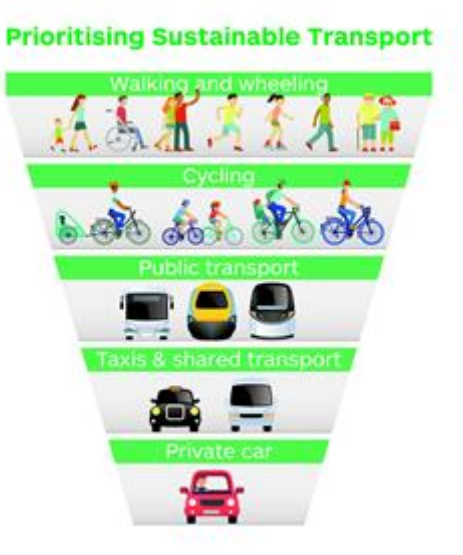


Figure 10 - Prioritising sustainable travel

NHS Fife's homeworking policy (part of the Health and Wellbeing Framework) allows staff to agree to work from home part or full time as agreed with their line manager. We intend to continue to promote this practice in accordance with other active and carbon saving strategies.

Cycling storage has more than doubled across fife over the last two years. The cycle to work salary sacrifice scheme currently operating allows staff to access a discount on active travel and can be access during designated windows. Bookable E-bikes are also now available across 5 sites.

NHS Fife will also continue to increase its electric vehicle infrastructure for fleet and visitors to support reduced emissions and improved air quality. This will build on the increased proportion of renewable technologies and fleet charging points we have installed across our sites over the last two years to support reduced emissions for travel and commuting, it will also continue to increase its proportion of low emissions vehicles.

DRAFT

5.2.3 Environmental/Zero Carbon

The revised policy for NHS Scotland on the Climate Emergency & Sustainable Development DL(2021)38 is now extant. This sets out mandatory requirements for all NHS bodies and its scope extends to all their activities.

The supporting NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026 is being finalised by Scottish Government.

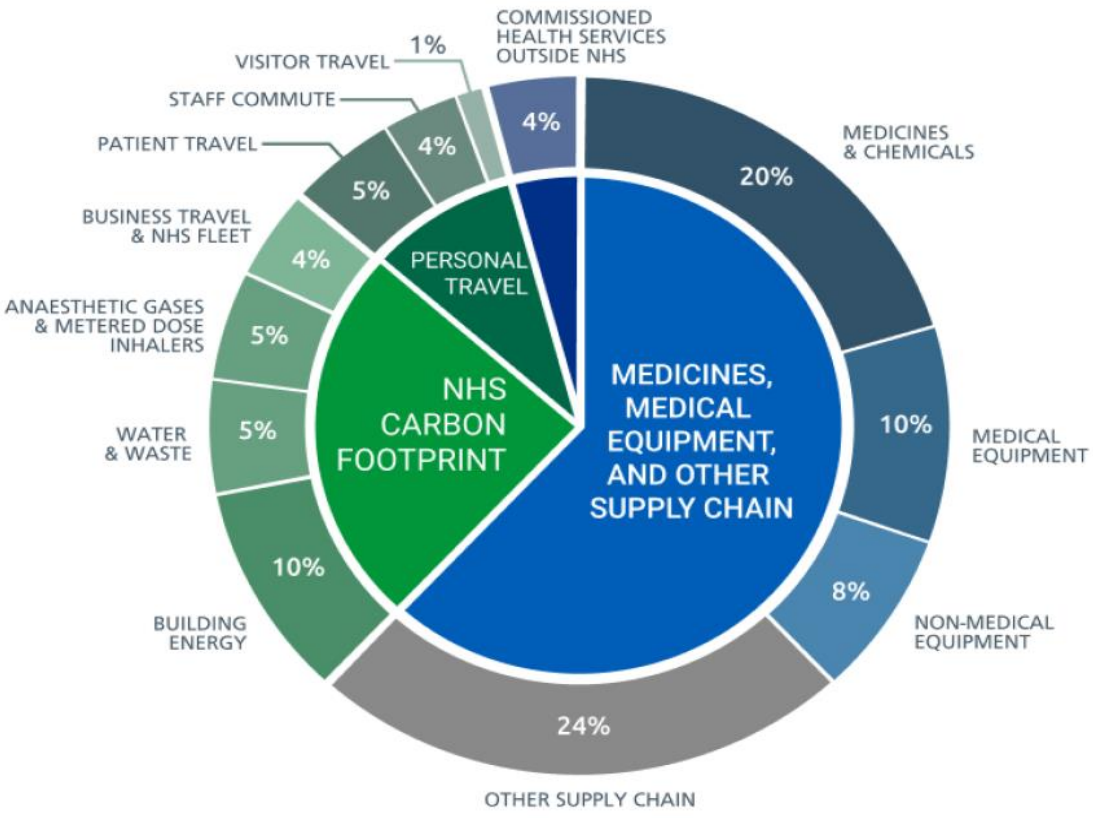
The Strategy convenes a national Climate Emergency & Sustainability Board which will be chaired by the Chief Medical Officer for Scotland. Membership of the Board includes a representative from the east north and west region and from the National Board.

Key policy objectives arising include:

- The NHS target on net-zero carbon has been amended from 2045 to 2040
- All Health Service owned buildings are to be heated by renewable sources by 2038 at the latest
- The Scottish Government is to invest £250m in this parliamentary term to support the transition

It is important to acknowledge that zero carbon requires a whole systems endeavour. Building energy may only amount to around 10% of the overall carbon emissions generated by the NHS whilst medicines, medical equipment and other supply chain emissions account for around 60%.

Figure 11 - Indicative Carbon Emissions



Whilst Property & Asset Management will lead on the implementation of the Strategy locally, it will require support from the whole organisation to meet these onerous but important objectives.

Given the challenge and responding actions set out in the Strategy, resources and governance will need to be designed appropriately within Boards. There is also an opportunity to work in partnership with the East Region and Fife Council and this is in keeping with structure of the proposed national Climate Emergency & Sustainability Board.

Sharing skills and technical expertise in relation to Climate Change & Sustainability presents a key opportunity for a regional approach and discussions have already commenced in this regard. There will however also be a requirement to strengthen our resources and expertise locally.

The next step is to produce a reporting template and an Action Plan to ensure that progress can be monitored and reported to the Board and Scottish Government by November 2022. A template is being developed by the National Environmental Sustainability Group.

The reduction in our use of energy has become even more important as a result of rising utility costs.

5.2.4 Green Space and Biodiversity

The growing threat to public health from the current climate and ecological crisis increases the need for action. NHS Fife's estate provides diverse green space resources for both people and wildlife and these natural environments form the foundation of a healthy environment. The NHS Fife estate contributes to biodiversity at multiple levels from bat roosts in older buildings to purpose-built gardens and green space.

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

We have recently started to move this element of our strategy forward in the following ways:

- Completed a workshop with various internal and external stakeholders with a view to preparing a brief for the development of a 2030 Strategy

- Purchased ESRi software to allow us to map out all NHS Fife properties (GiS mapping) which will allow us to understand the extent of our space so that we can collaborate further with key stakeholders to ensure the Strategy fits the needs of patients, staff and the wider citizens of Fife

- We have partnered with St Andrew's University with intern students supporting us in undertaking work on this important project over the summer

5.2.5 Agile Working

Agile working has been a key strand of our approach to safe and effective working during the Covid-19 pandemic and has enabled the organisation to adapt to new ways of working from varying locations using a range of technology.

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

To enable further consideration around this topic, NHS Fife has engaged with the Scottish Futures Trust to undertake a property review, looking at our existing office space and what might be required to support a more agile form of working.

A report has been prepared around the feasibility of improving our existing main office block accommodation. The report summary is that whilst it would be impractical to invest in alterations at Haig House, Cameron Hospital, Windygates however, improvements could be made at Cameron House, Cameron Hospital, Windygates and Hayfield House, Victoria Hospital, Kirkcaldy.

The next step is to consult with key staff groups about how to implement the strategy together with an enabling Policy.

The longer-term strategy regarding office accommodation is to identify good quality agile office space away from our hospital sites, allowing hospital space to be maximised for clinical use.

There may even be opportunities to share office space as ‘public sector hubs’ and this will be reviewed with our Public Sector partners.

5.2.6 Teaching Health Board Status

As part of the strategy to tackle workforce supply issues in the health sector, the Scottish Government has instigated a significant expansion to the number of places available at Scottish universities to train medical students. The expansion brings the opportunity for NHS Fife to align with the University of St Andrews and be the primary partner in a new medical degree and this would lead the board towards achieving teaching health board status.

The number of medical students is already increasing and the current medical education estate is saturated. It fails to provide sufficient facilities for the medical students who are based on the VHK site such as places they can attend online tutorials and adequate “wet” areas where they can learn and practice skills. In addition to this pressure within VHK there is also increased number of medical students in the community. Teaching medical students in community settings has a key influence on their career intentions towards general practice and this is an acute critical workforce need and therefore we need to prioritise this as a board.

Community education could be delivered through a community educational hub and spoke model. This model delivers education and training in a geographical area. The hub is a

physical building or space where the students can gather for teaching and the spokes are healthcare providers in the community area. This would require investment in buildings or spaces to deliver this education. The reach of medical education into local communities can also widen access to medicine as a career to those in local schools and therefore assist with ambitions of the organisation as an anchor employer.

The requirement for the hubs to be developed and delivering education is needed by academic year 24/25.

In addition to the medical education needs of undergraduate medical learners is our doctors in training. Areas of particular concern for doctors in training are around health and wellbeing at night. Rest areas, facilities for hot food and refreshment and overnight sleeping accommodation require to be invested in. Less than 25% of the week lies between the hours of 9-5 Monday to Friday and we need to ensure that our doctors in training who provide most of the medical care in this period are adequately provided for. This investment may in part help to influence people's long-term career choices leading to benefits for the Board.

In summary priority estate needs associated with medical education include:

- Expansion of learning and teaching space for undergraduates at VHK
- Development of estate associated with community hub and spoke models
- Ensuring that there is adequate provision for doctors in training providing care in the out of hours period

5.2.7 Acute Estate

The acute hospital estate is relatively mature and concentrated at Victoria Hospital, Kirkcaldy and Queen Margaret Hospital, Dunfermline. Changes relating to the estate are largely driven by adjustments to service models, increased space requirements and general improvements relating to condition.

5.2.7.1 Queen Margaret Hospital, Dunfermline

At Queen Margaret Hospital, working closely with the Acute Directorate we are aware that there are opportunities to rationalise and improve service provision. To enable this to progress, there is a requirement for a Queen Margaret Hospital Services Masterplan to be developed where estate and project requirements will flow from this piece of work.

DRAFT

At present we are aware of the following priorities:

- Improve Theatre Day Case capacity (initial project underway)
- Improve Gynaecology service both in terms of capacity and condition
- Improve Cancer Services within Fife generally

5.2.7.2 Victoria Hospital, Kirkcaldy

Victoria Hospital is Fife's main acute hospital. Phase 3 was established in 2012 and includes 500 beds together with 11 operating theatres and an Accident & Emergency Department.

Currently a new National Treatment Centre for Orthopaedics is being erected and is due to be operational in early 2023.

The older Phases 1 and 2 of the hospital are being listed by Historic Scotland. Phase 1 is to be listed as Category C whilst the Tower Block in Phase 2 is set to be listed as Category B.

Table 9 - Listed Building Scotland Criteria

Category	Criteria
A	Buildings of national or international importance, either architectural or historic or fine little-altered examples of some particular period, style or building type
B	Buildings of regional or more than local importance, or major examples of some particular period, style or building type which may have been altered
C	Buildings of local importance, lesser examples of any period, style or building type as originally constructed or moderately altered and simple traditional buildings which group well with others in Categories A and B

Victoria Hospital, therefore, has mature buildings of historical importance which have received significant investment in recent years. Given progressive development together with planning and parking constraints, the site has reached a point of saturation where future development will require to be carefully planned.

For the future, our intention is to establish a Development Framework in conjunction with external consultants in order to explore future utilisation of the site whilst maintaining clinical services, car parking, green spaces and buildings of historical importance.

In parallel with the Development Framework, 3 Feasibility Studies were completed in 2021/22 to explore options for the North Laboratory building, Phase 2 Tower Block and space to accommodate Pharmacy robotics.

The key outputs of the Feasibility Study reports are noted below:

- North Labs – North Labs cannot be accommodated as a vertical extension to the South Lab building and refurbishment of the existing building would not be a prudent investment. The recommendation is for a new building to be established on or close to the Victoria Hospital site.

- Pharmacy Robotics – investigations have concluded that the Pharmacy Robot and dispensary can be accommodated within the existing Phase 1 estate if a Dependency Project (Dermatology) is completed in advance. This option would make best use of the existing estate and is more sustainable and cost effective than a new build option.

- Phase 2 Tower Block – a study was commissioned to investigate the long-term viability of the Phase 2 Tower Block in advance of the proposed Historic Scotland listing. The report concludes that whilst a replacement building would be a viable option, site spatial constraints, embodied carbon and cost represent challenges together with the viability of removing the Phase 2 tower whilst located in the centre of an acute hospital site.

  Whilst we are moving the final inpatients out of the Tower Block due to changes in best practice with respect to fire safety and patient evacuation, the building is still capable of offering good accommodation for other purposes including outpatient and administration and office accommodation.

  Moving forward, there are good opportunities to work with stakeholders to upgrade the structure both externally and internally to enable the building to remain functional and useful as part of our longer-term acute estate.

Subject to funding and business case approvals, the following capital projects are on the horizon to be delivered at Victoria Hospital in future years:

- Pharmacy refurbishment to accommodate robotics and dispensary
- Dermatology refurbishment
- Potential refurbishment to accommodate ambulatory care
- North Lab replacement
- Progressive refurbishment of Phase 1 and 2 to create agile administration office space and outpatient services

5.2.8 **Decontamination**

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

The DCP's Strategic Objectives are:

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

DRAFT

NHS Fife is represented on this group and within the Strategic Facilities Group to which it reports. NHS Fife will be keen to ensure that resilient and sustainable proposals are developed which meet the Board's future requirements. This may include the establishment of a Regional Decontamination Unit within Fife serving local requirements whilst offering resilience to neighbouring boards. Discussions regarding the options are ongoing at a National and Regional level.

5.2.9 Primary Care Premises Review

The General Medical Services (GMS) Contract introduced several additional roles that are to be delivered by multi-disciplinary Primary Care teams. This will fundamentally change the way in which Primary Care will be delivered in the future. In particular, where the Contract identified a number of new workforce roles, this is likely to create a requirement for additional accommodation in Primary Care premises in the future.

To respond to this need, NHS Fife commissioned a Primary Care Premises Review to measure the current situation and include a range of other drivers eg new housing developments. The objective was to identify the investment priorities for Primary Care premises across NHS Fife.

The approach included the following key stages:

- Data Gathering – local, national, Board level and practice level information
- Establishing Trends – demographic, housing, impact of new models of care, increased use of information technology and smarter working
- Future Capacity Planning – identification of the capacity required to deliver demand by practice and highlighting gaps
- Prioritised Investments – identifying the investments both short-term minor modifications and long-term major capital investment requirements

The output of this exercise has been a 'draft' report which outlines initial short, medium and long-term service and premises recommendations. Since the 'draft' report has only recently been concluded, the recommendations will be considered by NHS Fife, Fife Health & Social Care Partnership and key stakeholders.

In the meantime, a sum of funding (around £2m) has been secured to attend to some of the immediate short-term premises priorities and the aim is to spend this funding and attend to these priorities by the end of 2022/23.

In respect of the medium to long-term priorities, these focus on larger Capital Projects in the form of new premises. Our intention is to reach agreement on the way forward by March 2023. This will then allow associated Business Case activity to commence.

The National Code of Practice for GP Premises 2017 sets out the support for a long-term shift to a model where GPs do not own their premises. In addition, it provides a mechanism if a GP wishes the Board to take on their responsibilities under an existing lease.

To enable this vision, the GP Premises Sustainability Loans Scheme was established to allow GPs to be able to access interest free secured loans. The Code describes the planned transition over a 25 year period to a model where GP contractors no longer own their premises.

5.2.10 Mental Health

Mental Health Inpatient & Community Services are in the process of being re-designed to ensure that services are provided in the most suitable places throughout Fife. The Fife Mental Health Strategy 2020-2024 provides the strategic context for this Programme.

The refreshed Strategy takes full account of the recommendations of the Scottish Government's National Mental Health Strategy 2017-2027. The Strategy emphasises the need to build capacity within our local communities, increase access at the earliest point in a patient's journey to proportionate advice, support and treatment and reduce the reliance on hospital beds.

The Fife Mental Health Strategy is currently under review with the refreshed position being developed. The spirit of the Strategy will remain the same with updates required to provide clear direction and tangible objectives that can be delivered upon, measured and reported.

Currently, NHS Fife's Mental Health inpatient establishment is spread across several sites including:

- Stratheden Hospital, Cupar
- Queen Margaret Hospital, Dunfermline
- Whytemans Brae Hospital, Kirkcaldy
- Lynebank Hospital, Dunfermline

We are aware that the current configuration of services and beds across multiple sites is sub-optimal, affecting patient flow and staffing efficiencies. The condition and configuration of the facilities are also of concern in respect of patient and staff safety, promoting therapeutic interventions and reducing lengths of patient stays. The Mental Welfare Commission, Health & Safety Executive and Scottish Government are all actively involved around seeking reassurances around positive changes to the estate.

The current situation and strategic and political context are enabling consideration of positive and bold changes regarding the Mental Health inpatient estate. This is an attractive opportunity to design sustainable long-term Mental Health inpatient services in Fife. It will support the overall strategy by offering patient centred care locally and the provision of appropriate inpatient services, where necessary.

To enable these changes, a dedicated Inpatient Redesign Project Board has been established to initially support completion of the Initial Agreement Document in accordance with the Scottish Capital Investment Manual. The current trajectory is to complete the Initial Agreement this year.

Following approval of the Initial Agreement, the Outline and Full Business Case components of the Business Case will require to be completed. Taking this into account, it could be several years before substantial reconfiguration works commence. As such, there will be an ongoing requirement to maintain and improve the existing inpatient estate in order for patient and staff safety protection.

At the end of March 2022, an allocation of around £1m was identified by Scottish Government to Fife IJB for Mental Health Facilities Improvement. The Fife IJB and NHS

Fife are investigating how a portion of this funding may be used to improve the Mental Health estate.

5.2.11 Community Hospitals

Our Inpatient Community Hospital estate includes:

- Adamson Hospital, Cupar
- Cameron Hospital, Windygates
- Glenrothes Hospital, Glenrothes
- Queen Margaret Hospital (Wards 5-8 &16), Dunfermline
- Hospice at Victoria Hospital, Kirkcaldy
- St Andrews Community Hospital, St Andrews

Our Community estate locations within Fife are historical and potentially do not align with the best model for community based service delivery. Work is underway to initiate the development of a Community Strategy which will help to define the best way forward for balancing community inpatient provision including Care at Home or in a homely setting.

Once this work is complete, a Programme Board will be assembled to help deliver the necessary change (including changes to our estate).

5.2.12 Future Vehicular Fleet

The main features facilitating the future green direction of the fleet include:

- Pragmatic use of a mix of capital funding, revenue funding and Switched on Fleet grants to deliver the decarbonisation agenda
- Where financially appropriate, we will use leasing as the procurement method which will continue to ensure a modern, reliable and fit for purpose fleet
- Utilise leasing as a way forward to ensure full advantage can be made of developing EV technology
- Close work with Clinical staff to ensure effective use of fleet. Examples of ongoing works include:
    - Actions taken following Clinical Waste Audits which precipitated changes in collection routines
    - Investment in GP used centrifuges which allowed efficiencies in sample collection logistics
    - Circa 4 ICE vehicles will be replaced in 2022/23 with EVs and this will bring the percentage of EVs within the fleet to approximately 27%

DRAFT

6 How will we get there?

To move our Capital Plans forward, NHS Fife will continue to work collaboratively, both internally and externally, with multiple stakeholders. By doing so, we will be able to generate buy-in to our proposals enabling them to be delivered as smoothly as possible.

The financial environment to realise our objectives is challenging. NHS Fife receives around £7.5m of reoccurring capital each year. The allocation is only subject to a periodic inflationary uplift which can mean a shortfall in real terms in subsequent years. The recurring capital is primarily used to maintain the status quo in terms of the estate and equipment. Therefore, any funding required to instigate real change requires to be funded separately via Scottish Government Business Case applications and agreement around initial scheme development.

6.1 Capital Plan for 2022/23

The planned distribution of capital funding for FY 2022/23 is noted in the table below.

A 5% inflationary increase was awarded taking the funding allocation to £7.764m. £2m of the capital formula allocation for 2022/23 has been approved via the financial planning process, to be transferred to revenue in the form of a Capital to Revenue transfer. This will support the implementation of a number of revenue projects and initiatives to be taken forward by NHS Fife in 2022/23.

Table 10 - Capital Plan for 2022/23

Project	**Expenditure 2021/22 £'000**
Source of Funding	
Scottish Government Allocation	7,764,000
Capital to Revenue Transfer	(2,000,000)
Total Core Funding	**5,764,000**
Planned Capital Expenditure	
Queen Margaret Hospital Theatres	734,000
Digital and Information	877,000
Capital Equipment	1,507,000
Backlog and Statutory Compliance	2,230,000
Transport	100,000
Capital Planning	66,000
Clinical Prioritisation	250,000
Total Capital Expenditure	**5,764,000**

DRAFT

Beyond capital formula, £18.1m has been identified to fund existing and new capital initiatives in the financial year with most of the funding (£13.39m) being allocated to complete the National Treatment Centre – Fife Orthopaedics.

The balance of the funding, if agreed by Scottish Government, will be allocated to progress the following schemes:

- Kincardine and Lochgelly Health & Wellbeing Centres – scheme development
- Mental Health Inpatient Re-design – scheme development
- Pharmacy robotics – scheme development
- Queen Margaret Hospital Day Surgery Theatres – delivery/construction
- E-health main servers – delivery

Pending agreement with Scottish Government, NHS Fife's total capital allocation for 2022/23 will be in the order of £23.9m.

Beyond the Capital Plan, NHS Fife is working closely with the Fife IJB to agree how the IJB may be able to support improvements in the Primary Care and Mental Health estate.

6.2 10-Year Capital Investment Plan

The 10-Year Capital Investment Plan is included at Appendix B. The Plan represents the current position but will be subject to change. The intention will be to review and update the Plan on a quarterly basis to provide clear visibility to Scottish Government regarding our funding intent.

It should be noted that the 10-Year Capital Investment Plan, is a plan and does not confirm that funding is in place for the schemes identified. Funding support will be agreed progressively in line with the Business Case process set out in the Scottish Capital Investment Manual (SCIM).

6.3 Strategic Planning & Resource Allocation (SPRA) 2022/23

NHS Fife has, in recent years, instigated a bottom up SPRA process where each directorate is required to identify several of their strategic priorities for the coming year(s).

This constitutes the Action Plan against which progress will be reported to the Fife Capital Investment Group and the Finance Performance & Resources Committee of the Board.

The majority of these Actions are included in the Annual Delivery Plan reporting mechanisms.

DRAFT

The Estates, Facilities & Capital Planning SPRA objectives and status are summarised in the table below:

Table 11 - SPRA Objectives 2022/23

Objective	Benefit	Lead	Time
Increase the capacity of Capital Planning	Ability to deliver scale and ambition of the Capital Programme whilst mitigating risk	Ben Johnston	FY 2022/23
Develop and deliver a Medical Devices Strategy with supporting governance	Support and develop a proactive replacement and modernisation programme over 5-10 years	Neil McCormick	FY 2022/23
Implement the Climate Emergency & Sustainable Development Policy including agreed Net Zero commitments	Board response to global climate emergency	Neil McCormick	FY 2022/27
Managing temporary Covid-19 workforce through end of pandemic transition	Ensure that cost pressure is managed through redeployment and completion of short- term contracts	Jim Rotheram	FY 2022/23
Identify more appropriate use of Corporate Services accommodation to encompass agile working and reduce numbers at VHK	Create better working environments and estate efficiencies	Neil McCormick Jim Rotheram	FY 2022/23
Delivery of National Treatment Centre – Fife Orthopaedics	Increased capacity and better environment for local and regional use	Ben Johnston	FY 2022/23
Delivery of 2 Health & Wellbeing Centres	Facilities to meet the new GMS requirements	Ben Johnston	FY 2024/25
Complete Mental Health Inpatient Initial Agreement	To deliver inpatient need for change	Ben Johnston	FY 2022/23
Contribute towards Pharmacy Robotics Initial Agreement	Improved dispensing and control of medicines	Ben Johnston	FY 2022/23
Expansion and refurbishment of QMH day surgery accommodation	Better efficiency/increased capacity	Ben Johnston	FY 2023/24
Development of an internal minor works capability	More responsive, cost-effective internal offering to support minor works/refurbishments	Paul Bishop	FY 2022/23

DRAFT

6.4 Risks and Constraints to Successful Delivery of the PAMS

In respect of Estates and Facilities, in order to maintain the status quo, risk is managed day-to-day as business as usual through DATIX, SCART and EAMS.

To implement wider significant organisational change, risk requires to be embraced and managed. Therefore, to allow the delivery of the Population Health & Wellbeing Strategy, our Strategic Framework and this PAMS, we will require a risk appetite in line with these aspirations.

A new Corporate Risk will be developed in line with NHS Fife's revised Risk Management Framework to cover delivery of the PAMS. This will generally support the Population Health & Wellbeing Strategy, our Strategic Framework.

This risk entry will be inclusive of the matters noted in the table below:

Table 12 - Key Risks

Theme	Risk	Action
Strategy	Disconnect between Population Health & Wellbeing Strategy, our Strategic Framework and this PAMS	Continue to work hand-in-hand with other directorates to ensure that the PAMS captures the requirements of the Population Health & Wellbeing Strategy
Capital Projects	Lack of internal human resource to deliver programme	Identified through SPRA as a key departmental objective for 2022/23 Revenue/capital funding is required to support this
Capital Projects	Availability of experienced human resource (internal & external) to deliver programme	Escalate through national groups
Capital Projects	Complexity and forever changing project delivery landscape Impact of new initiatives on resources, funding and programme including: • NHS Assure KSAR • New sustainability tool • Soft landings • BIM/AIMS In some cases, new revenue-based roles are required with no connected funding – Sustainability Champion, Soft Landings Champion and AIMS Champion	Escalate issues through NHS Assure and, where necessary, SG
Capital Projects	Funding constraints	Develop robust PAMS together with a 10-year plan and engage regularly with SG
Sustainability Policy and Strategy	Lack of internal and external human resource to deliver the required change	• Seek support within NHS Fife for additional resources • Re-deploy or assign new duties

Theme	Risk	Action
		to existing posts • Identify shared resources with other Boards • Seek associated funding from SG to enable delivery of this work
Sustainability Policy and Strategy	Funding constraints	Engage with SG
Sustainability Policy and Strategy	Maturity of technology/industry to allow the required level of change eg replacement for gas	Work closely with SG, regional partners (health and public sector) and the private sector to identify opportunities
Estate and Facilities	Capital formula funding fails to keep pace with inflation affecting the Board's ability to cope with back-log and statutory compliance	Engage with SG

DRAFT

7 Appendix A – NHS Fife's Strategic Framework

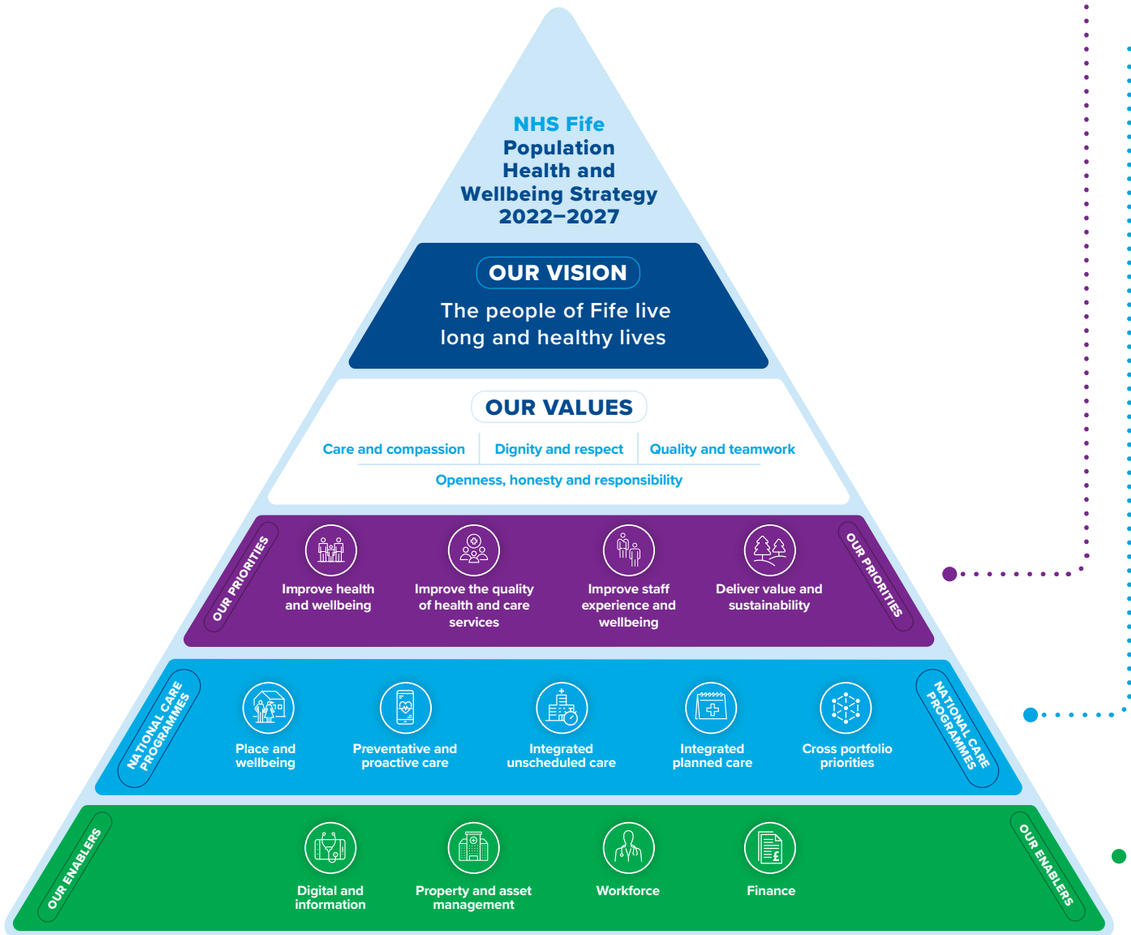
DRAFT

8 Appendix B – 10-Year Capital Investment Plan

DRAFT

Our Strategic Framework 2022–2027

This is our strategic framework, developed by our staff and built on our vision and values.



OUR PRIORITIES

To improve health and wellbeing	Helping people to stay well at home and addressing inequalities and access.
To improve the quality of health and care services	Providing the safest and best possible services to the people of Fife.
To improve staff experience and wellbeing	Valuing and looking after our staff.
To deliver value and sustainability	Ensuring our services are sustainable, relevant and provide the best use of our resources.

NATIONAL CARE PROGRAMMES

Place and Wellbeing	The aim is to support partnership working to improve health and wellbeing and reduce health inequalities of a population within a defined local geography.
Preventative and Proactive Care	The aim is to proactively keep people well, independent and in the most appropriate care setting for their needs.
Integrated Unscheduled care	The aim is to provide support to those people in need of urgent health and/or social care.
Integrated Planned Care	The aim is to support the effective implementation of the Remobilise, Recovery, Redesign Framework (2020).

OUR ENABLERS

Digital and Information	To improve the care and wellbeing of people in Fife by making the best use of digital technologies in the design and delivery of services.
Property and Asset Management	To ensure the infrastructure is fit for purpose and supports the delivery of patient care and services across Fife.
Workforce	To ensure a sustainable, fulfilled workforce to deliver innovative and high quality patient care.
Finance	To support investment and disinvestment which delivers prioritised and impact assessed financial arrangements.

NHS Fife Capital Planning Investment Proforma

05.09.22
Ben Johnston & Tracy Gardiner

NHS Board: NHS Fife

This should include all Board approved investments plus those anticipated and described within your PAMS for the next 10 years
Rows may be added to include all investment plans within each category but you must ensure that the summary totals at the bottom of the table remain valid and correct

10 Year Investment Plan (£millions)															Comments
Investment Projects likely to be revenue based (Hub, NPD, etc) - include total capital value, upfront costs, and equivalent capital spend															
Projects:	Total Capital Value	To date	2020/21	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	Balance	(Equivalent capital spend should be profiled over the anticipated construction investment period)
	0														
	0														
	0														
Capital / Board Funding Projects:															
New Investment Projects:	Total Capital Value	To date	2020/21	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	Balance	
Investment in Existing Estate:	Total Capital Value	To date	2020/21	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	Balance	(including refurbishment schemes, direct backlog maintenance projects, environmental improvements projects etc)
Backlog	39416.2	0.0	3318.2	2396.0	3680.0	3680.0	3680.0	3777.0	3777.0	3777.0	3777.0	3777.0	3777.0	0.0	Back-log, statutory - detailed 3-5 year plan being worked up 22/23 which sits behind this yearly general allocation.
Refurbishment / upgrade	6011.9	0.0	943.9	250.0	526.0	526.0	526.0	540.0	540.0	540.0	540.0	540.0	540.0	0.0	Clinical Prioritisation
	0.0														
	0.0														
Investment in Other Assets:	Total Capital Value	To date	2020/21	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	Balance	
Medical Equipment	30175.2	0.0	7539.2	1507.0	2307.0	2307.0	2307.0	2368.0	2368.0	2368.0	2368.0	2368.0	2368.0	0.0	
IM&T	12980.2	0.0	1643.2	1710.0	1051.0	1051.0	1051.0	1079.0	1079.0	1079.0	1079.0	1079.0	1079.0	0.0	
Remobilisation Equipment	49.8	0.0	49.8												louisa jordan equipment
Vehicles	198.0	0.0	198.0												
Laundry Equipment	654.4	0.0	654.4												
Any Other Investment Plans															
Projects:	Total Capital Value	To date	2020/21	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	Balance	
Property															
Orthopaedic Centre	34347.0	3978.0	16740.0	13629.0										0.0	Funding confirmed, board priority
Kincardine Health Centre	7816.0	37.0	207.0	856.0	5749.0	967.0								0.0	OBC Stage, funding tbc, board priority
Lochgelly Health Centre	13031.0	60.0	348.0	1228.0	9735.0	1660.0								0.0	OBC Stage, funding tbc, board priority
QMH Theatre reception	2500.0		266.0	2234.0										0.0	22/23 funding tbc, design being developed so full budget tbc
Mental Health Strategy	150000.0		25.8	100.0	2000.0	3000.0	4500.0	4500.0	25000.0	25000.0	25000.0	25000.0	25000.0	10874.2	IA Stage - board priority, high level initial cost for planning purposes
Pharmacy Robot	9250.0			100.0	200.0	250.0	4700.0	1000.0	1000.0	1000.0	1000.0				IA stage - board priority, feasibility costs currently being worked up. High level initial cost for planning purposes
Dermatology, Phase 2, level 3	4100.0				1100.0	3000.0									Scheme to be confirmed/endorsed internally - high level initial cost for planning purposes. Requested to proceed with design phase pending funding allocation.
QMH Theatre Upgrades Ph2	3500.0				150.0	200.0	3150.0								Scheme to be confirmed/endorsed internally - high level initial cost for planning purposes
North Labs	18000.0					600.0	600.0	600.0	8000.0	8200.0					Scheme to be confirmed/endorsed internally - high level initial cost for planning purposes
Ambulatory care, Phase 2, level 4	4000.0					1000.0	3000.0								Scheme to be confirmed/endorsed internally - high level initial cost for planning purposes
Ortho offices, Phase 1, level 2 refurb	900.0				400.0	500.0									Scheme to be confirmed/endorsed internally - high level initial cost for planning purposes - area/cost not based on full level
General refurbishment of Phase 2	0.0														Will be difficult to achieve without a decant of a floor. Item 17 may assist?
QMH Master-plan and clinic 4 gynaecology	0.0														More info required
Community hospital strategy	0.0														
Primary Care Premises Strategy	0.0														
Teaching Health Board status	0.0														Looking for extra space at VHJ plus, 3 community hubs
Audiology	0.0														
Statutory compliance bid	2720.0			2720.0											Awaiting confirmation from SG
E-health	0.0														
HEPMA	2672.0			1000.0	925.0	747.0									SG funding for initial IA but revised IA/funding tbc
LIMS	1920.0				1920.0										To be confirmed
Net App SAN	605.0			605.0											Awaiting confirmation from SG
Main Servers	352.0			352.0											Awaiting confirmation from SG
LIMS accelerated adoption	271.0			271.0											Awaiting confirmation from SG
Digital Bid	700.0			700.0											Awaiting confirmation from SG
CUCM Platform Replacement	860.0				860.0										To be confirmed
Telecomms	1155.0				1155.0										To be confirmed
GP Server Hardware	330.0				330.0										To be confirmed
	0.0														
Planned Disposals															
Properties:	Total Value	To date	2020/21	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	Balance	Include current anticipated / estimated disposal value
Lynebank Hospital Land	0														Access and drainage issues affecting sale. We also need to define mental health strategy before we release land.
SUMMARY															
	Total Value	To date	2020/21	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	Balance	
Total Investment	192309.5	4075.0	31933.5	29658.0	32088.0	19488.0	23514.0	13864.0	41764.0	41964.0	33764.0	32764.0	32764.0	10874.2	
Total Disposal Receipts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Balance	192309.50	4075.00	31933.50	29658.00	32088.00	19488.00	23514.00	13864.00	41764.00	41964.00	33764.00	32764.00	32764.00	10874.20	

Meeting:	**FP&R Committee**
Meeting date:	**13 September 2022**
Title:	**Victoria Hospital, Kirkcaldy – locations with Listed Building Status by Historic Environment Scotland**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Ben Johnston, Head of Capital Planning & Project Director**

1 Purpose

This is presented to the group for:

- Assurance

This report relates to a:

- Project update

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

Phase 1 and 2, Victoria Hospital, Kirkcaldy (VHK) were designated with Listed Building status by Historic Environment Scotland on 12 July 2022.

2.2 Background

Dating back to 2018, Historic Environment Scotland considered and assessed five buildings on the VHK site:

- Phase 1 Block
- Phase 2 Block
- Hayfield House
- North Laboratory
- Whyteman's Brae

Note: buildings less than 30 years old are not normally considered for Listed Building status which is why only five properties were assessed.

Following assessment, a decision was taken to list the Phase 1 and 2 properties with a summary of the key reasons below:

Phase 1

Phase 1 has been listed as Category C - buildings of special architectural or historic interest which are representative examples of a period, style or building type.

Phase 1 meets the criteria of special architectural or historic interest for the following reasons:

- The Phase 1 Block is a good representative example of a new type of centralised hospital building that was established in the 1950s
- The design quality reflects the Modernist ethos of hospital architecture that emerged in the early post-war period
- The concrete roof canopy and open sun deck are unusual within the context of Scotland, reflecting the roof terraces and sun decks of some European models of the inter-war period
- The setting has been partially altered by later development; however the Phase 1 Block retains a setting that is connected to its group interest. It is a key part of a wider hospital site that shows continuity and consistency in terms of its phased design

Phase 2

Phase 2 has been listed as Category B - buildings of special architectural or historic interest which are major examples of a particular period, style or building type.

Phase 2 meets the criteria of special architectural or historic interest for the following reasons:

- The Phase 2 Block is a major example of a new building type applied for hospital use, modelled on earlier examples from the USA and Europe
- It is an early example of a high-rise hospital design in Scotland, of which few examples survive in such an unaltered state
- The design quality reflects the Modernist ethos of hospital architecture that emerged and developed in the early post-war period
- The setting has been partially altered by later development; however, the Phase 2 Block retains a setting that is connected to its group interest. It is the principal part of a wider hospital site that shows a continuity and consistency in terms of its phased design

2.3 Assessment

2.3.1 General

As Listed Buildings, the properties have been legally protected with effect from 12 July 2022 under Section 1 of the Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997.

The implication of a Listed Building designation is that if NHS Fife wish to make any changes to the designated properties that the local authority considers would affect the character of the listed building(s), then it would be required to apply for Listed Building consent prior to commencing any work. In practical terms, given the nature of the two buildings, this is most likely to cover external fabric changes and major internal alterations.

2.3.2 Implications

Although Listed Building status does represent long-term site constraints at VHK, given the integrated nature of the Phase 1 and 2 buildings within the wider VHK site, it would have been extremely complicated to remove them within a live operational environment. With ongoing investment, the facilities will continue to offer 'appropriate' accommodation for healthcare purposes. Furthermore, their retention is also in keeping with the sustainability agenda which is about minimising carbon creation through making best use of our existing assets.

2.3.3 Quality/Patient Care

Listed Building status for the Phase 1 and 2 buildings will allow them to be factored into a developing long-term VHK Masterplan with much more confidence thus helping to create the best accommodation we can for our patients and staff.

2.3.4 Workforce

As 2.3.3.

2.3.5 Financial

Listed Building status can affect cost planning for projects as there is a requirement to replace like for like in respect to aesthetics narrowing the market. Construction can often be slower to account for quality and traditional methods leading to increased cost.

There are grants available, so this may act as a financial opportunity eg Phase 2 window replacement as a possible example.

We have met with HES and Fife Council, and we have been assured that there will be flexibility within the interior of the buildings as the listing is primarily for the

external facades of the buildings. We have also been advised that measures to reduce carbon emissions would also be looked upon favourably.

2.3.6 Risk Assessment/Management

The key risk is that future developments within Phase 1 and 2 may be constrained (time, cost and scope) as a result of their listed designations.

2.3.7 Equality and Diversity, including health inequalities

n/a – no change.

2.3.8 Other impact

Not used.

2.3.9 Communication, involvement, engagement and consultation

A joint press statement was issued following the listing by HES.

2.3.10 Route to the Meeting

EDG on 18 August 2022
FP&R Committee on 13 September 2022

2.4 Recommendation

This paper seeks to provide assurance in respect to the designated Listed Building status for Phase 1 and 2, VHK. Whilst the listings do represent long-term site operational constraints, they also contribute towards the resolution of an emerging long-term sustainable Masterplan for the VHK site.

In the event, should colleagues wish to appeal against the listings then this must be done within three months, by the closing date of 14 October 2022. It should be noted that NHS Fife and Fife Council have already made representations during the consultation process.

3 List of Appendices

1. Notification covering letter of 14 July 2022
2. Designation Report of Handling

Report Contacts

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

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

HISTORIC ENVIRONMENT SCOTLAND | ÀRAINNEACHD EACHDRAIDHEIL ALBA

Neil McCormick
Director of Property and Asset Management
NHS Fife

Designations
Longmore House
Salisbury Place
Edinburgh
EH9 1SH

Direct Line: 0131 668 8914
Switchboard: 0131 668 8600
Designations@hes.scot

Sent by email: Neil.McCormick@nhs.scot
ben.johnston2@nhs.scot
Andrea.Barker@nhs.scot

Our ref: 300031332 and 300040518

14 July 2022

Dear Neil McCormick

Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997
Buildings of Special Architectural or Historic Interest
Phase I Block, Victoria Hospital, LB52536 and Phase II Block (Tower and Podium), Victoria Hospital, LB52537 - designation as listed buildings

Following our consultation of 30/10/2019 our post-consultation discussions of 25/04/2022 and 11/05/2022, I am writing to inform you that the above sites have been designated as listed buildings.

Statutory listing address (including postcode and designation number)	Category of listing	Weblinks to decision and listed building record
Phase I Block, Victoria Hospital, excluding all later additions and other buildings on the hospital site, except for the Phase II Block (Tower and Podium) to the south (LB52537), Hayfield Road, Kirkcaldy (LB52536) KY2 5AH	C	http://portal.historicenvironment.scot/decision/500002949 http://portal.historicenvironment.scot/designation/LB52536
Phase II Block (Tower and Podium), Victoria Hospital, excluding all later additions and other buildings on the hospital site, except for the Phase I Block to the north (LB52536), Hayfield Road, Kirkcaldy (LB52537) KY2 5AH	B	http://portal.historicenvironment.scot/decision/500002950 http://portal.historicenvironment.scot/designation/LB52537

As listed buildings the properties have been legally protected with effect from 12/07/2022 under Section 1 of the Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997.

Fife Council has been made aware of these decisions.

Yours sincerely

Helen Bowman
Designations Support Officer

How does listing affect me?
It means that if you want to make changes to the property which the local authority considers would affect the character of your listed building you will need to apply for listed building consent before starting work. You apply to your local authority for consent and they can advise you on any development proposals.

Listing isn't intended to prevent development but instead to signal that there is a special interest that should be taken into account in the planning process.

Where do I go for more information?
More information about listing can be found on our website at https://www.historicenvironment.scot/advice-and-support/listing-scheduling-and-designations/listed-buildings/ and in our booklet *Scotland's Listed Buildings*. A downloadable copy is available here https://www.historicenvironment.scot/scotlands-listed-buildings and in Gaelic https://www.historicenvironment.scot/scotlands-listed-buildings-gaelic. If you would prefer a paper copy I will be happy to post one to you.

How do I appeal this listing?
Owners, occupiers and tenants have a statutory right of appeal when we make a change to statutory address of an existing listed building. The only statutory, or legal, part of a listing is the address in the listed building record.

Appeals are made to the Planning and Environmental Appeals Division (DPEA). There is no fee to make an appeal. Appeals can be made on the grounds that the building is not of special architectural or historic interest and should be removed from the list.

In Building Designation Appeal decisions taken to date DPEA have not considered future use, development proposals and financial issues relevant to their decision making.

You can search previous decisions by entering 'Building Designation Appeal' on DPEA's website.

You must make your appeal within **three months** of this notification letter.

Appeal forms and guidance notes for making appeals are available at DPEA:
Planning and Environmental Appeals Division
Ground Floor
Hadrian House
Callendar Business Park
Callendar Road
Falkirk
FK1 1XR

Website: www.dpea.scotland.gov.uk
Email: DPEA@gov.scot
Telephone: 0300 244 6668

How did we handle this case?
Your comments and suggestions about how we can improve our designations work are important to us.

If you would like to give us feedback please contact 0131 668 8914 or designations@hes.scot.

* The statutory listing address is not the same as your postal address. The statutory address is the legal part of the listing and can indicate the name of the building, its location or street address as known at the date of listing or amendment to the listing and may include other buildings or structures which form part of the listing.

Designation Report of Handling

HISTORIC ENVIRONMENT SCOTLAND | ÀRAINNEACHD EACHDRAIDHEIL ALBA

Case information

Case ID	300031332 & 300040518
File Reference	HGH/B/FC/259 & HGH/B/FC/277
Name of Site	Victoria Hospital, Hayfield Road, Kirkcaldy
Postcode (if any)	KY2 5AH

Local Authority	Fife Council
National Grid Reference	NT 28004 93156 & NT 27987 93075
Designation Type	Listed Building
Designation No. and category of listing (if any)	N/A
Case Type	Designation

Received/Start Date	13/09/2018
Decision Date	12/07/2022

1. Decision

Statutory Listing Address	**Category of listing**	**Case Reference/ Listed building Reference**
Phase I Block, Victoria Hospital, excluding all later additions and other buildings on the hospital site, except for the Phase II Block (Tower and Podium) to the south (LB52537), Hayfield Road, Kirkcaldy	C	300031332/ LB52536
Phase II Block (Tower and Podium), Victoria Hospital, excluding all later additions and other buildings on the hospital site, except for the Phase I Block to the north (LB52536), Hayfield Road, Kirkcaldy	B	300040518/ LB52537

An assessment using the selection guidance shows that the **Phase I Block** and the **Phase II Block (Tower and Podium),** meet the criteria of special architectural or historic interest. The decision is to list Phase I Block at category C and Phase II Block at category B.

An assessment using the selection guidance shows that **Hayfield House, Whyteman's Brae Hospital**, the **Laboratory Block** and the other buildings on the Victoria Hospital site do not meet the criteria of special architectural or historic interest. The decision is not to list these buildings.

2. Designation Background and Development Proposals

2.1 Designation Background

The buildings at Victoria Hospital, Kirkcaldy, are not currently listed and no previous review is known.

2.2 Development Proposals

The buildings at Victoria Hospital have been subject to a large number of development proposals, including the major extension and redevelopment of the existing hospital, with the formation of new access and associated parking facilities (Ref: 07/01142/CFULL, approved 12/02/2008).

Various applications were also granted for the erection of small extensions to the Phase I Block and for the installation of curtain walling and replacement windows to its south wing (Ref: 16/03152/CLP, approved 04/10/2016).

Fife Council have confirmed that they do not consider there to be current development proposals for the Phase I and Phase II Blocks at the Victoria Hospital site (2019).

NHS Fife have indicated that due to a number of issues, which include failing windows, fire compartmentalisation problems and deteriorating internal and external fabric, the Phase II Block (Tower and Podium) will require refurbishment in the near future. In recent years the Phase I Block has undergone a programme of replacing the windows and cladding panels to the rear, and NHS Fife has noted that this will likely be required across the remainder of the Phase I Block.

An application for full planning permission (ref: 20/00972/FULL) for the erection of an Orthopaedic Elective Care Centre with link bridge connection to existing buildings, including ancillary landscaping and parking, was submitted on 30/04/2020. This was approved with conditions on 21/01/2021. The building is due to be opened in Autumn 2022.

The current development proposals do not relate to the Phase I and Phase II Blocks, and therefore do not affect our decision making in this case.

3. Assessment

3.1 Assessment information

We received a proposal to designate five buildings, or groups of buildings, dating to the 1950s and 1960s phases (I and II) or redevelopment at Victoria Hospital on 13/09/2018. These were for:

- Phase I Block (at NT 28004 93156)
- Phase II Block (Tower and Podium) (at NT 27987 93075)
- Hayfield House (former Nurse's Home) (at NT 27930 93184)
- Laboratory (at NT 28027 93220)
- Whyteman's Brae (at NT 27982 93405)

We visited the Victoria Hospital site was visited 17/01/2019. We saw the exterior and much of the interior of the above buildings. Due to the sensitive nature of its use, we only saw a small part of the interior of Whyteman's Brae.

We also saw the exterior of all other buildings on site but they do not form part of this review.

3.2 Assessment of special architectural or historic interest

We found the **Phase I Bloc**k to meet the criteria for listing. We carried out an assessment using the selection guidance to decide whether a site or place is of special architectural or historic interest. See **Annex A**.

We found the **Phase II Block (Tower and Podium)** to meet the criteria for listing. We carried out Aa assessment using the selection guidance to decide whether a site or place is of special architectural or historic interest. See **Annex B**.

We found that the **Laboratory**, **Hayfield House** and **Whyteman's Brae** do not meet the criteria for listing.

The (Fife District) **Laboratory** building was constructed between 1962-67, as part of the Phase II development of Victoria Hospital. This new central laboratory superseded that at Cameron Hospital in Windygates, which had been established in 1952 within existing buildings (British Medical Journal Vol. 288, 1984). Purpose-built laboratory blocks are not a common building type, however this example at Victoria Hospital has been significantly altered in terms of its plan form and internal fabric. It is not of special interest in architectural terms as it is not a notable example of the Miesian-style of modernism in the 1950s and 1960s.

Hayfield House was built as a nurse's home in 1956-58 and formed part of the Phase I redevelopment of Victoria Hospital. The six-storey building provided living accommodation and recreational facilities for 88 nurses, with 17 individual bedrooms on each floor. The method used to construct the structural walls was innovative, as it was the first architectural application of the sliding hydraulic-jack system in Britain. The system had previously only been used in the construction of silos, while the use of manual jacks had previously been used in buildings (Builder 1957, p.362-64).

In design terms the building is reminiscent of the work of Ralph Tubbs (particularly the YMCA Indian Student's Hostel in London, 1952 [listed Grade II]). Now in use as offices, the internal layout of the former nurse's home has remained largely unaltered on the upper floors. However, the ground floor, which originally had an open colonnade, has been largely infilled. This has obscured the Brutalist-style concrete piers and has impacted on the overall character of the building.

In the context of the post-war period, nurse's homes were not a new building type and Hayfield House is not an early or a rare surviving example. Although the method of construction had elements of innovation for the time, in its altered state the building is not a notable example of late-1950s architecture.

The **Whyteman's Brae** development to the north of Hayfield Road was first laid out in the mid 1950s, as part of the masterplan for the transformation of Victoria Hospital. Built in 1980-83 to the designs of Basil Spence, Glover and Ferguson, it is a late example of a low, campus-style group of healthcare buildings (encompassing a health centre, mental health unit and geriatric units), which was introduced in the 1950s. Although displaying some good composition and use of materials and detailing, in our current understanding it is not an early or notable example of its type, or of the firm's output.

The listing criteria and selection guidance for listed buildings are published in Designation Policy and Selection Guidance (2019), Annex 2, pp. 11-13, https://www.historicenvironment.scot/designation-policy.

3.3 Policy considerations

We did not visit the Maggie's Centre, which was designed by Zaha Hadid in 2006, or the 2009 hospital extension (Phase III) and they have not been assessed as part of this review. These buildings are less than 30 years old. We do not normally list buildings less than 30 years, and there are no exceptional circumstances relating to these buildings that we are aware of.

We consider the individual circumstances of each case. In deciding whether to designate a site or place or amend an existing designation while there are ongoing development proposals, we will consider:

- the implications of designation on development proposals;
- the effect of the proposed development on the significance of the site or place; and
- the extent to which plans have been developed for the site or place – where these are particularly advanced, we will not normally list or schedule.

Further information about development proposals and designation is found in Designation Policy and Selection Guidance, pp. 7-8.
https://www.historicenvironment.scot/designation-policy.

With have decided to proceed with designating the Phase I and Phase II Blocks, as the current development proposals do not relate to these buildings.

4. Consultation

4.1 Consultation information

Consultation period: 30/10/2019 to 04/12/2019.

We have consulted with the owners, the planning authority, the community council and the proposer.

The consultation report of handling is published on our portal for comment from interested parties.

4.2 Designation consultations

What you can comment on

We will consider comments and representations which are material to our decision-making, such as:

- Your understanding of the cultural significance of the site or place and whether it meets the criteria for designation.
- The purpose and implications of designating the site or place. We consider whether these are relevant to the case.
- Development proposals related to the site or place. Where there are development proposals, we consider whether to proceed with designation in line with our designation policy.
- The accuracy of our information.

Comments we don't consider

We do not consider comments and representations on non-relevant/non-material issues, such as:

- Economic considerations

- Abusive or offensive remarks
- Whether you personally like, or do not like, a proposal

Our video about consultations explains how you can comment on our designations decisions, and what we can and can't take into account when considering your views. https://youtu.be/ZlqU51tRA6g.

4.3 Consultation summary

We received three comments at consultation (2019-2020), with two objections to the proposed listings and one in support.

Interested party response

One interested party supported the proposal to list the buildings at Victoria Hospital and reiterated the special architectural and historic interest of both buildings.

Planning authority response

The planning authority objected to the proposed listings on the grounds that this might constrain the future use and redevelopment. Their response did not raise any material considerations that put into question the special architectural or historic interest of the buildings under review.

Owner response

In 2019, the owner's representatives objected to the proposed listings and submitted a supporting report with detailed comments questioning the level of special architectural or historic interest and concerns about the ability to deliver updated facilities if the buildings were listed. Questions about applying for a Certificate of Intention Not to List (COINTL) were also raised.

We considered these detailed comments and met with the owner, the owner's representatives and the planning authority, to discuss them. We explained the implications of designation, the listed building consent process and what works would be likely to require listed building consent. We also provided more detail to the owners and their representatives about the context of the buildings and their type within the post-war period in Scotland and the UK.

In early 2020, following further consideration, we decided that category C would be appropriate for the Phase I Block, taking into account the extent of alterations. We amended the report of handling and assessment to provide more detail regarding the changes to both buildings.

Following the outbreak of Covid-19 (Coronavirus) and the subsequent lockdown in March 2020, we decided to postpone the listing. In March 2022, we recommenced the listing process.

Before making a final decision about listing we re-engaged with Fife Council and NHS Fife to determine whether there had been any planning updates or any changes to their views on our listing proposals. In April and May 2022 we met with both parties to discuss the current planning context and if any changes had been made to the site since we assessed it in 2019-2020. Except for the construction of the Orthopaedic Elective Care Unit (20/00972/FULL), both parties noted that there had been no substantial changes since our visit in 2019.

It was agreed that further consultation on listing would not be necessary.

As stated in the *Designation Policy and Selection Guidance* Annex 2 (Section 15), factors such as financial issues, proposed future use, or a building no longer being in its original use were not taken into account. The remaining consultation comments did not raise any issues that put into question the special architectural or historic interest of the building under review.

Dara Parsons
Head of Designations
Heritage Directorate
Historic Environment Scotland

Contact	Robbie Graham, Senior Designations Officer robbie.graham@hes.scot 0131 668 8914

ANNEX A
Assessment of special architectural or historic interest

1. Building or site name

Phase I Block, Victoria Hospital, excluding all later additions and other buildings on the hospital site, except for the Phase II Block (Tower and Podium) to the south (LB52537), Hayfield Road, Kirkcaldy

2. Description, exclusions and historical development

2.1 Description

The Phase I Block is a modular three-storey general hospital building with a basement and a canopied roof terrace. Built between 1956 and 1958 and designed by the Architect's Department of the South East Regional Hospital Board, it was part of the first phase of the post-war expansion scheme for Victoria Hospital. Located in Kirkcaldy, towards the north end of the hospital site, the main (north) elevation is set back from Hayfield Road. The wider hospital site is multi-phased with the majority of buildings dating from the mid 20th century to the early 21st century.

The Phase I Block is T-shaped in plan, with a single-storey central L-plan wing projecting from the north elevation. The concrete-framed structure is faced in buff brick with large sections of metal-framed curtain walling to the two upper storeys (replacement to south elevation of east wing and renovated to the west elevation of the south wing) with blue panels below the windows. Parts of the lower floors are recessed, and the piers of the exposed concrete frame create colonnaded sections. A pair of intersecting square-plan blocks project from the end of the west wing, one of which has a rubblestone panel inset on its west elevation. The north wing has been infilled to the centre of the east elevation by a later extension that is excluded from the listing, and full-height, brick infill panels have been added to the north ends of the east and west elevations of the south wing.

The roofs are flat with later steel railings to the perimeter. There are some plant-related structures and a pair of projecting blocks to the south of the west wing that break through the eaves. Photovoltaic panels have recently been added to the roof of the north wing. A thin concrete canopy spans the roof of the eastern wing, which is carried on slender concrete piers and curved walling to the east. The window openings throughout have thin concrete cills and plain surrounds. There is large multi-paned full-height glazing to the stairs, generally positioned at the end of each wing. Regularly spaced, the windows are largely metal-framed (some late-20th century replacements) and the door openings have cantilevered canopies. There is an external, cantilevered concrete stair to the northeast corner with vertical metal railings.

The **interior** was seen in 2019. There have been incremental changes to the internal fabric and layout, including some subdivision of spaces. Accessed from the north elevation, the main entrance hall is located at the junction of T-plan and provides access to each wing. The wings contain different departments/wards on each floor and are laid out with rooms on either side of a central corridor. The end of each wing is terminated by a set of stairs. The entrance hall has exposed brick walls and a large cantilevered concrete stair with metal balusters. The interior fixtures and fittings are standard for a hospital building and are a mix of mid to later 20th century fabric. The original floor and ceiling finishes have been replaced and the balustrades of the main staircase have been sheeted over.

There are various late-20th and early 21st century additions, most of which are concentrated on the south elevations of the east and west wings, and to the south wing.

2.2 Legal exclusions

In accordance with Section 1 (4A) of the Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997 the following are excluded from the listing: all later additions and other buildings on the hospital site (except for the Phase II Block, LB52537: see case 300040518).

Later additions to the Phase I Block include the full height brick tower and single-storey extension to the east elevation of the east wing, the brick infill extension to the centre of the east elevation of the north wing and the full-height blue-clad extension to the east elevation of the south wing. Other additions include the two abutting the south elevation of the east wing, the two single-storey extensions to the west elevation of the south wing and the early 21st century link corridor to the southwest corner of the south wing.

With the exception of the adjoining Phase II Block (Tower and Podium), the later additions to the Phase I Block and the other buildings on the hospital site are not considered to be of special interest in listing terms. Some buildings, such as the Phase III Block and the Maggie's Centre are less than 30 years old and are not eligible for listing at this time (2020).

2.3 Historical development

The history and phased development of the Victoria Hospital site were concurrent with national developments in the provision of healthcare in the 20th century.

Built between 1956 and 1958, the Phase I Block formed part of the first phase in the major redevelopment and expansion of Victoria Hospital in the mid 20th century. The masterplan for the wider site was conceived and laid out in the early 1950s by the Architect's Department of the South East Regional Hospital Board, under Chief Architect John Holt and project architect Eric D. Davidson.

Prior to redevelopment, the southern part of the present site was occupied by an Infectious Diseases Hospital. This was built in 1897 by Campbell, Douglas and Morrison and in 1908 a Sanatorium was added (Historic Hospitals, Fife). These earlier buildings are shown on the Ordnance Survey map (surveyed 1943, 1947).

The Phase I Block was part of a £675,000 development scheme that also included the construction of a new nurse's home (Hayfield House), kitchens and a boiler house. The Phase I Block is first shown (partially) on the National Grid map of 1959 (surveyed 1958). The remainder is shown on the National Grid map of 1967 (surveyed 1966), along with the Phase II buildings, including the tower and podium to the south.

In the early 1950s, it was initially intended that a new general hospital was to be built at the Fever Hospital at Cameron Bridge, Windygates, Fife (Builder 1952, p. 892). However, this was later changed, and Victoria Hospital was instead selected (Fife Hospitals).

The initial plans for the second stage in the expansion of the site were laid out in the mid 1950s, however the Phase II works were not built until 1962-67. With an estimated cost of £2.25m, the works were initially due to for completion in 1965 but the construction process was delayed by the discovery of coal mining shafts on the site. Combined with the first phase of works, they transformed Victoria Hospital into a District General Hospital for the whole of the East Fife region, and also provided central sterilising and laboratory services to serve the whole county.

It was noted in *Hospital Planning, Management and Equipment (*Vol. 28, 1965, p. 442) that the building employed the extensive use of modern communications systems, which served to reduce travel distances and improve speed and efficiency, particularly with regard to administration procedures. These features included as a pneumatic tube system, high speed elevators, and central dictation and audio frequency staff location systems.

As shown on the National Grid map (published 1967), the Phase II Block abutted to the southwest corner of the Phase I Block and was also linked to the south elevation by the (current) glazed corridor. It was noted in 1967 (The Hospital and Health Services Review Vol. 63, p. 326) that the eastern side of the podium, where the accident and emergency department was then located, had a flyover approach ramp from the road providing emergency vehicular access. This flyover no longer exists and was removed by the early 21st century.

Throughout the later 20th century and early 21st century, various additions and extensions have been added to the exterior of the Phase I Block. These are all excluded from the listing.

In addition to the main Phase II Block (LB52537: see Annex B) the other buildings in the Phase II works included a laboratory, incinerator house, laundry block and extended dining and administrative accommodation (Hospital Planning, Management

and Equipment Vol. 28, 1965, p. 442). Many of these buildings from the Phase I and Phase II works remain on site (2020), however they are excluded from the listing.

Some of the earlier hospital buildings from the 19th and early 20th century survived on the site, up until the Phase III redevelopment of the site, which took place around 2010. Only one is now thought to survive (2020) to the south of the site but this has been substantially altered and extended and is excluded from the listing.

The Whyteman's Brae development to the north of Hayfield Road was initially laid out as part of the 1950s masterplan and the plans were approved in 1973. Constructed between 1980-83, the complex was purpose-built for the care of the elderly and the mentally ill (Historic Hospitals, Fife). Whyteman's Brae is excluded from the listing.

---

3. Assessment of special architectural or historic interest

To be listed a building must be of 'special architectural or historic interest' as set out in the Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997. To decide if a building is of special interest for listing we assess its cultural significance using selection guidance which has two main headings – architectural interest and historic interest (see Designation Policy and Selection Guidance, 2019, Annex 2, pp. 11-13).

The selection guidance provides a framework within which judgement is exercised in reaching individual decisions. The special architectural or historic interest of a building can be demonstrated in one or more of the following ways.

3.1 Architectural interest

The architectural interest of a building may include its design, designer, interior, plan form, materials, regional traditions, technological innovation and setting and the extent to which these characteristics survive. These factors are grouped under two headings:

3.1.1 Design

Built between 1956-58, the **Phase I Block** was the principal building in the initial phase of the transformation works for Victoria Hospital. Executed in the Modernist style using non-traditional building materials and methods, the block is representative of the new type of hospital building for the early post-war period.

The formation of the National Health Service (NHS) in 1948 led to a huge expansion in hospital building in the 30 years that followed. Prior to this, Scotland had already begun to experiment with a modernist approach to hospital architecture with schemes such as Ayrshire Central Hospital (LB35452) and Hawkhead Hospital (LB39010). This became more widespread after the Second World War, whereby Modernism in architecture sought to directly equate with improvements in health-

care. The new philosophies in hospital design were based on science, function and open-ended planning. They rejected needless historicist architectural adornments. A crucial change was that planning shifted away from the use of isolated pavilions as a way of controlling the spread of infection, towards the American precedent of highly serviced, compact blocks that were further subdivided into smaller and more private rooms.

The Vale of Leven Hospital (1952-55) by Keppie, Henderson and Gleave, was the first new-build post-war hospital to be completed in Britain following the formation of the NHS. Its linear, low-density and dispersed plan form retained elements of the pavilion plan, however it introduced systematic building to hospital design and incorporated identical pre-fabricated blocks for each department.

The modular, low-level **design** of the Phase I Block shares design characteristics with Vale of Leven and other contemporary examples such as the Radiotherapeutic Institute, Western General, Edinburgh (1952-54). It is built using modern materials and methods that include reinforced concrete, aluminium and glazed curtain walling. Although its application is minimal, the aesthetic use of rubble facing was a particularly Scottish interpretation of modernism for public buildings of this date. Its use stemmed from the innovative modern designs of Basil Spence and William Kinninmonth's practices in the 1940s and 50s.

Reflecting the emerging ethos of hospital architecture, the **design** of the Phase I Block rejects traditional notions of hierarchy and symmetry and is devoid of any decorative architectural features. The overall form and appearance, which is horizontal with long expanses of continuous glazing, is instead based on logical planning and function, reflecting the new scientific-based approach to medical care.

The retention of the open roof garden or sun deck and the concrete roof canopy adds to the special interest of the building. The provision of outdoor or well-ventilated, sunlit-spaces had been a common feature of Scottish hospitals, particularly during the late 19th and first half of the 20th century. Largely intended to treat tuberculosis patients and for heliotherapy (sunlight treatment), they generally took the form of verandas or balconies, such as those at Astley Ainslie Hospital in Edinburgh. The use of an open deck or garden on the roof was based on earlier European models of the inter-war period, such as the Municipal Hospital in Basel (1945) and Paimio Sanatorium, Finland (1929-33). While such a feature was not uncommon in England, their application in Scotland was unusual.

As a general hospital building, the Phase I Block was designed to accommodate a number of different departments, including surgical units, patient wards and administration. Governed by the Modernist philosophy of form being dictated by function, the plan form is laid out with rooms on either side of central linear corridors. This stemmed from the layouts that were formulated by the Nuffield Provincial Hospitals Trust in about 1951, and in particular the experimental ward that was built at Larkfield Hospital in Greenock (1955, now demolished). This 'Nuffield' arrangement was based on the earlier 'Rigs' style (from the Rigs Hospital in

Copenhagen), comprising small ward units on one side and service rooms on the other. In British hospitals at this time, the traditional 'Nightingale' ward was more prevalent, however those derived from the 'Rigs' style, were also popular during the 1950s as they were found to be more efficient and effective (Francis et al, p. 18). There is no particular innovation in the plan form of the Phase I Block, however it represents an early adoption of the ideas formulated by the Nuffield Provincial Hospitals Trust in the early 1950s.

The **interior** decorative scheme, fixtures and fittings are sparse and functional in nature. This is typical for a hospital building of the early post-war period, as is the combination of some original fabric with later 20th century replacements. The entrance hall and the cantilevered main stair is the key feature of the interior. The open and well-lit nature of the space reflects the desire for a bright, functional and hygienic environment, while the palette of materials of exposed brick, metal and concrete continue the use of those from the exterior.

The Phase I Block has been subject to some incremental alterations and insertions of replacement fabric over the years, however the plan form, materials and overall appearance and Modernist character are all well-retained which add to the design interest.

The wider context of the site is also of interest in design terms as although the transformation of the site was completed in various stages, it did adhere to an overall masterplan and design consistency. The contrast between the Phase I Block and the Phase II Block demonstrates the evolution of Modernism in post-war Scotland but also illustrates the rapid pace of developments in hospital design from the mid 1950s to the mid 1960s.

John Holt was Chief Architect of the South East Regional Hospital Board's Architects Department and was responsible for overseeing many new and innovative health-related buildings, including the Radiotherapeutic Institute at Edinburgh's Western General Hospital (1952-54) and the pioneering health centres at Sighthill, Edinburgh (1951-53) and Stranraer (1954-55). Eric D. Davidson was the project architect in charge of masterminding the extensions at Victoria Hospital. Although early in his career, it is noted (Dictionary of Scottish Architects) that Holt gave Davidson little guidance on the project. The design of Victoria Hospital is therefore thought to be the work of Davidson, who went on to be an influential figure in hospital design, being appointed as Assistant Director and Chief Architect in the newly formed Scottish Health Service Building Division in 1974.

3.1.2 Setting

Located towards the northern end of a purpose-built hospital site and largely surrounded by hospital car parking, the Phase I Block is interlinked to the south by the Phase II Block, LB52537 (1962-67) and the later Phase III Block (2009-12). Set back from Hayfield Road, the Phase I Block is prominent in views from Hayfield

Road to the north and the entrance road to the east. The setting has been somewhat affected by the later development of the site but this is common to large 20th century hospital campuses. It is partially obscured by other hospital buildings, primarily the Laboratory Block to the north and by the large-scale Phase II and Phase III blocks to the south and southwest.

The Victoria Hospital site was extended and almost entirely redeveloped from a former Infectious Diseases Hospital into a General District Hospital in the 1950s and 1960s. Since this time, it has been subject to further phased changes and additions. Despite the phased approach, which took decades to complete, the design consistency of the masterplan is reflected in the architectural continuity evident in many of the buildings on the hospital site. This level of planning and concern for a high-quality architecture across a large site of this nature, is of interest in design terms.

Currently (2020), the majority of buildings date from the Phase I and Phase II redevelopment scheme of the 1950s and 1960s. They include various ancillary buildings that front Dunniker Road, and the former Nurse's Home (Hayfield House) and the Laboratory Block. These buildings do not meet the criteria for listing, however they do form part of the post-war masterplan for the whole site. They provide an important functional and contextual setting for the main hospital buildings and show how the phased expansion of the site was designed in a consistent manner.

This ethos of design excellence was continued in the Maggie's Centre (2006), located just to the south of the Phase II Block, which was designed by the world-renowned architect, Zaha Hadid.

3.2 Historic interest

Historic interest is in such things as a building's age, rarity, social historical interest and associations with people or events that have had a significant impact on Scotland's cultural heritage. Historic interest is assessed under three headings:

3.2.1 Age and rarity

Hospital buildings are not a rare building type and can be found across Scotland. The earliest example of a new hospital to be built following the formation of the NHS in 1948, was the Vale of Leven Hospital in Dunbartonshire (1952-55). Other examples from this period include the Operating Theatre Block (1954-58) by Basil Spence & Partners and the Neurosurgical Department (1954), both at Western General, Edinburgh.

Built between 1956 and 1958, the Phase I Block of Victoria Hospital, Kirkcaldy may not be the first example of its type, but it was among the first phase of hospital buildings to be constructed in this newly emerging style.

Following a period of experimentation in the 1950s, immediately following the inception of the NHS, the multi-storey approach to hospital planning, with centralised services and smaller wards on a 'racetrack' plan, was pioneered by Gillespie Kidd and Coia at Bellshill Maternity Hospital in 1959-62 (demolished). As the need for larger hospitals grew, this multi-storey type was further developed and soon superseded the low-level campus-style of hospital design and were rolled out across the country in the 1960s and 70s.

As a result of their success, the majority of hospital designs during the early decades of NHS expansion, broadly followed the multi-storey template. Those that pre-date the dominance of the multi-storey block are therefore less common and, in Scotland, only a small number were ever built. Many of these early examples have been lost or substantially altered or extended, so those that survive largely unaltered may be of interest in listing terms.

The Phase I Block has had replacement fabric inserted and alterations to its layout, as well as extensions added and changes to its setting. However, this is typical for a working hospital building and when compared with other surviving examples from the period, it has remained substantially unaltered and retains much of its architectural character.

The inclusion of a canopied roof terrace on the Phase I Block is a late example of this feature however it is very unusual in the context of Scottish hospitals, of any date. Changes in the treatment of tuberculosis and the decreasing length of inpatient stay meant that by the mid 1950s, sunlight was declining as a form of therapeutic treatment. As a result, balconies, solaria and other related features were no longer a primary consideration and quickly disappeared from the design of post-war hospitals (Hughes, p. 32). As a rare surviving example, it is of special interest under this heading.

The Phase I Block is of special interest as a notable example of the new type of hospital building that emerged during the early post-war period and the founding of the NHS.

3.2.2 Social historical interest

All hospital buildings will have a degree of social historical interest, however the Phase I Block, along with the masterplan for the wider hospital site, are of particular interest under this heading. As an early example of general post-war hospital building, it reflects the substantial social and economic changes that occurred in mid-20th century Britain following the introduction of the Welfare State, as the provision of suitable hospital buildings became a principal concern. These changing attitudes in medical treatment and patient care occurred against a backdrop of social infrastructural change which also saw nationwide improvements in housing, schools and transportation networks.

3.2.3 Association with people or events of national importance

There is no association with a person or event of national importance.

4. Summary of assessment

In our current state of knowledge the **Phase I Block, Victoria Hospital**, meets the criteria of special architectural or historic interest for the following reasons:

- The Phase I Block is a good, representative example of a new type of centralised hospital building that was established in the 1950s.
- The design quality reflects the Modernist ethos of hospital architecture that emerged in the early post-war period.
- The concrete roof canopy and open sun deck are unusual within the context of Scotland, reflecting the roof terraces and sun decks of some European models of the inter-war period.
- The setting has been partially altered by later development, however the Phase I Block retains a setting that is connected to its group interest. It is a key part of a wider hospital site that shows a continuity and consistency in terms of its phased design.

In accordance with Section 1 (4A) of the Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997 the following are excluded from the listing: all later additions and other buildings on the hospital site (except for the Phase II Block, LB52537: see case 300040518).

5. Category of listing

Once a building is found to be of special architectural or historic interest, it is then classified under one of three categories (A, B or C) according to its relative importance. While the listing itself has legal weight and gives statutory protection, the categories have no legal status and are advisory. They affect how a building is managed in the planning system.

Category definitions are found at Annex 2 of Designation Policy and Selection Guidance (2019) https://www.historicenvironment.scot/designation-policy.

5.1 Level of importance

The building's level of importance is category C.

Buildings listed at category C are defined as 'buildings of special architectural or historic interest which are representative examples of a particular period, style or type.

The Phase I Block of Victoria Hospital, Kirkcaldy is a representative example of an early post-war hospital building which has had a degree of later alteration.

Category C is considered to be the most appropriate level of listing.

6. Other Information

N/A

7. References

Canmore: http://canmore.org.uk/ CANMORE ID 350069 and 94174

Maps

Ordnance Survey (surveyed 1943, 1947) Fifeshire XXXV.8 (Kirkcaldy and Dysart) 25 inches to the mile. 2nd and later Editions. Southampton: Ordnance Survey.

Ordnance Survey (surveyed 1958, published 1959) NT2893SW - C (includes: Kirkcaldy And Dysart) National Grid Maps. Southampton: Ordnance Survey.

Ordnance Survey (surveyed 1966, published 1967) NT2793SE - B (includes: Kirkcaldy And Dysart) National Grid Maps. Southampton: Ordnance Survey.

Archives

Photographic copies of floor and site plans for Victoria Hospital, Kirkcaldy from the Atkins, W.S. Collection, Ref: C 79524 – C 79541 (c.1955 – c.1970) Royal Commission on the Ancient and Historical Monuments of Scotland.

Printed Sources

Hospitals at Home and Abroad, in *British Medical Journal*, (September 1960) pp. 1-12.

British Medical Journal, (18 June 1960), p. 1903.

British Medical Journal, (3 February 1962), p. 331.

British Medical Journal, (12 November 1966), p. 1195.

British Medical Journal Vol. 288, (21 January 1984).

Builder, (12 December 1952), p. 892.

Builder, (22 February 1957), pp. 362-64.

Builder, (12 December 1958), p. 1062.

Builder, (10 August 1962), p. 308.

Fife Free Press and Kirkcaldy Guardian, (12 February 1955), p.8.

Fife Free Press and Kirkcaldy Guardian, (28 May 1955), p.7.

Fife Advertiser, (27 October 1956), p.8.

Glendinning, M (ed.) (1997) *Rebuilding Scotland: The Post-War Vision 1945-75,* East Linton: Tuckwell Press Ltd. p. 28.

Historic Scotland (2009) *Scotland: Building for the Future, Essays on the architecture of the post-war era*, Edinburgh: Historic Scotland, pp. 6, 29-32.

Hospital and Health Services Review Vol. 63, (1967), p. 326.

Hospital Health and Management Vol. 24, (1961), p. 27.

Hospital Management, Planning and Equipment Vol. 27, (1964), pp. 883-86, 960.

Hospital Planning, Management and Equipment Vol. 28, (1965), p. 442.

Hughes, J. The "Matchbox on a Muffin": The Design of Hospitals in the Early NHS, in *Medical History Vol.44* (2000), pp. 21-56.

Richardson, H and MacInnes, R. (2010) *Building Up Our Health: the architecture of Scotland's historic hospitals*, Edinburgh: Historic Scotland, pp. 97-98, 108-111.

Richardson, H and Stell, G. Health and Welfare, in *Scottish Life and Society: Scotland's Buildings, A Compendium of Scottish Ethnology, Vol. 3*, (2003) East Lothian: Tuckwell Press, pp. 314-15.

Online Sources

Dictionary of Scottish Architects, *Victoria Hospital* http://www.scottisharchitects.org.uk/building_full.php?id=203985 [accessed 25/09/2019].

Dictionary of Scottish Architects, *Home for the Nurses of Kirkcaldy General Hospital*

http://www.scottisharchitects.org.uk/building_full.php?id=402643 [accessed 25/09/2019].

Dictionary of Scottish Architects, *Victoria Hospital, Nurses' Home* http://www.scottisharchitects.org.uk/building_full.php?id=401409 [accessed 25/09/2019].

Dictionary of Scottish Architects, *John Holt* http://www.scottisharchitects.org.uk/architect_full.php?id=400936 [accessed 25/09/2019].

Dictionary of Scottish Architects, *Eric Dalgleish Davidson* http://www.scottisharchitects.org.uk/architect_full.php?id=403457 [accessed 25/09/2019].

Fife Hospitals (2017) www.elliottsimpson.com/history/fife.html [accessed 25/09/2019].

Francis, S. Glanville, R. Noble, A. and Scher, P. (1999) 50 Years of Ideas in Health Care Buildings, London: Nuffield Trust, p.18. https://www.nuffieldtrust.org.uk/files/2017-01/50-years-ideas-health-care-buildings-web-final.pdf [accessed 25/09/2019].

Historic Hospitals: An Architectural Gazetteer, *Fife* https://historic-hospitals.com/gazetteer/fife-2/ [accessed 25/09/2019].

Historic Hospitals: *Victoria Hospital, Fife* https://historic-hospitals.com/2019/11/03/victoria-hospital-fife/comment-page-1/ [accessed 26/02/2020].

Nazarian, M. (2019) *Hospital Nursing Staff Productivity - the role of layout and people circulation*, Doctoral Thesis: Loughborough University, pp. 73-76, 104-106. https://repository.lboro.ac.uk/articles/Hospital_nursing_staff_productivity_-_the_role_of_layout_and_people_circulation/9455765 [accessed 26/09/2019].

ANNEX B
Assessment of special architectural or historic interest

1. Building or site name

Phase II Block (Tower and Podium), Victoria Hospital, excluding all later additions and other buildings on the hospital site, except for the Phase I Block to the north (LB52536), Hayfield Road, Kirkcaldy

2. Description, exclusions and historical development

2.1 Description

The Phase II Block is an 11-storey, Modernist tower block supported on a two-storey rectangular-plan podium over basement. Erected between 1962 and 1967 under Chief Architect Eric D. Davidson, it was the primary building in the second phase of the hospital's post-war expansion scheme. Built in situ from reinforced concrete, the building is clad in pre-cast concrete panels faced in Mineralite. Located off Dunniker Road in Kirkcaldy and situated towards the centre of the hospital site, the wider hospital site is multi-phased with the majority of buildings dating from the mid 20th century to the early 21st century. The tower is now used solely for administrative functions, with no inpatient facilities (2022).

T-shaped in plan and symmetrically arranged, the tower has 32-bays to the south elevation and single-bays to the centre of the east and west elevations. The north elevation has 13-bays on either side of a central full-height return, which is blank except for a three-bay strip of glazed curtain walling to the east elevation. The base of the tower is recessed where it meets the podium. The main (west) elevation of the podium has glazed curtain walling with pre-cast concrete panels between the floors. The remaining podium elevations are largely clad in buff brick. The external panels of the tower and podium had a decorative paint coating added in 2007-8.

The podium has two square-plan atria to the north of the tower and a larger rectangular atrium to the south. The roofs are flat, with that of the tower having a solid parapet concealing the rooftop plant. The roof of the podium is bound by metal railings and various machinery and plant rooms are visible. These include a large raked structure (conference hall) and three curved ventilation drums, which are all clad in matching pre-cast concrete panels. Regularly spaced, the windows are aluminium-framed over black recessed panels.

The **interior** of the Phase II Block was seen in 2019. There have been incremental changes to the internal fabric, layout and function, including some subdivision of spaces.

Laid out in a courtyard style, the podium contains a network of interlinking linear corridors, generally with rooms on either side, or with views out to one of the atria. There are various access points, including a linking walkway from the Phase I Block to the north and via the Phase III Block to the south. A mezzanine level between the podium and the tower contains a conference hall.

The layout of the tower block is based on the double corridor/racetrack principle, with the rooms being arranged around services or service rooms at the centre of the plan. The lifts and main stair are contained in the central projecting wing to the north, with service stairs to the east and west ends of the main block. The interior fixtures and fittings are standard for a hospital building of this date, with a mix of mid to later 20th century fabric. Some windows retain original openers, while the main stair has been enclosed by a later timber glazed fire partition. The original ceiling and floor finishes have largely been replaced.

2.2 Legal exclusions

In accordance with Section 1 (4A) of the Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997 the following are excluded from the listing: all later additions and other buildings on the hospital site (except for the Phase I Block, LB52536: see case 300031332).

The later additions to the Phase II Block include the linking corridors to the south and east elevations of the podium, which connect to the Phase III Block, and the abutting building to the northwest corner of the podium.

With the exception of the adjoining Phase I Block, the later additions to the Phase II Block (Tower and Podium) and the other buildings on the hospital site are not considered to be of special interest in listing terms. Some buildings, such as the Phase III Block and the Maggie's Centre are less than 30 years old and are not eligible for listing at this time (2020).

2.3 Historical development

The history and phased development of the Victoria Hospital site were concurrent with national developments in the provision of healthcare in the 20th century.

Built between 1962 and 1967 the Phase II Block (Tower and Podium) formed part of the second phase in the redevelopment and expansion of Victoria Hospital. The first phase had been completed between 1956 and 1958 (see Annex A). The masterplan for the wider site was conceived and laid out in the early 1950s by the Architect's Department of the South East Regional Hospital Board, under Chief Architect John Holt and project architect Eric D. Davidson.

Prior to redevelopment, the southern part of the present site was occupied by an Infectious Diseases Hospital. This was built in 1897 by Campbell, Douglas and Morrison and in 1908 a Sanotorium was added (Historic Hospitals, Fife). These earlier buildings are shown on the Ordnance Survey map (surveyed 1943, 1947).

The Phase I Block was part of a £675,000 development scheme that also included the construction of a new nurse's home (Hayfield House), kitchens and a boiler house. The Phase I Block is first shown (partially) on the National Grid map of 1959. The remainder is shown on the National Grid map of 1967, along with the Phase II buildings, including the tower and podium to the south.

In the early 1950s, it was initially intended that a new general hospital was to be built at the Fever Hospital at Cameron Bridge, Windygates, Fife (Builder 1952, p. 892). However, this was later changed and Victoria Hospital was instead selected (Fife Hospitals).

The initial plans for the second stage in the expansion of the site were laid out in the mid 1950s, however the Phase II works were not built until 1962-67. With an estimated cost of £2.25m, the works were initially due to for completion in 1965 but the construction process was delayed by the discovery of coal mining shafts on the site. Combined with the first phase of works, they transformed Victoria Hospital into a District General Hospital for the whole of the East Fife region, and also provided central sterilising and laboratory services to serve the whole county.

It was noted in *Hospital Planning, Management and Equipment (*Vol. 28, 1965, p. 442) that the building employed the extensive use of modern communications systems, which served to reduce travel distances and improve speed and efficiency, particularly with regard to administration procedures. These features included a pneumatic tube system, high speed elevators, and central dictation and audio frequency staff location systems.

As shown on the National Grid map (published 1967), the Phase II Block abutted to the southwest corner of the Phase I Block and was also linked to the south elevation by the (current) glazed corridor. It was noted in 1967 (The Hospital and Health Services Review Vol. 63, p. 326) that the eastern side of the podium, where the accident and emergency department was then located, had a flyover approach ramp from the road providing emergency vehicular access. Modern maps and site evidence show that this flyover no longer exists and was removed by the early 21st century.

Throughout the later 20th century and early 21st century, various additions and extensions have been added to the exterior of the Phase II Block. These are all excluded from the listing.

In addition to the main Phase II Block (Tower and Podium) the other buildings in the Phase II works included a laboratory, incinerator house, laundry block and extended dining and administrative accommodation (Hospital Planning, Management and

Equipment Vol. 28, 1965, p. 442). Many of these buildings from the Phase I and Phase II works remain on site (2020), however they are excluded from the listing.

Some of the earlier hospital buildings from the 19th and early 20th century survived on the site, up until the Phase III redevelopment of the site, which took place around 2010. Only one is now thought to survive (2020) to the south of the site but this has been substantially altered and extended and is excluded from the listing.

The Whyteman's Brae development to the north of Hayfield Road was initially laid out as part of the 1950s masterplan and the plans were approved in 1973. Constructed between 1980-83, the complex was purpose-built for the care of the elderly and the mentally ill (Historic Hospitals, Fife). Whyteman's Brae is excluded from the listing.

---

3. Assessment of special architectural or historic interest

To be listed a building must be of 'special architectural or historic interest' as set out in the Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997. To decide if a building is of special interest for listing we assess its cultural significance using selection guidance which has two main headings – architectural interest and historic interest (see Designation Policy and Selection Guidance, 2019, Annex 2, pp. 11-13).

The selection guidance provides a framework within which judgement is exercised in reaching individual decisions. The special architectural or historic interest of a building can be demonstrated in one or more of the following ways.

3.1 Architectural interest

The architectural interest of a building may include its design, designer, interior, plan form, materials, regional traditions, technological innovation and setting and the extent to which these characteristics survive. These factors are grouped under two headings:

3.1.1 Design

The **Phase II Block** was the principal building in the second phase of works to transform Victoria Hospital into a General District Hospital for East Fife. Conceived in the mid 1950s and built between 1962 and 1967, it is innovative for being among the earliest examples of high-rise hospital design in both Scotland and the UK.

The formation of the National Health Service (NHS) in 1948 led to a huge expansion in hospital building in the 30 years that followed. Prior to this, Scotland had already begun to experiment with a modernist approach to hospital architecture with schemes such as Ayrshire Central Hospital (LB35452) and Hawkhead Hospital (LB39010). This became more widespread after the Second World War, whereby

Modernism in architecture sought to directly equate with improvements in health-care. The new philosophies in hospital design were based on science, function and open-ended planning. They rejected needless historicist architectural embellishments and embraced an honest aesthetic of efficiency and modernity. Reflecting advances in treatment, a crucial change was that hospital planning shifted away from the use of isolated pavilions, towards the American precedent of highly serviced, compact blocks that were further subdivided into smaller and more private rooms.

The Vale of Leven Hospital (1952-55) by Keppie, Henderson and Gleave, was the first new-build post-war hospital to be completed in Britain following the formation of the NHS. Its linear, low-density and dispersed plan form retained elements of the earlier pavilion plan, however it introduced systematic building to hospital design and incorporated identical pre-fabricated blocks for each department.

Following a period of experimentation in the 1950s, the free-standing multi-storey approach to hospital planning, with centralised services and smaller wards on a 'racetrack' (or double-corridor) plan, was pioneered by Gillespie, Kidd and Coia at Bellshill Maternity Hospital in 1959-62 (demolished). This vertical configuration that was served by a lower spine or podium, was based on earlier hospitals from the USA, and European counties such as Sweden and Switzerland that had remained neutral during the Second World War. The model was subject to further study in the 1960s, after which it was rolled out across the UK.

As a result of its success, the majority of hospital designs during the early period of NHS expansion broadly followed the multi-storey template. Their form and appearance was based on the design of early 1950s hospitals from the USA (such as Bellvue Medical Centre, New York) and modern office blocks, such as the highly influential Lever House in New York (1952) and its later emulations, which in Scotland included the likes of Fleming House in Glasgow (1958-62). However, as there were many variations on the design of these high-rise hospitals, there were subsequently varying degrees of success. The inflexibility of the overall form, combined with an over-reliance on technological systems, meant that by the 1970s its suitability for hospital use was being scrutinised.

In **design** terms the Phase II Block is a major example of the multi-storey centralised hospital that reflects the new and developing ethos of hospital architecture during the post-war period. The block is built using non-traditional materials and methods, which rejected the notions of hierarchy and decorative embellishment previously associated with hospital architecture. The clean lines and simple geometric form are characteristic of the sleek Modernist aesthetic, which, due to its association with cleanliness, efficiency and technological advancement, came to be the defining style of post-war hospital architecture.

The podium and tower arrangement (known as the 'matchbox on a muffin' arrangement) was used in some earlier and contemporary hospitals, such as Hull Royal Infirmary (1957-65). However, as there were deviations from the standard

type, many other examples did not use a podium and instead had spines or linking blocks. As a major example of the 'matchbox on a muffin' solution to hospital design in Britain during the early post-war period, the Phase II Block is of special interest in design terms.

Functionality and centralisation were thought to be integral to creating a modern and effective health service. The **plan form** of the Phase II Block is based on these principles that were derived from Scandinavian hospital design. It combined ward units and operating theatre suites within the tower, whilst the podium contained an accident and emergency department, outpatients, the X-ray department, rehabilitation services and day beds.

By using this arrangement the standardised units were accommodated in the tower, whilst those that required larger or more flexible space were contained in the podium. Influenced by the production methods of industry and mechanisation, this systematic approach to planning, combined with a reliance on technological and modern communication systems, reflects the efforts of the period to increase efficiency in hospitals (Hughes 2000, p. 39-40).

The initial plan form of the tower, which was conceived in the mid 1950s, was later altered to create that which was built. The earlier incarnation was based on the Nuffield ward principle, however this was changed to a variation of the 'double corridor' or 'racetrack' layout. Reflecting new research into efficiency and effectiveness of ward design, this type was being developed by the Department of Home and Health for Scotland in an experimental ward unit at Falkirk Royal Infirmary (Keppie Henderson and Partners, completed in 1966).

In the Phase II Block at Victoria Hospital, the 30-bed ward units were planned on this double corridor principle with six four-bed bays and six single rooms. These were served by two nurses' stations and centrally positioned treatment areas and clean/dirty supply areas (Hospital Planning, Management and Equipment Vol.28, 1965, p. 442). Whilst it was not the first example of the 'double corridor' layout, the Phase II Block is a relatively early representative of a variation on the type.

The **interior** decorative scheme, fixtures and fittings are sparse and functional in nature. This is typical for a hospital building of the early post-war period, as is the combination of some original fabric with later 20th century replacements.

The Phase II Block has been subject to some incremental alterations and insertions of replacement fabric over the years, however it has remained relatively unaltered since its construction in the mid 1960s. The plan form, materials and overall appearance are largely well-retained and the structure has a high level of authenticity. This is unusual for a general hospital building from this period, which has had to respond to regularly changing requirements, and this adds to its significance in listing terms.

The wider context of the site is also of interest in design terms as although the transformation of the site was completed in various stages, it did adhere to an overall masterplan and design consistency. The contrast between the Phase I Block and the Phase II Block demonstrates the evolution of Modernism in post-war Scotland but also illustrates the rapid pace of developments in hospital design from the mid 1950s to the mid 1960s.

John Holt was Chief Architect of the South East Regional Hospital Board's Architects Department and was responsible for overseeing many new and innovative health related buildings, including the Radiotherapeutic Institute at Edinburgh's Western General Hospital (1952-54) and the pioneering health centres at Sighthill, Edinburgh (1951-53) and Stranraer (1954-55). Eric D. Davidson was the project architect in charge of masterminding the extensions at Victoria Hospital. Although early in his career, it is noted (Dictionary of Scottish Architects) that Holt gave Davidson little guidance on the project. The design of Victoria Hospital is therefore thought to be the work of Davidson, who went on to be appointed as Assistant Director and Chief Architect in the newly formed Scottish Health Service Building Division in 1974.

3.1.2 Setting

Located towards the centre of a purpose-built hospital site, the Phase II Block is abutted by adjoining hospital buildings on all elevations, except for the west. Most notably, the Phase I block, LB52536 (1956-58), is interlinked to the north elevation and the later Phase III Block (2009-12) to the south. The tower overlooks a large area of sunken ground to the west, which was formally the recreation ground for the hospital.

Set back from the main roads that encircle the site, the Phase II Block is the dominant feature within the hospital site and the wider streetscape setting. Visible from many streets away, the height and scale of the tower means that it is a key feature within the skyline of the Hayfield and Sinclairtown areas of Kirkcaldy. The town is sited on land that gently slopes southeast, giving the tower uninterrupted views south towards the sea. The immediate setting has been affected by the construction of the adjoining six-storey Phase III Block, which has partially obscured the south elevation of the tower. Formerly surrounded by low-level buildings, this has lessened the scale and isolated setting of the tower, however the overall impact is relatively minor.

The Victoria Hospital site was extended and almost entirely redeveloped from a former Infectious Diseases Hospital into a General District Hospital in the 1950s and 1960s. Since this time, the site has since been subject to further phased changes and additions. Despite the phased approach, which took decades to complete, the design consistency of the masterplan is reflected in the architectural continuity evident in many of the buildings on the hospital site. This level of planning and concern for a high-quality architecture across a large site of this nature, is of interest in design terms.

Currently (2020), the majority of buildings date from the Phase I and Phase II redevelopment scheme of the 1950s and 1960s. They include various ancillary buildings that front Dunniker Road, and the former Nurse's Home (Hayfield House) and the Laboratory Block. These buildings do not meet the criteria for listing, however they do form part of the post-war masterplan for the whole site. They provide an important contextual setting for the main hospital buildings and show how the phased expansion of the site was designed in a consistent manner.

This ethos of design excellence was continued in the Maggie's Centre (2006), located just to the south of the Phase II Block, which was designed by the world-renowned architect, Zaha Hadid.

3.2 Historic interest

Historic interest is in such things as a building's age, rarity, social historical interest and associations with people or events that have had a significant impact on Scotland's cultural heritage. Historic interest is assessed under three headings:

3.2.1 Age and rarity

Hospital buildings are not a rare building type and can be found across Scotland. The earliest example of a new hospital to be built in Britain following the formation of the NHS in 1948, was the Vale of Leven Hospital in Dunbartonshire (1952-55). In contrast to its low-level, campus-style design, Altnagelvin Hospital in Londonderry (1949-60) and the Queen Elizabeth Hospital, Welwyn (1955-63) were the first examples of high-rise hospitals to be built in the UK.

These were early incarnations of the high-rise model and therefore their design did not truly adopt the idea of the tower and podium arrangement. The St Lo Hospital in Normandy (1949) by the American architect Paul Nelson successfully combined the standardised and scientific approach prevalent in hospital architecture the USA, with the modernist sensibilities of inter-war Europe. It was a model that was repeated across the USA in the mid 1950s and heavily influenced the design of post-war hospitals in the UK.

Hull Royal Infirmary (1957-65) is thought to be the first hospital in the UK to fully embrace the model of a vertical tower over a horizontal podium, the style of which became known as the 'matchbox on a muffin' arrangement. This set the precedent for a nationwide programme of high-rise hospital design, which would come to dominate hospital architecture in the post-war period and continued into the 1970s.

Conceived in the mid 1950s and built between 1962 and 1967, the Phase II Block at Victoria Hospital is amongst the earliest examples in both Scotland and in the UK. Contemporary examples of high-rise hospitals in Scotland include the Bellshill Maternity Hospital (1959-62) (demolished), the Queen Mother Maternity Hospital, Glasgow (1960-64), Aberdeen Royal Infirmary (from 1964) and Gartnavel, Glasgow (1968-73). However, a number of these do not have a true podium at the base.

The Phase II Block represents a rare and early example in Scotland of the 'matchbox on a muffin' solution to hospital design and is therefore of special historic interest.

Many of the other examples of early high-rise hospitals in Scotland have been lost, are lying vacant or have been substantially altered or extended. Those that survive close to their original form may be of interest in listing terms. The Phase II Block has had replacement fabric inserted and alterations to its layout, as well as extensions added and changes to its setting. However, this is typical for a working hospital building. When compared with other surviving examples from the period, it has remained relatively unaltered and retains much of its early character.

3.2.2 Social historical interest

Social historical interest is the way a building contributes to our understanding of how people lived in the past, and how our social and economic history is shown in a building and/or in its setting.

All hospital buildings will have a degree of social historical interest, however the Phase II Block (Tower and Podium), along with the masterplan for the wider hospital site, are of particular interest under this heading. As a relatively early example of a high-rise post-war hospital building, it reflects the substantial social and economic changes that occurred in mid-20th century Britain following the introduction of the Welfare State, as the provision of suitable hospital buildings became a principal concern. These changing attitudes in medical treatment and patient care occurred against a backdrop of social infrastructural change which also saw nationwide improvements in housing, schools and transportation networks.

3.2.3 Association with people or events of national importance

There is no association with a person or event of national importance.

---

4. Summary of assessment

In our current state of knowledge the **Phase II Block (Tower and Podium), Victoria Hospital**, meets the criteria of special architectural or historic interest for the following reasons:

- The Phase II Block is a major example of a new building type applied for hospital use, modelled on earlier examples from the USA and Europe.
- It is an early example of a high-rise hospital design in Scotland, of which few examples survive in such an unaltered state.
- The design quality reflects the Modernist ethos of hospital architecture that emerged and developed in the early post-war period.
- The setting has been partially altered by later development, however the Phase II Block retains a setting that is connected to its group interest. It is the

principal part of a wider hospital site that shows a continuity and consistency in terms of its phased design.

In accordance with Section 1 (4A) of the Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997 the following are excluded from the listing: all later additions and other buildings on the hospital site (except for the Phase I Block, LB52536: see case 300031332).

5. Category of listing

Once a building is found to be of special architectural or historic interest, it is then classified under one of three categories (A, B or C) according to its relative importance. While the listing itself has legal weight and gives statutory protection, the categories have no legal status and are advisory. They affect how a building is managed in the planning system.

Category definitions are found at Annex 2 of Designation Policy and Selection

The building's level of importance is category B.

Buildings listed at category B are defined as 'buildings of special architectural or historic interest which are major examples of a particular period, style or type.

The Phase II Block (Tower and Podium) of Victoria Hospital, Kirkcaldy is a major example of an early high-rise hospital building that remains relatively unaltered for its type and has a further design interest as part of a coherent masterplan for a small general hospital.

Category B is considered to be the most appropriate level of listing.

6. Other Information

N/A

7. References

Canmore: http://canmore.org.uk/ CANMORE ID 350069 and 94174

Maps

Ordnance Survey (surveyed 1943, 1947) Fifeshire XXXV.8 (Kirkcaldy and Dysart) 25 inches to the mile. 2nd and later Editions. Southampton: Ordnance Survey.

Ordnance Survey (surveyed 1958, published 1959) NT2893SW - C (includes: Kirkcaldy And Dysart) National Grid Maps. Southampton: Ordnance Survey.

Ordnance Survey (surveyed 1966, published 1967) NT2793SE - B (includes: Kirkcaldy And Dysart) National Grid Maps. Southampton: Ordnance Survey.

Archives

Photographic copies of floor and site plans for Victoria Hospital, Kirkcaldy from the Atkins, W.S. Collection, Ref: C 79524 – C 79541 (c.1955 – c.1970) Royal Commission on the Ancient and Historical Monuments of Scotland.

Printed Sources

Hospitals at Home and Abroad, in *British Medical Journal*, (September 1960) pp. 1-12.

British Medical Journal, (18 June 1960), p. 1903.

British Medical Journal, (3 February 1962), p. 331.

British Medical Journal, (12 November 1966), p. 1195.

British Medical Journal Vol. 288, (21 January 1984).

Builder, (12 December 1952), p. 892.

Builder, (22 February 1957), pp. 362-64.

Builder, (12 December 1958), p. 1062.

Builder, (10 August 1962), p. 308.

Fife Free Press and Kirkcaldy Guardian, (12 February 1955), p.8.

Fife Free Press and Kirkcaldy Guardian, (28 May 1955), p.7.

Fife Advertiser, (27 October 1956), p.8.

Glendinning, M (ed.) (1997) *Rebuilding Scotland: The Post-War Vision 1945-75,* East Linton: Tuckwell Press Ltd. p. 28.

Historic Scotland (2009) *Scotland: Building for the Future, Essays on the architecture of the post-war era*, Edinburgh: Historic Scotland, pp. 6, 29-32.

Hospital and Health Services Review Vol. 63, (1967), p. 326.

Hospital Health and Management Vol. 24, (1961), p. 27.

Hospital Management, Planning and Equipment Vol. 27, (1964), pp. 883-86, 960.

Hospital Planning, Management and Equipment Vol. 28, (1965), p. 442.

Hughes, J. The “Matchbox on a Muffin”: The Design of Hospitals in the Early NHS, in *Medical History Vol.44* (2000), pp. 21-56.

Richardson, H and MacInnes, R. (2010) *Building Up Our Health: the architecture of Scotland’s historic hospitals*, Edinburgh: Historic Scotland, pp. 97-98, 108-111.

Richardson, H and Stell, G. Health and Welfare, in *Scottish Life and Society: Scotland’s Buildings, A Compendium of Scottish Ethnology, Vol. 3*, (2003) East Lothian: Tuckwell Press, pp. 314-15.

Online Sources

Dictionary of Scottish Architects, *Victoria Hospital* http://www.scottisharchitects.org.uk/building_full.php?id=203985 [accessed 25/09/2019].

Dictionary of Scottish Architects, *Home for the Nurses of Kirkcaldy General Hospital* http://www.scottisharchitects.org.uk/building_full.php?id=402643 [accessed 25/09/2019].

Dictionary of Scottish Architects, *Victoria Hospital, Nurses' Home* http://www.scottisharchitects.org.uk/building_full.php?id=401409 [accessed 25/09/2019].

Dictionary of Scottish Architects, *John Holt* http://www.scottisharchitects.org.uk/architect_full.php?id=400936 [accessed 25/09/2019].

Dictionary of Scottish Architects, *Eric Dalgleish Davidson* http://www.scottisharchitects.org.uk/architect_full.php?id=403457 [accessed 25/09/2019].

Fife Hospitals (2017) www.elliottsimpson.com/history/fife.html [accessed 25/09/2019].

Francis, S. Glanville, R. Noble, A. and Scher, P. (1999) 50 Years of Ideas in Health Care Buildings, London: Nuffield Trust, p.18. https://www.nuffieldtrust.org.uk/files/2017-01/50-years-ideas-health-care-buildings-web-final.pdf [accessed 25/09/2019].

Historic Hospitals: An Architectural Gazetteer, *Fife* https://historic-hospitals.com/gazetteer/fife-2/ [accessed 25/09/2019].

Historic Hospitals: *Victoria Hospital, Fife*

https://historic-hospitals.com/2019/11/03/victoria-hospital-fife/comment-page-1/ [accessed 26/02/2020].

Nazarian, M. (2019) *Hospital Nursing Staff Productivity - the role of layout and people circulation*, Doctoral Thesis: Loughborough University, pp. 73-76, 104-106. https://repository.lboro.ac.uk/articles/Hospital_nursing_staff_productivity_-_the_role_of_layout_and_people_circulation/9455765 [accessed 26/09/2019]

NHS Fife

Meeting:	**Finance, Performance and Resources Committee**
Meeting date:	**13 September 2022**
Title:	**Fife Capital Investment Group Report 2022/2023**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Maxine Michie, Deputy Director of Finance**

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Capital Expenditure Plan 2022/23 Outturn

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The current forecast expenditure on the capital plan for 2022/23 is £26.640m. At the end of July 2022, a total of £9.216m has been incurred across the various approved capital schemes as shown in the table below. Additional monies have been received since the beginning of the financial year, namely £1.506m for equipment following a successful bid to the national infrastructure and Equipping Board and a further £0.240, secured from Scottish Government (SG) in relation to the additional Covid costs incurred on the NTC – Fife orthopaedics project.

At the beginning of July Boards were invited by SG to bid for monies available from national capital slippage totalling £40m for backlog maintenance/upgrade projects. The opportunity to pull together bids was discussed at the July FCIG meeting. Whilst SG indicated we should assume NRAC share when compiling our bids, they advised they would consider going beyond that if projects could be delivered by 31 March 2023. A bid for both backlog maintenance and Digital plans was submitted to SG on 12th August, and we await the outcome. Another opportunity to make a further bid to the National Infrastructure and Equipping board was also communicated to boards at the beginning of

July. This opportunity was also discussed at the July FCIG meeting and the CEMG and a bid was also submitted on 12th August.

Funding	£m	Additional Funding £m	Revised Funding £m	Spend 01 July 2022 £m
Core Allocation	7.764		7.764	
Capital to Revenue	(2.000)		(2.000)	
National Infrastructure & Equipping Board		1.506	1.506	
Total Core Funding	**5.764**	**1.506**	**7.270**	**1.762**
Digital & Information	0.877		0.877	0.331
Capital Equipment	1.507	1.506	3.013	0.164
Statutory Compliance	2.396		2.396	1.222
Clinical Priorities	0.25		0.25	0.041
QMH	0.734		0.734	0.004
Total planned Core Expenditure	**5.764**	**1.506**	**7.270**	**1.762**
Projects				
Elective Orthopaedic Centre	13.389	0.240	13.629	7.024
Lochgelly Health Centre	1.228		1.228	0.248
Kincardine Health Centre	0.856		0.856	0.182
QMH	1.500		1.500	
Mental HealthReview	0.100		0.100	
HEPMA	1.000		1.000	
Net App SAN	0.605		0.605	
Main Servers	0.352		0.352	
Pharmacy Automation	0.100		0.100	
Total Planned Project Expenditure	19.13	0.24	19.37	7.454
Total	**24.894**	**1.746**	**26.64**	**9.216**

2.2 Assessment

As in previous financial years, capital expenditure is largely incurred in the second half of the financial year and 2022/23 will not be different. At this time in the year no significant risks are being identified but risks do remain with supply chain issues, high inflation and continued covid impacts.

Included in the Board's core allocation of £1.762m is spend on statutory compliance of £0.222m, equipment spend of £0.164m and digital spend of £0.331m. Although spend is still largely to be incurred, all three groups with responsibility for managing the core allocation budget have committed their respective allocations. Moreover, the additional funding of £1.5m recently secured from the National Infrastructure and Equipping Board has been committed in full.

Bids have been submitted directly to the SG for backlog maintenance and Digital plans which total £2.720m and £0.957m respectively. We have also in submitting these bids highlighted to SG capital expenditure plans included on our initial financial plan for 2022-23 submission in March and await confirmation of funding. A further bid has been submitted to the National Infrastructure and Equipping Board should equipment monies become available totals £0.957m for 2022-23 and £2m for 2023-2024. Equipment priorities have been discussed at CEMG including the ability to deliver in year.

Work on the National Treatment Centre – Fife Orthopaedics is moving towards completion and handover which is reflected in the large payments made to date, with just over 50% of costs anticipated in 2022-23 having been paid to the contractor. Costs largely remain within budgeted levels with some increases due to the impact of the Covid pandemic. Funding for these costs has been agreed with SG.

The Outline Business Cases for Lochgelly and Kincardine Health Centres were discussed at the Scottish government's Capital Investment Group on June 29th 2022. The feedback received confirmed the strategic case was robustly presented and accepted by SCIG. However, SCIG will require completion of the NHS Assure process before approval can be given. A letter is anticipated from SCIG recommending the board continues to progress to Full Business Case but will note the NHS Assure process requires to be completed and funding confirmation would follow at a later stage.

Confirmation of HEPMA funding has been with SG colleagues and we await confirmation of all funding requests from SG colleagues. Regular meetings are being established with SG colleagues to provide SG with updates on the capital expenditure plans and to ensure all opportunities to secure additional funding are taken.

2.2.1 Quality/ Patient Care

There is a potential risk to patient care if there are delays in upgrading buildings and replacement of equipment due to insufficient available funds.

2.2.2 Workforce

The prioritisation of capital to secure safe and effective working environments for our staff and patients supports health and wellbeing.

2.2.3 Financial

The appropriate prioritisation of capital to meet our corporate objectives is a key aim of the SPRA process.

2.2.4 Equality and Diversity, including health inequalities

All capital schemes follow the appropriate equality and diversity impact assessment process.

2.2.5 Other impact

n/a

2.3.6 Communication, involvement, engagement and consultation

All capital schemes require appropriate communication and engagement through the FCIG subgroups and specific project groups for particular schemes.

2.3.7 Route to the Meeting

2.3 Recommendation

This paper is presented to the Committee for:

- Assurance

3 List of appendices

Report Contact

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

NHS Fife

Meeting:	**Finance, Performance & Resources**
Meeting date:	**13 September 2022**
Title:	**NTC – Fife Orthopaedics: Status Update**
Responsible Executive:	**Janette Owens, Director of Nursing**
Report Author:	**Ben Johnston, Head of Capital Planning & Project Director**

1 Purpose

This is presented to FPR for:

- Assurance

This report relates to a:

- Project update

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to provide an update on the current position regarding the National Treatment Centre.

2.2 Background

The project involves providing a new National Treatment Centre for orthopaedics at the Victoria Hospital in Kirkcaldy, Fife. The accommodation generally comprises of 3 theatres together with in-patient and outpatient accommodation. The Gross Internal Floor Area is currently 6,142m2 and the forecast project cost is currently £33.4m.

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

started on site on 1 March 2021 and is currently due for completion in November 2022. Following a client transfer and commissioning period it is anticipated that the facility will be operational in January 2023.

The project has been procured through Health Facilities Scotland, Frameworks Scotland 2 and is being delivered by Graham Construction.

2.3 Assessment

The project continues to make good progress generally given current market conditions. The project was previously forecast to be complete by the end of October 2022, however this has slipped to the end of November due to an issue in obtaining a Scottish Water connection in line with programme, affecting commissioning. Nonetheless, the Project Team are still planning to allow beneficial access to the building at the end of October to allow for the installation of equipment and staff familiarisation.

2.3.1 Quality/Patient Care

Construction

The key construction quality element to update EDG around relates to NHS Assure. NHS Assure have undertaken a construction key stage review with our team and have recently issued their report on 8 August 2022 identifying their observations. The Project Team are currently in the process of compiling a response to all the points raised and we expect this to be in place by the end of August 2022 – we will then meet with NHS Assure to confirm that the points have been resolved.

Service

The NTC is a physical entity and will serve as a catalyst to provide focus for further enhancing the NHS Fife Orthopaedic and related Musculoskeletal Services. A strategic plan has been drafted and outlines requirements to deliver our vision to be a centre of excellence for Orthopaedic Care for the population of Fife. This strategy document is currently being reviewed by key stakeholders and will be launched by October 2022. Consultant timetable for outpatients, elective surgery and trauma surgery has been drafted. This includes advanced practitioner physiotherapists and podiatrists who will support outpatient multidisciplinary working and subspecialty model of delivery.

The Fife Orthopaedic Service undertook an evaluation of its AHP Advanced Practice Service and also used the opportunity to inquire about the future delivery of Fife Orthopaedic Services. This information has been extremely valuable in shaping the draft strategic plan. Further input from the wider team will be collated over the next 2 months.

Pre-assessment scoping has been undertaken seeking views from stakeholders regarding current model and suggestions for future pre-assessment model.

Patient & Staff Experience

The project has engaged with the Fife Health Charity to identify and agree funding to support a number of patient and staff enhancements. These include:

- Art Enhancements
  - Landscaping upgrades
  - Children's wall
  - Diorama (mini worlds) installation for children's waiting area
  - Staff balcony enhancements
  - Full wall artistic vinyl's (images of Fife by staff)
  - LED ceiling tiles for anaesthetic and recovery areas

- Theatre AV solution – benefits
  - Enhanced surgical experience and surgical ergonomics
  - Teaching and training - enhancing ability to visualise the surgery
  - Patient safety – by minimising theatre footfall and reducing infection risks
  - Future proof the building to adopt new technologies (robotic)
  - Maximises the flexibility in how the theatres are used

2.3.2 Workforce

Recruitment to the NTC additional workforce, 78.52 WTE, is gathering pace with staff appointed across the multidisciplinary team. A workforce tracker is sent to the Scottish Government every 6 weeks to support NTC staffing overview. Registered nurse vacancies remain the highest risk for the NTC. Communication via social media with a focus on nursing is progressing well and we hope this will attract staff to work in NHS Fife.

2.3.3 Financial

The financial allocation approved by the Scottish Government was originally £33.2m, however this has been increased recently to £33.44m to take account of COVID and NHS Assure costs which were not part of the submitted FBC budget.

In addition to this funding has been granted by Fife Health Charity for art enhancements and an AV theatre solution.

Given the above, the project continues to operate within budget, and this will be closely monitored to completion.

2.3.4 Risk Assessment/Management

The current key risks and issues to note are outlined in the table below.

- COVID-19 – material availability and inflation
- BREXIT – material availability and inflation
- War – material availability and inflation
- Changes in law – rebated fuel and national insurance
- NHS Assure – project impacts
- Workforce availability (operational stage)

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment is in place for the project.

2.3.6 Other impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

As we move from construction to an operational phase, inputs in respect to communications is changing emphasis with more effort now around recruitment, internal project awareness and plans on how to communicate and promote awareness to our service users. External communications require to be carefully coordinated with the National Treatment Centre Board to ensure alignment and consistency of message. Weekly service group meetings are no in place and our communications team are actively supporting those in respect to the communications workstream.

In respect to community benefits the Contractor (Graham Construction) is delivering against a wide range of targets – some key highlights to date include:

- 70% of the construction workforce has been sourced from the local supply chain
- 11 new apprenticeships, 9 graduate starts, work experience and educational visits offered through the project

2.3.8 Route to the Meeting

NA

2.4 Recommendation

This paper seeks to provide a project update and assurance. FPR is asked to note the status of the project and take reassurance from the current position. The project is being delivered in a challenging environment and notwithstanding some ongoing pressures in respect to cost, time and NHS Assure scrutiny, it continues to generally perform well. Ongoing risks and issues will be managed at Project Board level but escalated to EDG where necessary.

3 List of appendices

None

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

NHS Fife

Meeting:	**Finance, Performance and Resources Committee**
Meeting date:	**Tuesday 13th September 2022**
Title:	**Delivery of Long Wait Targets Outpatients, Elective Surgery and Diagnostics**
Responsible Executive:	**Claire Dobson Director of Acute Services**
Report Author:	**Andrea Wilson, General Manager Waiting Times**

1 Purpose

This is presented to committee for:

- Discussion

This report relates to the:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

In July 2022 the Cabinet Secretary announced new targets to eliminate long waits for planned care. The targets are to eliminate:

- two year waits for outpatients in most specialities by the end of August 2022
- 18 month waits for outpatients in most specialities by the end of December 2022
- one year waits for outpatients in most specialities by the end of March 2023
- two years waits for inpatient/day cases in the majority of specialities by September 2022
- 18 month waits for inpatient/day cases in the majority of specialities by September 2023
- one year for inpatient/day cases in the majority of specialities by September 2024

These targets are very ambitious whilst we continue to experience extreme unscheduled care and staffing pressures. As we build a system that can manage these pressures and stabilise and recover planned care tackling long waits is essential. The Scottish Government also confirmed that the Clinical Prioritisation Framework would be stood down on a permanent basis and Health Boards should return to the pre-pandemic approach of treating patients on an urgent and routine basis.

NHS Fife previously identified a need for £6.77M recurringly to meet an ongoing capacity gap as part of a 3 year waiting times improvement plan submitted to the Scottish Government and agreed in May 2019.

The Scottish Government asked that we provide a draft Planned Care Waiting Times funding plan for 2022/23 by 18th March 2022 in order to allow existing initiatives and interventions to continue and also to ensure funding is available for any new projects to start in a timely manner.

This identified that the recurring element of the plan has increased to £8.49M (due to staff cost uplifts of £1.19M and new recurring staff costs of £523K identified as part of the national 5 year Radiology recovery plan) and further non recurring funding would be required for 2022/23 to enable additional activity to be delivered to reduce backlogs and achieve 100% of pre-Covid activity levels by March 2023.

Following recent discussions the Scottish Government have clarified the financial allocation process that they intend to follow to support NHS Boards to deliver planned care and specifically reduce the number of long waiting patients.

Scottish Government has provided assurance that funding for all legally contractually committed expenditure, and recurring commitments for 22/23, previously agreed with each Board in the Planned Care plans, will be provided.

Boards have also been asked to identify what further capacity can be sourced locally and submit plans to achieve the long waiting targets. These will be reviewed and funding confirmed based on assessment of the impact of the plans.

Scottish Government provided a template to outline the actual and projected spend against legally contractually committed expenditure and recurring commitments and proposed additional expenditure to achieve the long waiting targets for return by 12 August 2022.

They have stated that where Boards have already sourced and committed to additional expenditure there should be no risk provided the capacity is being directed towards long waiting patients.

In addition Scottish Government have reiterated their expectation that Boards fully engage on each of the Centre For Sustainable Delivery programmes, with future funding allocations from 2023/24 being dependent on evidencing the progress that have been made to implement the benefits of these improvement opportunities.

2.2 Background

NHS Fife agreed a three year Waiting Times Improvement Plan as part of the Annual Delivery Plan in May 2019. The investment and transformational work identified within the plan was intended to deliver sustainable improvements in waiting times by increasing capacity through clinical effectiveness and efficiency and supporting the design and implementation of new models of care.

This focused on funding short term additional activity either delivered in Fife or in-sourced from the private sector, whilst steps were taken to recruit to permanent posts outlined in the plan.

NHS Fife met the Scottish Governments aim of achieving:

- By October 2019

- 80% of outpatients will wait less than 12 weeks to be seen September 2019 Position
- 75% of inpatients/day cases (eligible under the treatment time guarantee) will wait less than 12 weeks to be treated (September 2019 Position 90%)

and by December 2019 had already achieved the October 2020 target of:

- 85% of outpatients will wait less than 12 weeks to be seen (December 2019 Position 92%)
- 85% of inpatients/day cases will wait less than 12 weeks to be treated (December 2019 Position 90%)

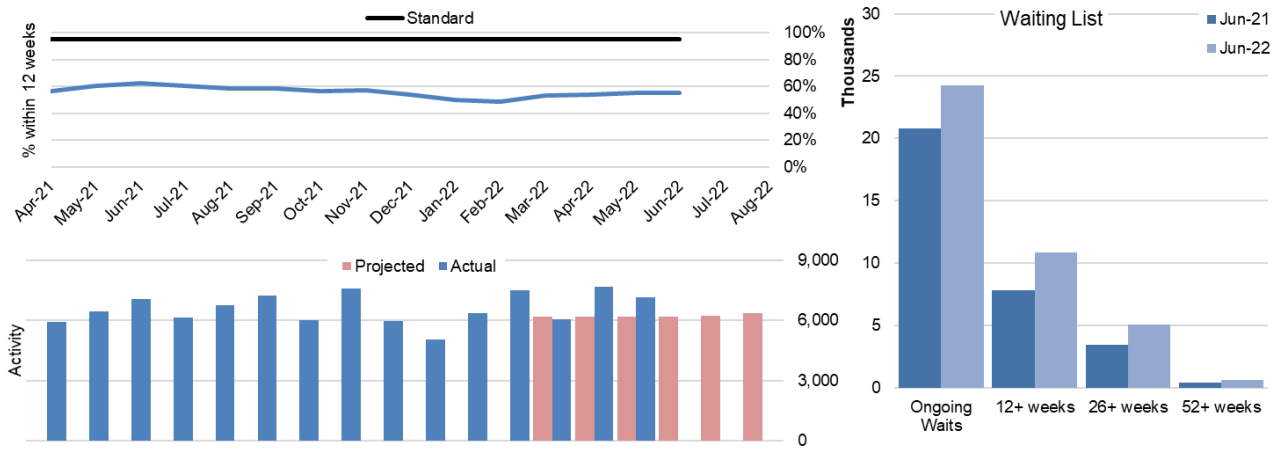
On the 17 March 2020, NHS Scotland was placed in emergency measures and Boards were asked to suspend all non-urgent elective treatment and on the 23 March the nation entered a period of 'lockdown'. In February 2022 services begun again to gradually remobilise following a third period of suspension of all non-urgent elective work. Throughout the past 2 years there has and continues to be reduced activity due to physical distancing, enhanced infection control measures, unscheduled care pressures and staffing shortages.

This has continued to significantly affect referral and treatment patterns, waiting times and list sizes.

2.3 Assessment

New Outpatients

Performance against the standard of no one waiting over 12 weeks for an outpatient appointment has stabilised at 55% being seen within 12 weeks. Core outpatient activity supported by the recurring funding is line with what was projected in the agreed plan however as predicted this has not been enough to meet demand and the waiting list size has continued to increase and at June 2022 sits at 24,269. The number of patients waiting 12 weeks and over has also risen since April and now sits at 10,813 and the number waiting over 52 weeks has increased to 593 mainly in Gastroenterology, General Surgery and Vascular Surgery. Chart below.



New long waiting targets for outpatients

- Two year waits for outpatients in most specialities by the end of August 2022

The number of patients who will be waiting more than 2 years for an outpatient appointment by the end of August is 5 routine patients and is limited to 2 specialities (Plastics and Vascular). Plans are in place to manage the long waiting plastics patients and a proposal to eliminate the backlog of vascular patients through a local Waiting List Initiative (WLI) sessions

- 18 month waits for outpatients in most specialities by the end of December 2022

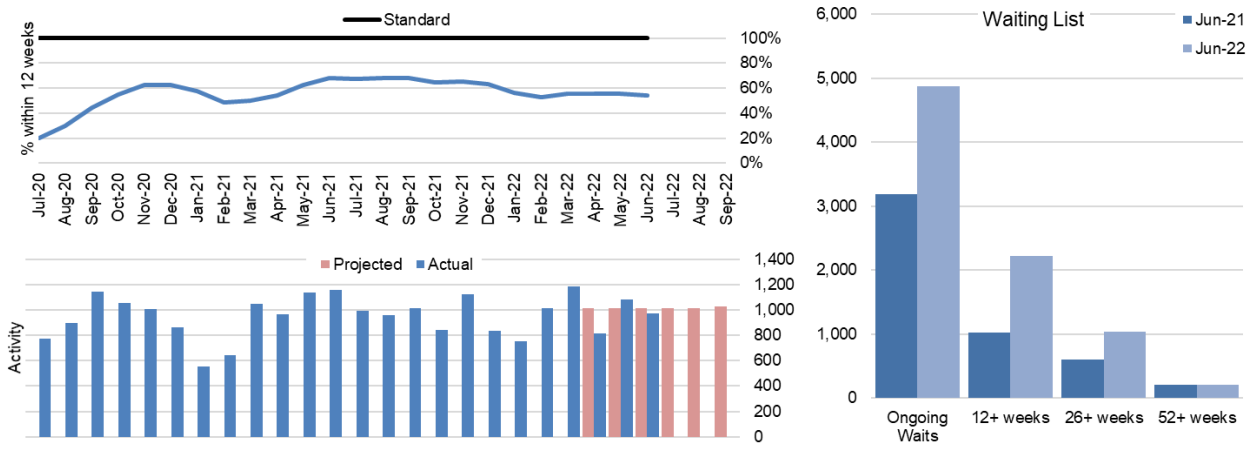
If current levels of activity are sustained and routine patients are appointed in date order then this target should be met by all specialities apart from Cardiology, General Surgery (Colorectal) and Gastroenterology. With forthcoming appointments to vacancies, increase in clinic templates and proposals for additional funded capacity through WLI clinics or in sourced activity the backlog of patients waiting over 18 months in these specialties should be eliminated.

- One year waits for outpatients in most specialities by the end of March 2023

If current levels of activity are sustained, routine patients are appointed in date order and there is targeted use of the recurring funding then this target should be met by all specialities apart from Cardiology, General Surgery (Colorectal), Gastroenterology, Breast, Orthodontics, Gynaecology and Urology. With forthcoming appointments to vacancies, increase in clinic templates and proposals for additional funded capacity through WLI clinics or in sourced activity the backlog of patients waiting over 18 months in all of these specialties apart from Gastroenterology should be eliminated.

Patient TTG

Performance against the standard of no one waiting over 12 weeks for treatment fell below 55% in June and core inpatient and day case activity supported by the recurring funding was below that projected in 2 out of the last 3 months. As predicted activity has not been enough to meet demand and the waiting list size has continued to increase and at June 2022 sits at 4,875. The number of patients waiting 12 weeks and over has also continued to rise and now sits at 2,227 whilst the number waiting over 52 weeks has increased to 215 mainly in Orthopaedics, General Surgery, Gynaecology and Surgical Paediatrics. Chart below.



New Long Waiting Targets for TTG

- Two years waits for inpatient/day cases in the majority of specialities by September 2022

The number of TTG patients who will be waiting more than 2 years for an inpatient/Day case procedure by the end of September is 27 routine patients involving 6 specialities (General Surgery (7), Gynaecology (8), Surgical Paediatrics (5), orthopaedics (5), Breast (1 unavailable dated October), Cardiology (1). Plans are in place to manage the long waiting Breast and Surgical paediatric patients and a proposal (subject to availability of in-patient beds) to eliminate the backlog of Gynaecology (Colposuspension) patients through local WLI sessions is included in 1. The 5 orthopaedic patients are being clinically reviewed and due to the pressure on inpatient beds there is no plan in place to clear the backlog of general Surgery patients.

- 18 month waits for inpatient/day cases in the majority of specialities by September 2023

As an interim step to delivery of this target by September 2023 an analysis of what would be required to deliver this in most specialties has been undertaken. Achieving this would put us in a good position to achieve this target by September 2023. If current levels of activity are sustained and patients are appointed in date order then this target should be met for day case procedures in all specialities.

If current levels of activity are sustained, there are no further restriction on elective activity due to unscheduled care pressures and patients are appointed in date order then this target should be met for day case and inpatient procedures by Surgical Paediatrics, Breast, Ophthalmology, ENT, Orthopaedics, Oral and Plastics. There is a plan to introduce a second theatre list for elective Cardiology cases in September and subject to availability of beds this should eliminate the backlog of long waiting patients. There are proposals for additional WLI activity for urology (to meet the demand for urgent cases) and Gynaecology as outlined above. Due to the pressure on inpatient beds there is no plan in place to clear the backlog of general Surgery inpatient long waiting patients.

- One year for inpatient/day cases in the majority of specialities by September 2024

An analysis of what will be required to deliver this will be undertaken in the next few months and will inform the plans for 2023/24.

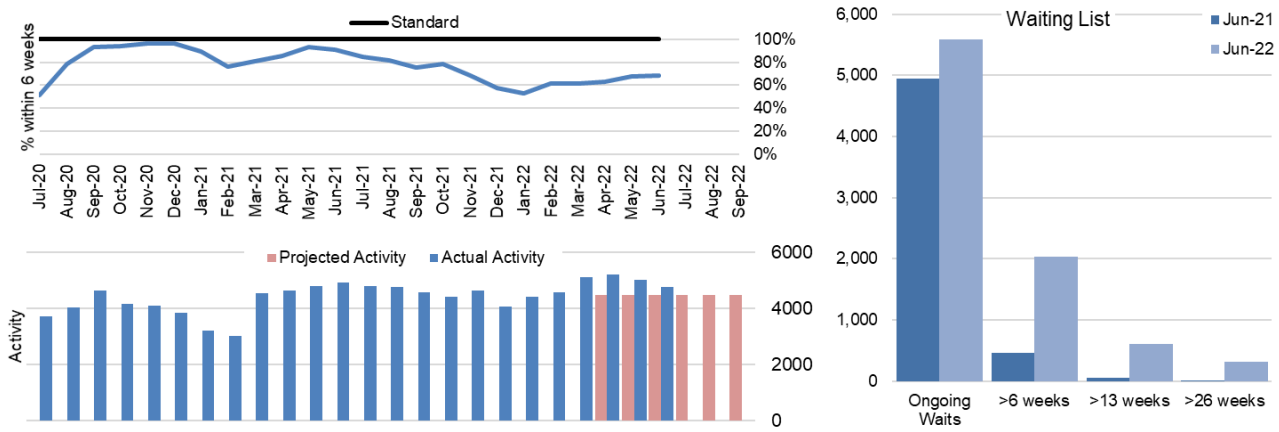
With the announcement that the Clinical Prioritisation framework has been stood down with a return to Urgent and Routine categories work will need to be undertaken to review patients currently categorised as Priority 3 to determine whether they require to reprioritised to the urgent category.

Key Diagnostic Tests

There has not been an announcement regarding targets for long waiting diagnostic test, however, there is a recognition that efforts need to be made to reduce the number of patients waiting over 26 weeks for a diagnostic test.

Performance against the standard of no one waiting over 6 weeks for a key diagnostic test improved to 68% in June 2022. Core activity in Endoscopy and core and additional activity in Radiology supported by the recurring and non recurring funding agreed in the plan was greater

than projected in the last 3 months. Activity has met current demand in the last 3 months for both Endoscopy and Radiology and the waiting list size has fallen slightly to 5,593 at June 2022 although still higher than at the same time last year at 4,951. Chart below.



The number of patients waiting over 6 weeks has fallen in Radiology due to provision of non-recurring funding for additional activity particularly in CT and MRI and there are no patients waiting over 26 weeks. It has been confirmed that the additional MRI mobile capacity that was provided to NHS Fife over the past year will no longer be available after September 2022 in order that this capacity can be made available to reduce the number of patients waiting over 26 weeks in other Board areas. This will adversely impact on the waiting list size and numbers waiting over 6 weeks for MRI.

The number of patients waiting over 6 weeks has risen slightly in the last month in endoscopy and now sits at 627 in June 2022 (mainly colonoscopy and Upper Endoscopy). As at June 2022 there were 311 routine patients waiting over 26 weeks for an endoscopy. Proposals have been outlined for funding to deliver additional waiting list sessions to clinically review and reduce the number of patients waiting over 26 weeks.

2.3.1 Quality/ Patient Care

Focusing on reducing the number of routine patients waiting a long time as outlined in the plan submitted will be a key factor in improving the quality of care for patients.

2.3.2 Workforce

The need to undertake additional waiting list initiative sessions at a time when there are significant staffing pressures may have a negative impact on staff given the pressures that staff continue to be under.

Where specialties are suing a WLI as part of the recovery plan this has been discussed and agreed with the clinical team.

The approach continues to be to recruit to substantive posts where possible however this is dependent on appropriate resources being confirmed by the Scottish Government.

2.3.3 Financial

The delivery of the plan is dependent on the identified financial resources being provided by the Scottish Government through waiting times funding.

This is a summary of the financial support requested:

NHS Fife	£m	Requested
Core Waiting times Monies	**6.770**	April 2022
Pay uplift on Core waiting times monies £1.193m as indicated to SG in April	1.183	April 2022
Additional recurring radiology posts as indicated to SG in April	0.295	April 2022
TAC expenditure where there is a legal commitment for us to pay Lothian for the work being progressed and takes place every year	1.000	April 2022
Radiology and Endoscopy non-recurring funding request as indicated to SG in April	1.748	April 2022
Planned Care Breast Service Locum Consultant as indicated to SG in April	0.124	April 2022
Additional funding request to address the long waits	0.355	August 2022
Non pay expenditure based on activity associated with the original £6.77m bid (uplifted to £7.953m)	0.843	August 2022
	12.318	
Discussed and agreed with SG in April, costs incurred along with the routine core allocation		
Legally binding		
New asks for long waits		
New ask for non-pay support being incurred		

2.3.4 Risk Assessment/Management

There are a number of risks that may affect the delivery of the activity levels described above:

- Confirmation of £8.25M recurring already committed in Q1 and Q2 and projected as committed in Q3 & Q4 (which includes the uplift on £6.7m core) waiting times funding and £2.17m additional waiting times funding. If the additional £2.17M is not received then we will have to scale back core activity and any planned activity to reduce long waiting which will lead to a continued deterioration in waiting times.

- Increase in referrals significantly above levels anticipated for 2022/23 will continue to impact on our ability to reduce the waiting list size.

- Unscheduled care pressures requiring additional bed capacity and on call commitments for Emergency Care Consultants leading to a reduction in clinician capacity and cancellation of theatre procedures.

- Staff absence impacting on ability to deliver core and additional capacity.

- Difficulty in appointing to vacant clinical posts in key speciality areas reducing core capacity.

- Resurgence of COVID-19 levels/emergence of new variant requiring designated COVID inpatient bed capacity, increased ICU capacity leading to reduction in physical capacity and clinician availability.

The likelihood that the level of activity outlined in the plan will be unable to be delivered is possible and the consequence of this in terms of patient experience and business interruption is major. The overall risk is assessed as Moderate.

Discussions with the Scottish Government will continue with regards to waiting times funding for this year and every effort will be made to safely maximise the available funded capacity we have.

2.3.5 Equality and Diversity, including health inequalities

Every effort has been made to ensure that as far as possible the needs of all patients were met and that there is equality of access during the remobilisation of services.

2.3.6 Other Impact

The new targets and board performance have and will receive significant media attention. Board performance will be compared across Scotland. This will also spark political interest, and may cause concern for patients.

2.3.7 Route to the meeting

- EDG 18th August 2022

2.4 Recommendation

The committee is invited to:

- **Discussion**
  Examine the proposed plan for elective outpatient, TTG and Diagnostic services to deliver the new long waiting targets and consider the risk to delivery from unscheduled care and staffing pressures.

2 List of appendices

None

Report Contact

Author Andrea Wilson
General Manager Waiting Times
Email andrea.wilson3@nhs.scot

NHS Fife

Meeting:	**Finance, Performance & Resource Committee**
Meeting date:	**13 September 2022**
Title:	**Draft Corporate Risk Register & Dashboard**
Responsible Executive:	**Margo McGurk, Director of Finance and Strategy**
Report Author:	**Pauline Cumming, Risk Manager**

1 Purpose

This is presented to the committee for:

- Discussion and assurance.

This report relates to a:

- Annual Operational Plan
- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As part of the refresh of the Risk Management Framework, it was agreed that the Board Assurance Framework (BAF) would be replaced with a renewed NHS Fife Corporate Risk Register (CRR).

2.2 Background

An iterative process to agree the content of the CRR has been underway over recent months. This has involved:

- reviews of risks on the extant Corporate Risk Register
- reviews of other active risks, including those linked to the BAF
- discussion within EDG, the governance committees and the Board
- engagement with Senior Leadership Teams and Operational Teams
- identification of new risks that require to be considered for inclusion

Risk Categorisation

It has been agreed that risks on the Corporate Risk Register will be categorised by mapping across to the 4 strategic priorities as follows:

- To improve health and wellbeing
- To improve the quality of health and care services
- To improve staff experience and wellbeing
- To deliver value and sustainability

2.3 Assessment

Proposed Corporate Risks

The aim has been to draw out and refocus the presentation of the corporate risks with the mitigation in place at a strategic level. Annex 1 presents a draft of the strategic risk profile as a dashboard set in the context of the risk appetite of the Board. Annex 2 sets out the draft Corporate Risk Register for review.

The plan is to create opportunities at each committee and Board session to carry out deep dives into high risks which are deteriorating or not improving over time. The dashboard will also feature in the executive summary of the IPQR.

It is recognised that the CRR must be dynamic and act as a tool to enable the management of risks that may affect delivery of our strategic priorities. Frequent review of existing risks and monitoring of the environment is necessary to ensure the risks captured represent the current profile of the organisation. Continual communication of risks within the organisation, with the Board and other stakeholders, is essential to allow for informed decision-making, to enable appropriate scrutiny and to provide assurance that the risk profile is being effectively managed. In this way, the corporate risk register content will be subject to continuing refinement and development.

The Risks and Opportunities Group will play a key role in supporting the development, monitoring and review of the corporate risk register, identifying risks and opportunities to the strategic priorities, and ensuring continuous improvement of the organisation's control environment, including appropriate containment of risks.

2.3.1 Quality/ Patient Care

Effective risk management enables risks to quality and patient care to be identified and appropriately managed.

2.3.2 Workforce

Effective management of workforce risks supports delivery of quality and patient care.

2.3.3 Financial

Effective management of financial risks supports delivery of quality and patient care.

2.3.4 Risk Assessment/Management

As detailed in the paper.

2.3.5 Equality and Diversity, including health inequalities
An impact assessment will be conducted.

2.3.6 Other impact
None

2.3.7 Communication, involvement, engagement and consultation
This paper has been developed following the range of engagement over time with EDG, SLTs, governance committees and Board.

2.3.8 Route to the Meeting
EDG 18/08/22.
The paper will be shared with all governance committees during September then a final version will be presented for approval at the September Board meeting.

2.4 Recommendation

The Committee is asked to:

- **comment** and **take assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

Report Contact
Pauline Cumming
Risk Manager
Email pauline.cumming@nhs.scot

Working examples for discussion

Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀ ▶	High
To improve the quality of health and care services	5	4	1	-	-	◀ ▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀ ▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀ ▶	Moderate
Total	18	13	5	0	0	◀ ▶	Moderate

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

Risk Key

High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key

▲ Improved - Risk Decreased

◀ ▶ No Change

▼ Deteriorated - Risk Increased

Risk Improvement Trajectory & Deep Dive into deteriorating risks *(1 for each strategic objective)*

To improve health and wellbeing	Risk Improvement Trajectory
Risks which have improved	
Risks which have deteriorated	
Risks which have not moved	
Risks which have reached acceptable level of tolerance	
Total	

Deep Dive

Risk

Risk Level and Score

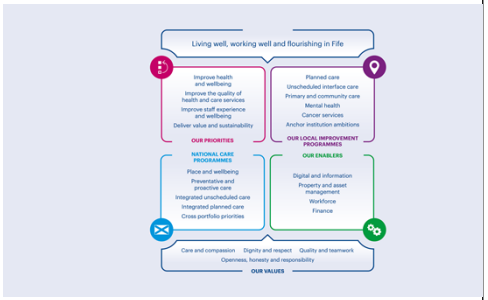
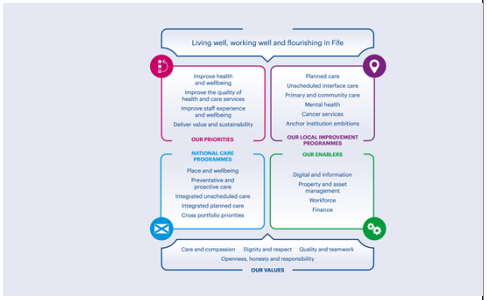
Risk Mitigation

Anticipated Timeline to Risk Reduction / Tolerate and Monitor

Corporate Risk Register contains individual risk details

M	Strategic Priority	Risk	Mitigation	Risk Level	Target Risk / Date	Risk Level Trend	Risk Owner	Primary Committee
1		**Population Health and Wellbeing Strategy** There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.	EDG has established a Portfolio Board, reporting to the Pubic Health and Wellbeing Committee to deliver the required system leadership and executive support to enable effective strategy development. The Portfolio Board commissions and monitors the delivery of key mielstone activity associated with the delivery of an effective new strategy.	Mod 12	Mod 8		Chief Executive	Public Health & Wellbeing
2		**Health Inequalities** There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.	Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population. Public health department and wider partners ongoing programme of work on reducing health inequalities relating to Public Health Priorities, Health Promotion, Vaccination, Screening, and Dental Public Health (ongoing). Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.	High 20	Mod 10		Director of Public Health	Public Health & Wellbeing
3		**COVID 19 Pandemic** There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease ,including death in a minority of the population.	Delivery plans are being developed for the autumn/winter vaccination campaign. The proposed start date is early September 2022; some planning is pending JCVI decisions. Implementation of new treatments for individuals at higher risk of adverse outcomes. Public communications programme to raise awareness of infection prevention and control measures across the region population cross the population.	High 16	Mod 12		Director of Public Health	Clinical Governance

4		**Policy obligations in relation to environmental management and climate change** There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'	Robust governance arrangements have been put in place including an Executive Lead and Board Champion appointed Regional working group and representation on the National Board Active participation in Plan 4 Fife	Mod 12	Mod 10		Director of Property & Asset Management	Public Health & Wellbeing
5		**Optimal Clinical Outcomes** There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.	The Board has agreed a suite of local improvement programmes, as detailed in the diagram below to frame and plan our approach to meeting the challenges associated with this risk. The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time. 	High 15	Mod 10		Medical Director/ Director of Public Health	Clinical Governance

6		**Whole System Capacity** There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.	The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk. 	High 20	Mod 9		Director of Acute Services	Clinical Governance
7		**Access to outpatient, diagnostic and treatment services** There is a risk that due to demand exceeding capacity, compounded by COVID -19 related disruption and stepping down of some non-urgent services, NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.	Recovery Plans developed outlining additional activity and resources required to reduce backlog and meet ongoing demand. Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time. 	High 16	Low 4 3-4 years		Director of Acute Services	Clinical Governance

8		**Cancer Waiting Times** There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times (CWT) 62-day performance.	Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified. A national Short Life Working Group (SLWG) is being set up to develop a 'Once for Scotland' approach to management of breaches standard operating procedure. This will be led by the NHS Fife Cancer Transformation Manager (Chair of National Cancer Managers' Forum). The Cancer Framework and delivery plan is almost complete. Optimal Pathways and integrated care are included in the framework along with viewing CWT targets as a minimum standard. The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.	High 15	Mod 12		Director of Acute Services	Clinical Governance
9		**Quality & Safety** There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.	Effective governance is in place and operating through the clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee(CGC). This is further supported by the organisational Learning Group to ensure that learning is used to optimise patient safety, outcomes and experience, and to enhance staff wellbeing and job satisfaction. There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation and impact.	High 15	Mod 10		Medical Director	Clinical Governance
10		**Primary Care Services** There is a risk that due to a combination of the demand on services, workforce availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality	A Primary Care Governance and Strategy Oversight Group has been established. The group brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of	High 16	Mod 8		Medical Director/ Director of Health & Social Care	Clinical Governance

		services to the population of Fife into the medium-term.	governance. It is co-chaired by the Medical Director and the Director of Health and Social Care. The group will provide assurance to NHS Fife Board and the Integration Joint board through the appropriate sub committees. The establishment of this group will allow governance and scrutiny of all aspects of primary care delivery and to provide a focus for improving patient care for the population of Fife					
11		**Workforce Planning and Delivery** There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.	Development and implementation of the Workforce Strategy to support the Clinical Strategy, workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025. Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025. Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the "exemplar employer / employer of choice" and the associated values and behaviours and aligned to the ambitions of an anchor institution.	High 16	Mod 8		Director of Workforce	Staff Governance
12		**Staff Health and Wellbeing** There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised. Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience, which will help to develop a culture that values and supports our workforce.	High 16	Mod 8		Director of Workforce	Staff Governance

13		**Delivery of a balanced in-year financial position.** There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally.	Financial Improvement and Sustainability Programme (FIS) board established to provide oversight to the delivery of Cost Improvements Plans and approve pipeline schemes to be taken to implementation.	High 15	Mod 8		Director of Finance & Strategy	Finance, Performance & Resources
14		**Delivery of recurring financial balance over the medium-term** There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.	Strategic Planning and Resource Allocation process will continue to operate and support financial planning The FIS Programme will focus on medium-term productive opportunities and cash releasing savings The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium- term	High 15	Mod 8		Director of Finance & Strategy	Finance, Performance & Resources
15		**Prioritisation & Management of Capital funding** There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.	Infrastructure developments prioritised and funded through the NHS Board capital plan. Regular Property and Asset Management Strategy (PAMS) report submitted to FP&R, NHS Board and Government.	Mod 12	Low 6		Director of Property & Asset Management	Finance, Performance & Resources
16		**Off-Site Area Sterilisation and Disinfection Unit Service** There is a risk that by continuing to use a single off-site service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.	Monitoring and review through Decontamination Group Establishment of local SSD for robotic being planned	Mod 12	Low 6		Director of Property & Asset Management	Clinical Governance
17		**Cyber Resilience** There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or	Considerable focus continues in 2022 with heightened threat level to improve our resilience to attack and ability to recover quickly.	High 16	Low 6		Medical Director	Clinical Governance

		integrity of digital and information required to operate a full health service.						
18		**Digital & Information** There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social Care.	Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy Digital & Information Board Governance established and supporting prioritisation with ongoing review.	High 15	Mod 10		Medical Director	Clinical Governance

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**13 September 2022**
Title:	**Integrated Performance & Quality Report – Finance, Performance & Resources**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Bryan Archibald, Head of Performance**

1 Purpose

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

- Assurance

This report relates to the:

- Integrated Performance & Quality Report

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 June 2022.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board, and is produced monthly.

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this will streamline local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Personal Development Plan & Review (PDPR), in the Staff Governance section. Further additions relating to Adverse Events (Clinical Governance) and Establishment Gap (Staff Governance) will follow in due course.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee, and will be introduced from September 2022.

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July.

The FPR aspects of the report cover Operational Performance (in Acute Services/Corporate Services) and Finance. All measures have performance targets and/or standards, and a summary of these is provided in the tables below.

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

Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving

Finance

Measure	Update	Forecast	Current Status

Revenue Resource Limit	Monthly	£10.4m Overspend Projected	Financial Plan submitted to SG – overspend position remains as forecast.
Capital Resource Limit	Monthly	£27.4m	Achieving

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Risk Management is considered and will be included in future IPQRs as we capture the key issues from the ADP.

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 Finance, Performance & Resources extract of the August IPQR will be available for discussion at the meeting on 13 September.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 18 August and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The FPR Committee is requested to discuss and take Assurance from this report.

3 List of appendices

None

Report Contact
Bryan Archibald
Head of Performance
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

FINANCE, PERFORMANCE & RESOURCES

Produced in August 2022

Introduction

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

Amendments have been made to the IPQR following the IPQR Review. This involves the addition of some key indicators, removal of other indicators, updating of the Indicator Summary and applying Statistical Process Control (SPC) where appropriate. A Risk section will be introduced in due course.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR for the Finance, Performance & Resources Committee comprises of the following sections:

a) **Indicatory Summary**
Provides a summary of performance against National Standards and local KPI's. These are listed showing current performance, comparison with 'previous' and 'previous year' and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also an indication of 'special cause variation' based on SPC methodology.

b) **Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.

c) **Assessment**
Summary assessment for indicators of continual focus or those that are currently experiencing significant challenges.

d) **Performance Assessment Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
18 August 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

a. Indicator Summary

Section	Measure	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Trend	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Jun-22	47	○	▼	▼		
	HSMR	N/A	Year Ending	Mar-22	1.02	●	◀▶	◀▶		YE Mar-22
	Inpatient Falls	6.91	Month	Jun-22	6.94	○	▲	▼		
	Inpatient Falls with Harm	1.65	Month	Jun-22	1.47	○	▲	▼		
	Pressure Ulcers	0.89	Month	Jun-22	1.47	○	▼	▼		
	SAB - HAI/HCAI	18.8	Month	Jun-22	13.8	○	▼	▼		QE Mar-22
	C Diff - HAI/HCAI	6.5	Month	Jun-22	10.4	○	▼	▼		QE Mar-22
	ECB - HAI/HCAI	33.0	Month	Jun-22	51.9	○	▼	▼		QE Mar-22
	Complaints Closed - Stage 1	80%	Month	Jun-22	57.1%	○	▼	▼		2020/21
	Complaints Closed - Stage 2	50%	Month	Jun-22	3.4%	○	▲	▼		2020/21
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-22	100.0%	●	◀▶	◀▶		
	4-Hour Emergency Access	95%	Month	Jun-22	74.9%	○	▼	▼		Jun-22
	Patient TTG % <= 12 Weeks	100%	Month	Jun-22	54.3%	●	▼	▼		Mar-22
	New Outpatients % <= 12 Weeks	95%	Month	Jun-22	55.4%	●	▲	▼		Mar-22
	Diagnostics % <= 6 Weeks	100%	Month	Jun-22	68.2%	●	▲	▼		Mar-22
	18 Weeks RTT	90%	Month	Jun-22	73.2%	●	▲	▲		QE Mar-22
	Cancer 31-Day DTT	95%	Month	Jun-22	100.0%	○	▲	◀▶		QE Mar-22
	Cancer 62-Day RTT	95%	Month	Jun-22	84.5%	○	▼	▲		QE Mar-22
	Detect Cancer Early	29%	Year Ending	Sep-21	23.2%	●	▲	▲		2020, 2021
	Freedom of Information Requests	85%	Month	Jun-22	90.5%	●	▼	▲		
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jun-22	11.4%	●	▲	▲		QE Mar-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jun-22	7.2%	○	▲	▲		QE Mar-22
	Antenatal Access	80%	Month	Mar-22	82.1%	●	▼	▼		CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Jun-22	(£6.2m)	●	▼	–		
	Capital Resource Limit Performance	£27.4m	Month	Jun-22	£5.7m	●	–	–		
Staff Governance	Sickness Absence	4.00%	Month	Jun-22	6.24%	○	▼	▼		YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Year Ending	Jun-22	31.4%	●	▼			
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Apr-22	16	●	–	▼		QE Dec-21
	CAMHS Waiting Times	90%	Month	Jun-22	67.8%	○	▲	▼		QE Mar-22
	Psychological Therapies Waiting Times	90%	Month	Jun-22	76.3%	○	▼	▼		QE Mar-22
	Drugs & Alcohol Waiting Times	90%	Month	Apr-22	86.7%	●	▲	▼		QE Dec-21
	COVID Vaccination (Booster 1 or Dose 3)	80%	Month	Jul-22	78.9%	●	▲	–		Jul-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Q/E Mar-22	93.5%	○	▼	▼		QE Mar-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Q/E Mar-22	89.6%	○	▲	▲		QE Mar-22

Performance Key

- on schedule to meet Standard/Delivery trajectory
- behind (but within 5% of) the Standard/Delivery trajectory
- more than 5% behind the Standard/Delivery trajectory

SPC Key

- ○ SPC chart, within control limits
- ○ Special cause variation, out with control limits
- ● No SPC applied

Change Key

- ▲ "Better" than comparator period
- ◀▶ No Change
- ▼ "Worse" than comparator period
- – Not Applicable

Benchmarking Key

- ● Upper Quartile
- ● Mid Range
- ● Lower Quartile
- ● Not Available

b. Projected and Actual Activity

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

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-22	Jul-22	Aug-22	Sep-22	Sep-22	Dec-22	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	1,012	1,012	1,029	3,053	3,087	3,087
	Actual	2,878	884			884	0	0
	Variance	-158	-128					
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	6,201	6,220	6,385	18,806	19,132	19,166
	Actual	20,951	6,266			6,266	0	0
	Variance	2,384	65					
Urgent	Actual	10,868	3,460			3,460	0	0
Routine	Actual	10,083	2,806			2,806	0	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	497	497	497	1,491	1,491	1,491
	Actual	1,547	477			477	0	0
	Variance	56	-20					
Upper Endoscopy	Actual	575	185			185	0	0
Lower Endoscopy	Actual	182	45			45	0	0
Colonscopy	Actual	736	234			234	0	0
Cystoscopy	Actual	54	13			13	0	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	3,996	3,996	3,996	11,988	11,988	11,988
	Actual	13,471	4,350			4,350	0	0
	Variance	1,483	354					
CT Scan	Actual	4,083	1,322			1,322	0	0
MRI	Actual	2,936	979			979	0	0
Non-obstetric Ultrasound	Actual	6,452	2,049			2,049	0	0

c. Assessment

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%**	**74.9%**

Demand for emergency care continues to be high across Fife with an average of 259 people attending daily across ED and MIU, 202 attending VHK ED. This has impacted on the 4-hour access target. Escalation actions include additional support through the Flow and Navigation Centre and a Test of Change at QMH MIU for an enhanced staffing model and triage within this centre. Assessment pathways in AU1 continue to see high numbers compounding whole site high occupancy and demand for bed capacity. The emergency department continue with plans for remodelling to allow for expanded assessment provision, and contribute to OPEL escalation development.

Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**54.3%**

Performance in June deteriorated. Day case elective activity continues at QMH, but inpatient surgery continues to be restricted due to sustained pressures in unscheduled care and COVID sickness absence. The waiting list continues to rise with 4,875 patients on list in June, 52% greater than in June 2021. There has been a focus on clinical priorities whilst reviewing long waiting patients. The clinical prioritisation framework has been stood down and new targets for long waiting patients have been introduced. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver the new targets. No additional activity has been undertaken in April through June and core activity remains restricted.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**55.4%**

Performance in June improved slightly as core capacity increased in the majority of specialities. The need for enhanced infection control procedures and the pressures of unscheduled care continues to impact on outpatient capacity is some specialities. The waiting list has increased, with 24,269 on the outpatient waiting list, 16% higher than in April 2021. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver the new targets. No additional activity has been undertaken in April through June. Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from COVID.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**68.2%**

Performance improved in June. The improvement has been in Radiology with 74.8% waiting less than 6 weeks due to additional funded capacity in CT, MRI and Ultrasound. The performance in endoscopy has deteriorated to 38.5% of patients waiting less than 6 weeks. No additional activity has been undertaken and core activity continues to be restricted in Endoscopy due to the need for enhanced infection control procedures. The overall waiting list for diagnostics has reduced in June to 5,593 although the number waiting for an Endoscopy has increased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity to reduce the number of long waiting patients. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence due to COVID.

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%**	**84.5%**

June continued to see challenges, but performance was sustained and similar to the previous 2 months. Referrals remain high, consistently exceeding pre pandemic numbers. Breaches are attributed to lack of resources, in respect of both staffing and capacity across many specialties. Breast, Colorectal, and Urology (Prostate) are currently our most challenged pathways. The range of breaches (majority in Urology) was 2 to 45 days (average 18 days).

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce*	**5%**	**7.2%**

The % of Bed Days lost due to patients in delay reduced in June, but remained above the target. The national figures for q/e March show that Fife is in the middle ranking of Mainland Health Boards and close to the Scottish average, for both 'Standard' and 'All' delays.

Code 9 delays remain high (and accounts for almost half of the delays), with 51X guardianship cases forming a material portion of our overall delays. Unlike in other parts of the delay system, we are unable to expedite this process given that it relies on courts and parties out with our control.

The H&SCP surged to 45 beds in July due to operational pressures and regularly maintains occupancy levels above 110% during summer months. In addition, referrals to the Integrated Discharge hub remain high, placing continued

OPERATIONAL PERFORMANCE		Target	Current
strain on community services.			

FINANCE		Forecast	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£10.4m)**	**(£6.2m)**

At the end of June, an overspend of £6.222m is reported for Health Retained Services. This overspend comprises: £3.620m core overspend (of which £0.904m relates to acute set aside services overspend) and £2.602m of the financial gap identified in the board's approved financial plan. Funding for both Covid-19 and Public Health Test and Protect costs has been anticipated. Health Delegated Services are reporting an underspend at the end of June of £1.845m. The adverse financial position, year to date, highlights the continuing pressures across acute services due to increased demand and length of stay. This is further exacerbated with additional temporary staffing costs and increasing medicines costs.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorates*	**£27.4m**	**£5.7m**

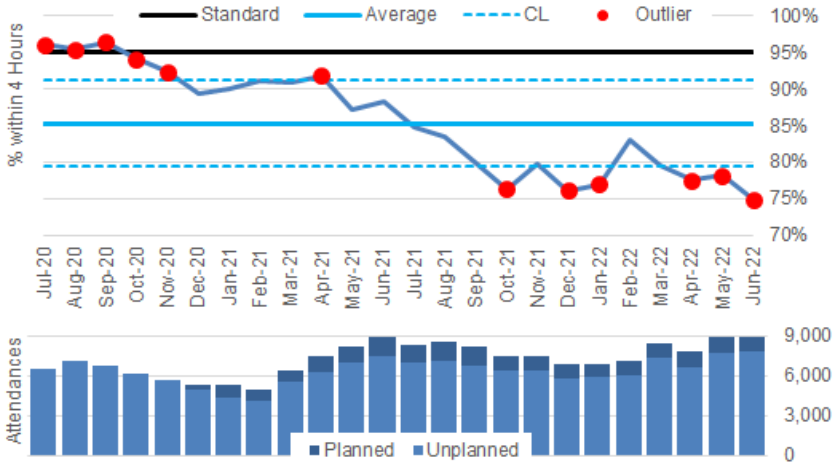
The overall anticipated capital budget for 2022/23 is £27.443m. This reflects the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government and anticipated allocations expected during the year to support numerous ongoing projects. The capital position for the period to June records spend of £5.677m. Therefore, 20.69% of the anticipated total capital allocation has been spent to month 3. The capital programme is expected to deliver in full with significant activity in the latter half of the financial year particularly with the completion of the National Treatment Centre – Fife Orthopaedics. Additional capital funding of £1.5m has been secured in the first quarter of the financial year from the National Infrastructure and Equipping Board to support purchase of equipment.

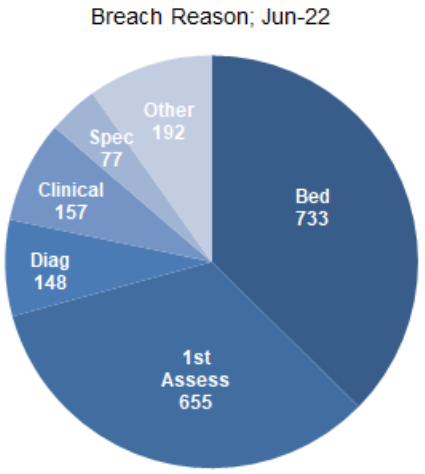
d. Performance Exception Reports

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

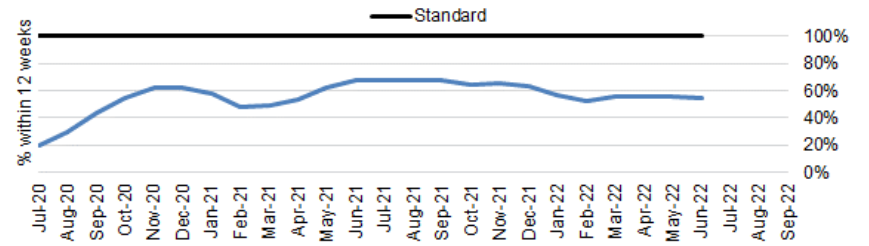
	2021/22									2022/23		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%	77.0%	83.0%	79.6%	77.5%	78.2%	74.9%
Scotland	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%	76.0%	74.2%	71.6%	72.1%	73.0%	71.3%

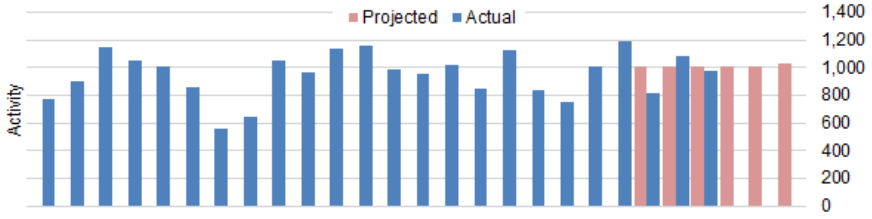
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 On track
	Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.	Mar-23 At risk
	Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Sep-23 At risk
Implement an enhanced triage model within ED to support scheduling with FNC		Mar-23 At risk
Redesign of Urgent Care in close working with partners		Apr-23 At risk

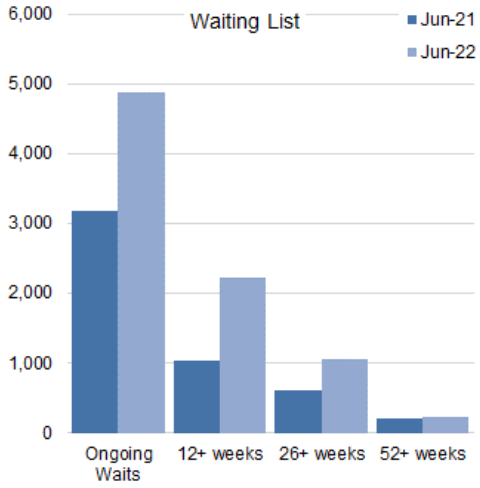
Patient TTG

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

Local Performance







National Benchmarking

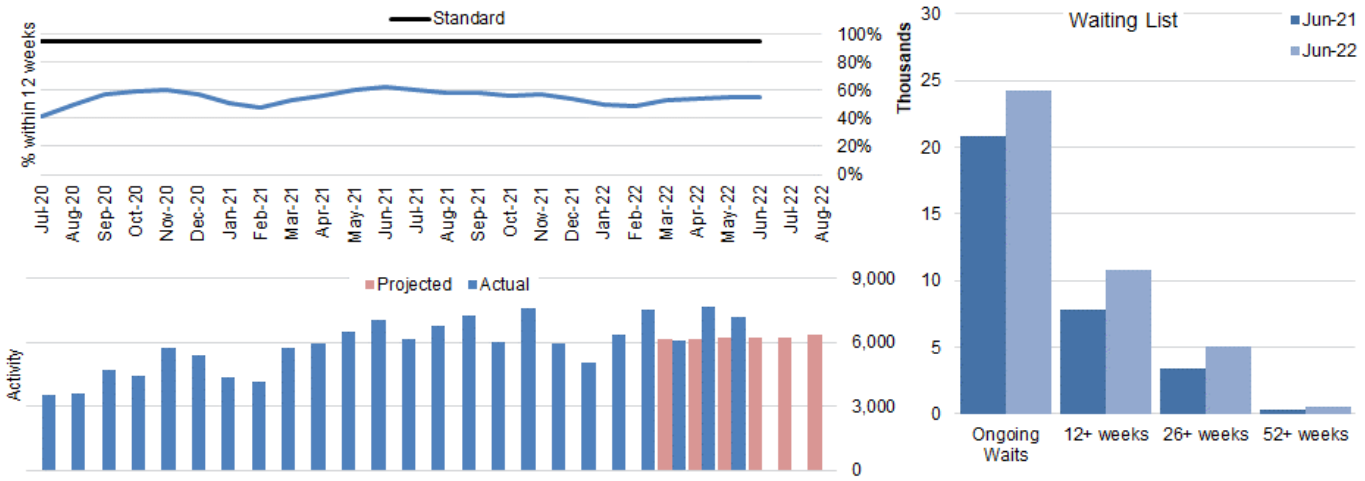
	2021/22									2022/23		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%	56.6%	52.7%	55.2%	55.9%	55.6%	54.3%
Scotland	36.7%	36.5%	34.0%	37.5%	37.3%	34.6%	33.7%	32.5%	34.0%			

Key Deliverable		End Date
Reducing long waits; TTG *Inpatient surgery continues to be restricted due to sustained pressures in unscheduled care and COVID sickness absence. The clinical prioritisation framework has been stood down and new targets for long waiting patients have been introduced. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver the new targets.*		Mar-23 Off track
Key Milestones	Preassessment	Sep-22 At risk
	Elective Orthopaedic Centre	Jan-23 On track
	Maximise utilisation of QMH Theatres	Mar-23 On track
	Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 On track

New Outpatients

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

Local Performance



National Benchmarking

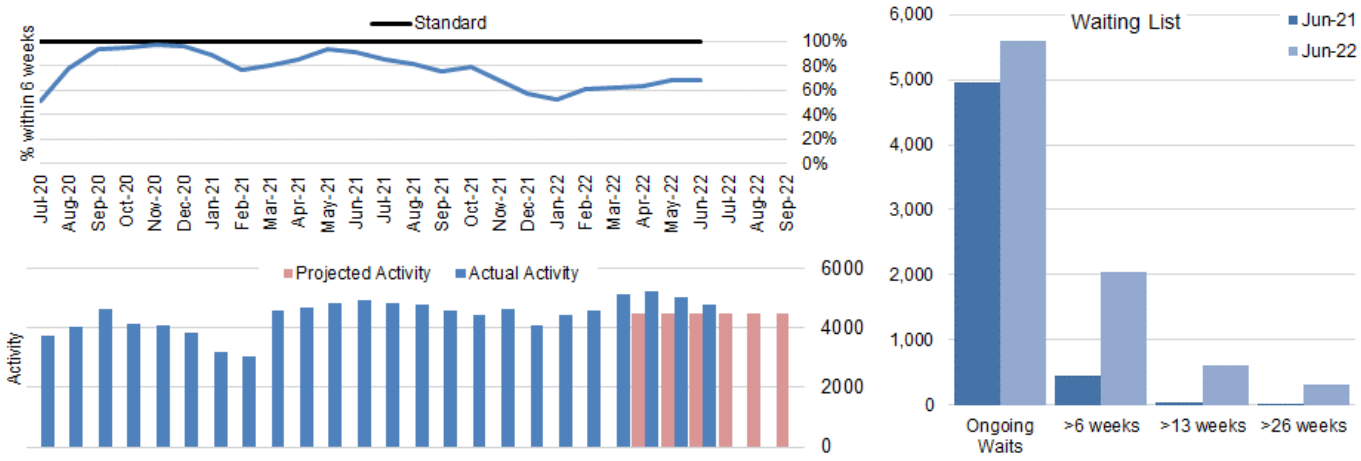
	2021/22									2022/23		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%	50.1%	48.8%	53.4%	53.9%	55.3%	55.4%
Scotland	51.6%	49.7%	48.1%	48.0%	48.4%	46.5%	45.5%	45.9%	49.6%			

Key Deliverable		End Date
Reducing long waits; Outpatients *The need for enhanced infection control procedures and the pressures of unscheduled care continues to impact on outpatient capacity in some specialities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver the new targets.*		Mar-23 Off track
Key Milestones	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services	Sep-22 At risk
	Three step validation process of waiting lists will be implemented	Mar-23 At risk

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

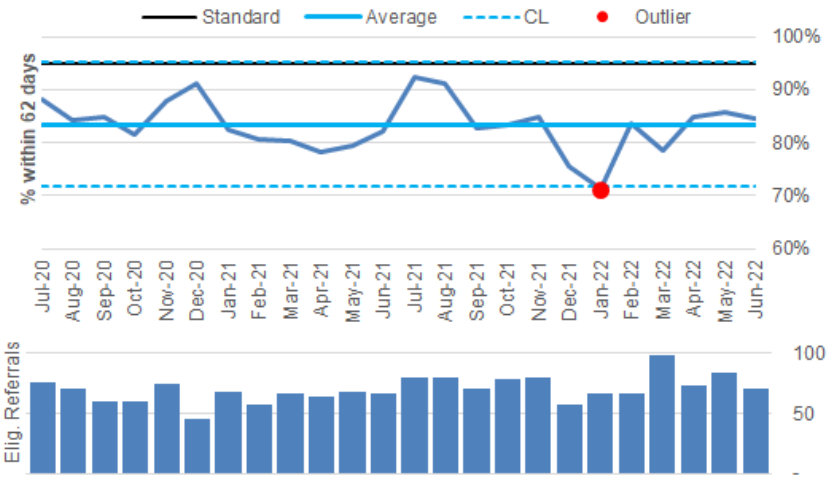
	2021/22									2022/23		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%	52.7%	61.2%	61.6%	63.0%	67.8%	68.2%
Scotland	57.2%	56.5%	57.8%	55.2%	56.9%	49.6%	48.1%	50.8%	49.6%			

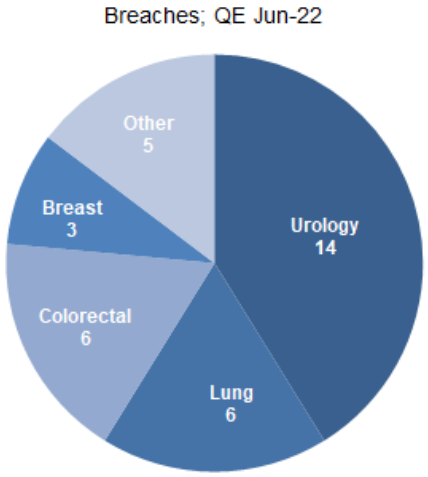
Key Deliverable	End Date
Reducing long waits; Diagnostics *No additional activity has been undertaken and core activity continues to be restricted in Endoscopy due to the need for enhanced infection control procedures. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity to reduce the number of long waiting patients.*	Mar-23 Off track
Radiology -7 day working *No funding identified from SPRA. Ongoing work to scope out 24/7 CT only*	Apr-23 At risk

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

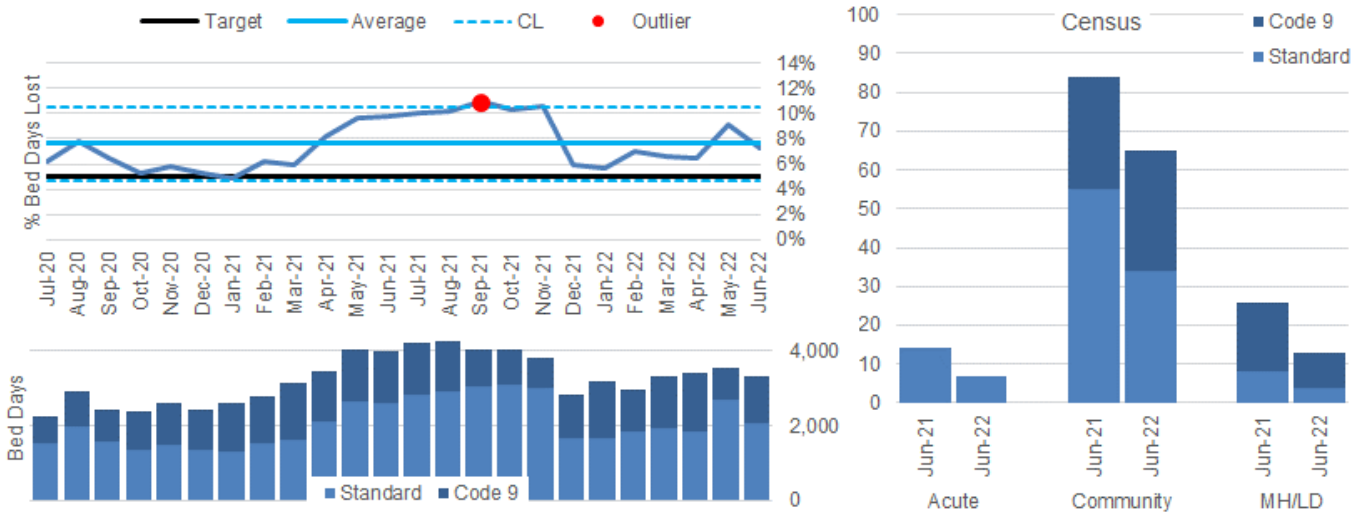
Month	2021/22									2022/23		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%	71.2%	83.6%	78.6%	84.9%	85.7%	84.5%
Scotland	82.8%	83.5%	83.1%	78.8%	78.1%	78.3%	76.3%	77.4%	75.5%	77.0%	75.8%	73.5%

	Key Deliverable	End Date
	Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services	Mar-23 On track
Key Milestones	ECDC development/expansion	Mar-23 On track
	Development of single point of contact hub (SPOCH)	Sep-22 On track
	Review of cancer workforce	Mar-23 At risk
	Environmental needs of cancer services	Mar-23 On track
	Continued public and patient engagement	Mar-23 On track
	Increased access to trials linking with R, I & K	Mar-23 On track
	Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-23 At risk
	Delivery of Cancer Waiting Times	Mar-23 At risk
Key Milestones	Deliver improved Digital solutions to support delivery of Cancer Waiting Times performance *Initial plan was not supported by eHealth and a supported alternative tracking solution is being considered. This will not be delivered this FY.*	Suspended
	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 On track
	Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Jul-22 At risk

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

% Bed Days Lost		Quarter Ending								
		2019/20	2020/21				2021/22			
		Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	Standard	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%
	All	12.4%	8.6%	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%
Scotland	Standard	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%
	All	9.3%	5.9%	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%

	Key Deliverable	End Date
	Deliver Home First and enable Prevention and Early Intervention	Dec-23 On track
	Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend length of stay	Mar-23 On track
	Continue to reduce delayed discharge	Dec-23 At risk
Key Milestones	Reduce hand offs in discharge processes	Sep-22 On track
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian *Highest number of delays recorded in recent months. Lead SW progressing with key actions. Some aspects of legal process out with our control.*	Oct-22 Off track
	Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care	Apr-23 At risk
	Develop app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages.	Dec-23 At risk
	Planned Date of Discharge Project	Jul-22 On track
	Front Door Model *1 x Patient Flow Co-ordinator and 1 x Senior Practitioner appointed. Next step to agree project brief and move to a project management structure. SLT discussed an SBAR outlining the vision with no substantial objects raised. Recruitment will continue.*	Dec-22 Off track
	Electronic referrals	Dec-23 At risk

Finance

NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health Care Directorates (SGHSCD)

1. Executive Summary

1.1 At the end of June, an overspend of £6.222m is reported for Health Retained Services. This overspend comprises: £3.620m core overspend (of which £0.904m relates to acute set aside services overspend) and £2.602m of the financial gap identified in the board's approved financial plan. Funding for both Covid-19 and Public Health Test and Protect costs has been anticipated. Health Delegated Services are reporting an underspend at the end of June of £1.845m.

Revenue Financial Position as at 30 June 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services Division	237,620	60,650	63,116	-2,466
IJB Non-Delegated	9,426	2,350	2,319	31
Non-Fife & Other Healthcare Providers	96,197	24,033	24,327	-294
Non Clinical Services				
Estates & Facilities	78,454	19,266	19,586	-320
Board Admin & Other Services	74,991	18,923	19,028	-105
Other				
Financial Flexibility & Allocations	29,403	351		351
Income	-30,167	-7,762	-7,798	36
Grip and Control	-3,412	-853		-853
Sub-total Core position	**492,512**	**116,958**	**120,578**	**-3,620**
Financial Gap	-10,408	-2,602		-2,602
HB retained Covid 19	**5,907**	**5,907**	**5,907**	**0**
SUB TOTAL	**488,011**	**120,263**	**126,485**	**-6,222**
Health & Social Care Partnership				
Fife H & SCP	372,256	89,015	87,170	1,845
Health delegated Covid 19	2,471	2,471	2,471	0
SUB TOTAL	**374,727**	**91,486**	**89,641**	**1,845**
TOTAL	**862,738**	**211,749**	**216,126**	**-4,377**

1.2 As previously reported, the NHS Fife financial plan approved in March 2022 identified a cost improvement requirement for 2022/23 of £24.1m and approved cost improvement plans of £11.7m, resulting in a residual financial gap of £10.4m.

1.3 The Board's Financial Plan for 2022/23 was developed on the assumption of receipt of full funding for the ongoing additional costs of managing the Covid 19 pandemic in line with Scottish Government (SG) advice at the time of writing the plan. Subsequently we received notification, on 1 June, that the Health retained Covid-19 financial envelope for 2022/23 is £7.5m. This funding has been recognised in our month 3 reporting position, along with anticipated funding for Public Health measures including Test and Protect costs. It is also anticipated funding for 2022/23 Covid-19 costs in respect of Acute set aside Covid-19 spend will be met from the Covid allocations provided in 2021/22 to the Integration Joint Board. Scottish Government has confirmed there will be no further funding issued in 2022/23 and beyond for Covid 19 expenditure. Therefore there is a pressing need to exit from Covid related costs as far as possible and to plan for remaining 'business as usual' costs.

1.4 We received our first allocation letter this financial year on 5 July which confirmed our funding uplift and extant recurring allocations. One new allocation was received for Long Covid Support funding (£0.125m non-recurring). Appendix 1 shows our recurring baseline as per the Scottish Budget with details of all anticipated allocations for both core and non-core allocations.

1.5 In line with reporting requirements we will submit our quarterly reporting templates to SG through the established reporting mechanisms. We received a letter from SG dated 14 July setting out 2022/23 priorities and finance planning which sets out the requirement to deliver a balanced financial position without additional financial support. Notwithstanding our financial planning arrangements sets out a £10.4m remaining gap which will be addressed as part of our medium-term financial planning process. An in- depth review of Q1 financial performance has been undertaken to assess key risks and financial projections for 2022/23. Reviews have considered performance to date, Covid spend, forecast outturns, emerging risks and issues and any implications for the medium term financial plan. A financial review meeting with SG colleagues is expected late summer to consider our Q1 submission including the board's 3 year financial plan.

1.6 Given the challenging financial environment the board is operating within, it is vital that the board's cost improvement target of £11.7m is delivered during 2022/23. Cost improvements of £1.214m have been delivered in the first quarter of the financial year and work continues to progress the financial improvement and sustainability programme. Other opportunities are currently being pursued to support any potential slippage in plans to ensure delivery of the board's planned financial position for 2022/23.

1.7 The overall anticipated capital budget for 2022/23 is £27.443m. This reflects the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government and anticipated allocations expected during the year to support numerous ongoing projects. The capital position for the period to June records spend of £5.677m. Therefore, 20.69% of the anticipated total capital allocation has been spent to month 3. The capital programme is expected to deliver in full with significant activity in the latter half of the financial year particularly with the completion of the National Treatment Centre – Fife Orthopaedics, . Additional capital funding of £1.5m has been secured in the first quarter of the financial year from the National Infrastructure and Equipping Board to support purchase of equipment.

2. Health Board Retained Services

Clinical Services financial performance as at 30 June 2022 excluding Covid-19 costs

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division (HB Retained)	195,378	49,996	51,558	-1,562
Acute Services Division (Acute Set Aside)	42,242	10,654	11,558	-904
Subtotal Acute Services Division	**237,620**	**60,650**	**63,116**	**-2,466**
IJB Non Delegated	9,426	2,350	2,319	31
Non-Fife & Other Healthcare Providers	96,197	24,033	24,327	-294
Income	-30,167	-7,762	-7,798	36
SUB TOTAL	**313,076**	**79,271**	**81,964**	**-2,693**

2.1 The Acute Services Division reports a core **overspend of £2.466m.** Acute Services continue to experience challenging capacity pressures at the front door with ED attendances increasing 7% compared to Q1 last year, all of which are major presentations. Delayed discharges continue to put pressure on surge capacity, with occupied bed days increasing by 10% since last year. Continued reliance on supplementary staffing within Acute continues to impact on the pay overspend position. Work is underway to determine where there is opportunity to scale back on these costs which are partially contributing to the £1.166m pay overspend. The reported non pay overspend to June of £1.166m relates mainly to continued medicines growth, particularly within haematology with medicines budget overspent by £0.620m to date. Additionally, Acute Services are awaiting the outcome of a Labs and Radiology bid submitted to Scottish Government requesting funding of £1.7m. Expenditure of £0.504m has been incurred against this scheme, contributing to the overspend as no funding has been confirmed yet. The Acute directorate are absorbing £0.352m of expenditure for Waiting List Initiatives as the funding has not been increased to reflect the pay growth on substantive contracts. The remainder of the reported overspend to June relates to unachieved savings of £0.124m, with an expectation the pipeline schemes will cover any in year slippage.

Progress is underway with schemes funded by Scottish Government focusing on Interface Care and Discharge without Delay and posts continue to be appointed to on a non-recurring basis to support the transition of service delivery to more streamlined patient pathways. Income has been anticipated for the current year for allocations from Scottish Government for ICU additional bed capacity, B2-B4 posts as part of the national winter pressures

funding package and TAC, all of which were received last year with an expectation funding would be received again in the 2022/23 financial year.

Included in the core ASD position is an overspend on Set aside services of £0.904m which is being funded on a **non-recurring** basis by the board. The full year cost pressure on set aside budgets is circa £6m and is included in the board's financial plan gap of £10.4m.

2.2 The IJB Non-Delegated budget reports an **underspend of £0.031m.** This is within Acute Services within the North East Fife Hospitals.

2.3 The budget for healthcare services provided out-with NHS Fife is **overspent by £0.294m** which reflects significant recurring unbudgeted costs for a number of mental health services which we are now in the process of discussing appropriate realignment with the HSCP. Further detail is contained in Appendix 2.

2.4 Corporate Functions and Other Financial performance at 30 June 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Non Clinical Services				
Estates & Facilities	78,454	19,266	19,586	-320
Board Admin & Other Services	74,991	18,923	19,028	-105
Other				
Financial Flexibility & Allocations	29,403	351	0	351
SUB TOTAL	**182,848**	**38,540**	**38,614**	**-74**

2.5 The Estates and Facilities budgets report an **overspend of £0.320.** This comprises an underspend in pay of £0.209m which is continuing the trend of last year across several departments including estates services, catering, and portering. Non-pay costs are over spent by £0.531m with energy and clinical waste the main drivers.

2.6 Within the Board's corporate services there is **an overspend of £0.105m**. The main drivers are the areas within Corporate who have just received their Cost Improvement Target and work continues to regain traction on this efficiency target.

Financial Flexibility

2.7 Financial flexibility at the end of the June reflects financial plan assumptions which are being held corporately and includes supplies, medical supplies and drugs uplifts. The release of this flexibility and allocations will take place as the year unfolds as the financial impact of national policies crystallise. A summary of funding held in **financial flexibility** and the release of **£0.351m** to month 3 is shown at Appendix 3.

Financial Gap

2.8 The **financial plan gap** at month 3 reflects the proportionate share of the planned £10.4m deficit **(£2.602m** to month 3) which will be addressed as part of our medium term (3 year) financial planning.

Approved Cost Improvement Plans

2.9 The year to date target at month 3 was £2.399m with £1.214m achieved, resulting in a current year shortfall of £1.185m. Schemes with fully completed CIP documents have been most successful in delivering, with significant risk around those where plans are not yet finalised. The Programme Board governance arrangements are key to instil rigour and momentum to this agreed plan.

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute	5,752	424	290	-134
Estates & Facilities	1,652	841	844	3
Corporate	4,296	1,134	80	-1,054
Total	**11,700**	**2,399**	**1,214**	**-1,185**

By the end of Month 3 Acute Services delivered £0.290k, a year to date shortfall of £0.134m. The current month achieved was £0.126m, with Emergency Care contributing £0.042m from medicines efficiencies. WCCS have seen a continued benefit of schemes from month 1 and a recovered position against vacancy factor which contributed £0.084m. To date £0.460m has been identified on a recurring basis. Recurring pipeline opportunities will continue to be explored at pace to mitigate against areas of potential high risk anticipated in month 4 relating to reduction in supplementary staffing and reduced procurement expenditure.

The vacancy factor target of £3m distributed across Corporate directorates and Acute services remains undelivered at month 3 and plans are in place to determine if vacancy factor has materialised to offset against this target and, where possible, mitigate the shortfall through identification of pipeline CIP's. Estate and Facilities have absorbed £0.402m of the grip and control target through matching with pipeline opportunities, leaving £3.412m of the grip and control target as outstanding. Further detail is included in Appendix 4 to this report.

3. Health Board Covid-19 spend

3.1 As highlighted in 1.1 above, the Covid-19 Health retained financial envelope is £7.5m for 22-23. The table below shows Covid-19 spend of £4.390m for quarter one. This comprises £1.945m for Health retained funded from the £7.5m financial envelope; and £2.445m for Acute set aside funded from the Covid allocations provided in 2021/22 to the Integration Joint Board. In addition, we have anticipated funding of £1.517m for Public Health measures including Test and Protect costs in line with SG guidance, but until funding is formally confirmed, remains a risk.

HB & Acute set aside Covid-19 spend	Year to Date Budget £'000	YTD Spend HB Retained £'000	YTD Spend Set Aside £'000	YTD Spend Total £'000	YTD Variance £'000
Acute	3,752	1,576	2,176	3,752	0
Estate & Facilities	269	50	219	269	0
Corporate	369	319	50	369	0
Subtotal (fund from £7.5m envelope)	**4,390**	**1,945**	**2,445**	**4,390**	**0**
Public Health (anticipated funding)	1,517	1,517	0	1,517	0
Total	**5,907**	**3,462**	**2,445**	**5,907**	**0**

3.2 Acute Services continue to incur Covid expenditure for services which have not yet scaled back and the ongoing significant numbers of Covid positive patients within the hospital setting. Delays in transfer of care due to the Covid impact in Community settings generates both a capacity and financial pressure on the Acute Services. Point of Care testing continues and NMAB clinics provide access to medication for Covid positive individuals in a bid to prevent acute hospital admissions. Staff absences for covid reasons continue at levels seen in 21-22 and are driving sickness absence costs well in excess of "normal" sickness absence costs. Discussions with services are ongoing to determine an exit strategy for Covid expenditure and to gain an understanding of what will become business as usual in the future.

3.3 Corporate budgets continue to incur Covid-19 costs. Detailed work continues with services to secure exit planning and absorption of the Covid-19 costs 'tail' in to core costs.

3.4 Public Health colleagues have established a short life working group to work through the staffing implications of the ending of Contact Tracing, Asymptomatic Testing and Fixed Term Public Health roles. There is considerable work involved as the Organisation must deal with staff on an individual basis. The current level of spend will fall over the coming months. A level of symptomatic testing will continue which is currently being modelled nationally.

4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £1.845m.**

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	372,256	89,015	87,170	1,845
SUB TOTAL	**372,256**	**89,015**	**87,170**	**1,845**

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 £0.904m overspend to month 3 per 1.1 above). Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £2.471m to month 3, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

Health Delegated Covid-19 spend	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	799	799	0
Complex And Critical Services	56	56	0
Primary Care + Prevention Ser	58	58	0
Professional/business Enabling	33	33	0
Covid-19 Vaccination Costs	1,525	1,525	0
Total	**2,471**	**2,471**	**0**

5. Risks

5.1 Although access to Covid funding is available to the board in 2022/23, the level of covid service demands coupled with increasing inflation levels, may exceed the available funding support We are working to mitigate this risk through a detailed review of costs incurred in this financial year and to work with services to ensure exit plans are in place and to embed necessary activities and actions within our core service delivery where practicable.

5.2 There is a risk around Public Health test and protect and track and trace funding where we await receipt of funding. Until funding is confirmed this remains a financial risk.

5.3 There is a lack of certainty over future funding allocations, for example: Redesign of Urgent Care and International Recruitment. This uncertainty and the need for flexibility to adapt to national priorities is harnessed in our financial and operational planning.

5.4 There are a number of ongoing price increases which are globally out with our control, e.g. energy price increases; and the cost of food; and building materials. Whilst some assumptions have been made in the financial planning process, close and detailed work remains ongoing to capture and forecast the potential impact to NHS Fife.

6. Capital

6.1 The overall anticipated capital budget for 2022/23 is £27.443m. The capital position for the period to June records spend of £5.677m. Therefore, 20.69% of the anticipated total capital allocation has been spent to month 3.

6.2 The capital plan for 2022/23 is pending approval by the FP&R Committee in July and will subsequently be tabled at the NHS Fife Board. NHS Fife has assumed a programme of £27.443m, as detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,389
Kincardine Health Centre	856
Lochgelly Health Centre	1,228
QMH Theatres PH2	1,500
Mental Health	100
National Equipping	1,506
HEPMA	1,000
Pharmacy Robot	100
Total	**27,443**

The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to FBC, subject to NHS Assure approval and a Benefits Realisation Addendum to the OBC.

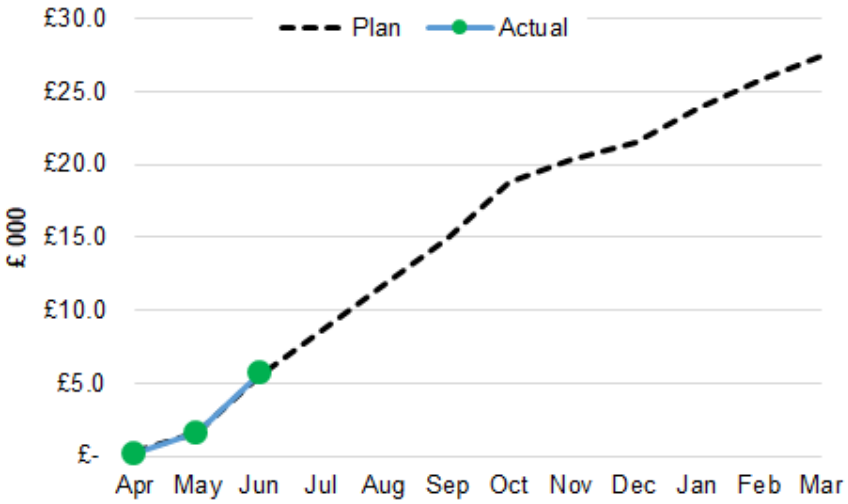
6.3 Capital Receipts

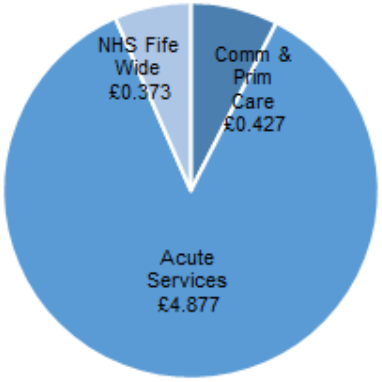
Work continues into the new financial year on asset sales re disposals:

- 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. The Developers have provided other plans in order to move forward, however, the GP's are still objecting.

6.4 Expenditure / Major Scheme Progress

The summary expenditure position across all projects is set out in the dashboard summary below. The expenditure to date amounts to £5.667m, this equates to 20.69% of the total anticipated capital allocation, as illustrated in the spend profile graph below.





The main areas of spend to date include:

Statutory Compliance	£0.840m
Equipment	£0.154m
Digital	£0.373m
Elective Orthopaedic Centre	£3.959m
Health Centres	£0.334m

6.5 The capital programme is expected to deliver in full with significant activity in the final month of the year working towards a balanced capital position. Further detail on capital expenditure is detailed in Appendices 6 and 7.

7 Recommendation

7.1 EDG is asked to consider the detail of this report and specifically:

- **Note** the reported core overspend £6.222m
- **Note** the Health delegated core underspend position £1.845m
- **Note** the capital expenditure spend of £5.677m

Appendix 1: Revenue Resource Limit

	Baseline Recurring £'000	Earmarked Recurring £'000	Non-Recurring £'000	Total £'000
Initial Baseline Allocation	749,382			749,382
20-21 Recurring allocation Adjustment	-527			-527
Long Covid Support Fund			125	125
Total Core RRL Allocations	**748,855**	**0**	**125**	**748,980**
Primary Medical Services		59,263		59,263
Outcomes Framework		4,520		4,520
Mental Health Bundle		1,363		1,363
Salaried Dental		2,090		2,090
Distinction Awards		139		139
Research & development		822		822
Community Pharmacy Champions		20		20
NSS Discovery		-40		-40
Pharmacy Global Sum Calculation		-204		-204
NDC Contribution		-843		-843
Community Pharmacy Pre-Reg Training		-165		-165
Patient Advice & Support Service		-39		-39
FNP		1,425		1,425
New Medicine Fund		6,683		6,683
Golden Jubilee SLA		-25		-25
PCIF		10,037		10,037
Action 15 Mental Health strategy		2,121		2,121
ADP:seek & treat		1,159		1,159
Veterans First Point Transisition Funding		116		116
Tariff reduction to global sum		-4,245		-4,245
District Nurses		333		333
ADP		920		920
School Nurse		276		276
Perinatal and Infant Mental Health		663		663
Primary care development funding		30		30
CAMHS		704		704
National Cancer Recovery Plan SPOC		64		64
National SACT Pharmacy		8		8
Mental Health Funding Pharmacy recruitment		64		64
Mental health & Wellbeing primary care services		105		105
Waiting list			6,700	6,700
Capital to Revenue			2,000	2,000
Covid 19 Retained			7,500	7,500
Young Peoples fund		10		10
Band 2-4		895		895
TAC		1,000		1,000
ICU		799		799
Best Start			56	56
Midwife Training			7	7
NSD etc		-4,526		-4,526
Test & protect			1,517	1,517
	0	**85,542**	**17,780**	**103,322**
	748,855	**85,542**	**17,905**	**852,302**
IFRS			9,301	9,301
Donated Asset Depreciation			135	135
Impairment			500	500
AME Provisions			500	500
				0
				0
Total Anticipated Non-Core RRL Allocations	**0**	**0**	**10,436**	**10,436**
Grand Total	**748,855**	**85,542**	**28,341**	**862,738**

Appendix 2: Service Agreements

	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	101	25	24	1
Borders	47	12	14	-2
Dumfries & Galloway	26	6	14	-8
Forth Valley	3,311	828	917	-89
Grampian	374	93	70	23
Greater Glasgow & Clyde	1,724	431	419	12
Highland	141	35	51	-16
Lanarkshire	120	30	54	-24
Lothian	32,822	8,206	8,351	-145
Scottish Ambulance Service	105	26	26	0
Tayside	41,258	10,315	10,810	-495
	80,029	**20,007**	**20,750**	**-743**
UNPACS				
Health Boards	14,564	3,641	3,146	495
Private Sector	799	200	394	-194
	15,363	**3,841**	**3,540**	**301**
OATS	740	185	37	148
Grants	65			0
Total	**96,197**	**24,033**	**24,327**	**-294**

Appendix 3: Financial Flexibility

		Flexibility Released to Jun-22
	£'000	£'000
Drugs :NMF	1,209	
Junior Doctor Travel	44	
Consultant increments	441	
Discretionary Points	259	
AME impairments	500	
AME Provisions	638	
Prior Years Approved Developments, National Initiatives	2,436	351
Health Retained 22-23 Uplifts	8,514	
Cost pressures 22-23	4,179	
Allocations to be distributed	11,183	
Total	**29,403**	**351**

Appendix 4: Detailed Cost Improvement Plans

Area	Plan	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
PCD	Instruments & Sundries	1,000	70	70	0
PCD	Investment in Theatres Procurement / Cost Reduction	500	0	0	0
PCD	Repatriation of Radical Prostatectomy	205	0	0	0
WCCS	Travel & Printing	60	18	18	0
WCCS	Managed Service Contract for Labs	425	107	69	(38)
WCCS	Skill Mix Review	50	10	10	0
ECD	Pirfenidone / Nintedanib	40	10	10	0
ECD	Patent Expiry / Homecare	160	16	0	(16)
WCCS	Community Paediatric Drugs	20	5	5	0
Acute	Reduction in Non Core Staffing	2,000	0	0	0
WCCS	Vacancy Release	210	50	50	0
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	42	58	16
P&I	Major Contract Review	250	0	0	0
P&I	Property Maintenance Minor Works Team	100	0	0	0
P&I	Energy Savings - NDEE Project	150	0	0	0
P&I	Rates Review	500	500	503	3
P&I	Roster Review	250	0	0	0
P&I	Terminate Lease for Evans Business Park	80	80	80	0
P&I	Grip and Control	402	341	341	0
All	Vacancy Factor	3,000	750	0	(750)
					0
All	Financial Grip & Control	1,598	400	0	(400)
	Total	**11,700**	**2,400**	**1,214**	**(1,185)**

Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve ***£'000***	May-22 ***£'000***	Jun-22 ***£'000***
Covid-19 earmarked reserve	*33,522*	1,784	1,607
Vaccine	*2,472*	1,053	472
ADP (from Core)	*1,700*		
Primary Care Improvement Fund	*6,585*		145
Care homes	*817*		
Urgent Care Redesign	*950*	139	110
Action 15	*1,791*		
RT Funding	*1,500*		
District Nurses	*213*		
Fluenz	*18*		
Mental Health Recovery & Renewal	*3,932*	100	122
Workforce Wellbeing	*244*		
Budival	*213*		
Child Healthy Weight	*23*		
Acceleration of 22/23 MDT recruitment	*300*		
Multi Disciplinary Teams	*1,384*		
GP Premises	*430*		
Afghan Refugees	*47*		
Dental Ventilation	*669*		72
Interface care	*170*		
Core general reserve	*4,125*		168
Core underspend	*3,550*		
TOTAL	*64,655*	*3,076*	2,696

Appendix 6 : Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	67	16	67
Statutory Compliance	340	64	340
Capital Equipment	229	13	229
Condemned Equipment	0	0	0
Total Community & Primary Care	636	93	636
ACUTE SERVICES DIVISION			
Statutory Compliance	1,891	776	1,891
Capital Equipment	920	142	920
Clinical Prioritisation	67	0	67
Condemned Equipment	13	0	13
QMH Theatre	734	0	734
Total Acute Services Division	3,626	918	3,626
NHS FIFE WIDE SCHEMES			
Equipment Balance	258	0	258
Information Technology	877	373	877
Clinical Prioritisation	115	0	115
Statutory Compliance	165	0	165
Condemned Equipment	87	0	87
Fire Safety	0	0	0
Scheme Development	0	0	0
Vehicles	0	0	0
Capital to Revenue Transfer	2,000	0	2,000
Total NHS Fife Wide Schemes	3,501	373	3,501
TOTAL CAPITAL ALLOCATION FOR 2022/23	**7,764**	**1,383**	**7,764**

ANTICIPATED ALLOCATIONS 2022/23			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	856	190	856
Lochgelly Health Centre	1,228	144	1,228
Mental Health Review	100	0	100
Elective Orthopaedic Centre	13,389	3,959	13,389
National Equipping	1,506	0	1,506
HEPMA	1,000	0	1,000
Pharmacy Robot	100	0	100
Anticipated Allocations for 2022/23	**19,679**	**4,293**	**19,679**

Total Anticipated Allocation for 2022/23	**27,443**	**5,677**	**27,443**

Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to May £'000	June Adjustment £'000	Total June £'000
Community & Primary Care				
Capital Equipment	0	20	209	229
Condemned Equipment	0	0	0	0
Clinical Prioritisation	0	105	-37	67
Statutory Compliance	0	346	-6	340
Total Community & Primary Care	**0**	**470**	**166**	**636**
Acute Services Division				
Capital Equipment	0	1,130	-210	920
Condemned Equipment	0	13	0	13
Clinical Prioritisation	0	30	37	67
Statutory Compliance	0	1,890	1	1,891
QMH Theatre	734	734	0	734
	734	**3,798**	**-172**	**3,626**
Fife Wide				
Backlog Maintenance / Statutory Compliance	2,396	-2,236	5	165
Fife Wide Equipment	1,407	-1,150	1	258
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-135	0	115
Condemned Equipment	100	-13	0	87
Capital to Revenue Transfer	2,000	0	0	2,000
Fife Wide Fire Safety	0	0	0	0
Fife Wide Vehicles	0	0	0	0
Total Fife Wide	**7,030**	**-3,534**	**6**	**3,501**
Total Capital Resource 2022/23	**7,764**	**734**	**0**	**7,764**

ANTICIPATED ALLOCATIONS 2022/23				
QMH Theatres PH2	1,500	0	0	1,500
Kincardine Health Centre	856	0	0	856
Lochgelly Health Centre	1,228	0	0	1,228
Mental Health Review	100	0	0	100
Elective Orthopaedic Centre	13,389	0	0	13,389
National Equipping	1,506	0	0	1,506
HEPMA	1,000	0	0	1,000
Pharmacy Robot	100	0	0	100
Anticipated Allocations for 2022/23	**19,679**	**0**	**0**	**19,679**

Total Planned Expenditure for 2022/23	**27,443**	**734**	**0**	**27,443**

FTF Internal Audit Service

Post Transaction Monitoring

Report No. B19/23

FINAL REPORT

Issued To: **Carol Potter, Chief Executive**
Margo McGurk, Director of Finance and Strategy

Neil McCormick, Director of Property and Asset Management
Paul Bishop, Head of Estates
Nicola Swan, Projects & Property Administration Manager

Gillian MacIntosh, Head of Corporate Governance/Board Secretary
Hazel Thomson, Board Committee Support Officer

Audit and Risk Committee
External Audit

Contents

Draft Report Issued	28 July 2022
Management Responses Received	N/A
Target Audit & Risk Committee Date	15 September 2022
Final Report Issued	**22 August 2022**

CONTEXT AND SCOPE

1. NHS Boards have operational independence in relation to property transactions. In return for this independence the Scottish Government Health & Social Care Directorates (SGHSCD) require that Boards follow procedures laid out in the Property Transactions Handbook (the Handbook). The NHS Scotland Property Transactions Handbook provides guidance on the responsibility and procedures to be followed by Holding Bodies, i.e. Fife NHS Board, to ensure that property is bought, sold and leased at a price, and on other conditions, which are the best obtainable for the public interest at that time.

2. It is a requirement of Part A Section 6.3 of the Handbook that: '*Post-transaction monitoring must be an integral part of the internal audit programme. The Audit Committees of the Boards of Holding Bodies are responsible for the oversight of the programme. The Internal Auditor reports his/her findings to the Audit Committee. The Audit Committee's oversight of the work of the Internal Auditor includes reporting to the Board.'*

3. The following transactions meet the criteria set out in the NHS Property Transaction Handbook for 2021/22.

Transaction Type	**Transaction Description**
Acquisition by Lease	Unit 5 Hayfield Industrial Estate, Kirkcaldy – 5 Year Lease
Acquisition by Transfer of Lease	Auchtermuchty Health Centre – Transfer of lease to NHS Fife as per PCA (2018) 08 (by short term licence until standard sub lease is finalised by Central Legal Office in conjunction with the British Medical Association)

4. The Audit and Risk Committee meeting on 16 June 2022 agreed the Internal Audit Annual Plan for 2022/23 which includes the mandatory review - Post Transaction Monitoring. We agreed with client management that both transactions would be reviewed.

5. Transaction files were examined to ensure that:

   ◊ Property needs are appropriately identified and suitable action taken

   ◊ Transactions are properly managed

   ◊ Certificates are completed as required.

AUDIT OPINION

6. As the audit opinions categories for post transaction monitoring are pre-defined within the Handbook we have not stated an overall opinion on the system but have provided an opinion on each transaction using the Handbook categories.

7. In accordance with the requirements of Part A Section 6.9 of the Handbook each transaction must be categorised as:

   A Transaction has been properly conducted, or

   B There are reservations on how the transaction was conducted, or

   C A serious error of judgment has occurred in the handling of the transaction.

The audit opinions for the transactions concluded in 2021/22 are:

Transaction	Lease P/A	Lease Term	Category
Unit 5 Hayfield Industrial Estate, Kirkcaldy	£35,714	**5 Years**	**A**
Auchtermuchty Health Centre	£102,700	**25 Years**	**A**

Checklists

8. In response to our findings and recommendations in last year's post transaction monitoring report (B19/22) Internal Audit provided post transaction monitoring checklists to the Projects & Property Administration Manager for transactions related to disposal by sale, acquisition by purchase and acquisition by lease. The checklists were provided in April 2022. The use of the checklists should help to prevent administrative issues highlighted around the timing of certification sign off, as identified in this report.

Unit 5 Hayfield Industrial Estate, Kirkcaldy

9. The monitoring pro forma was completed and the certification was signed off following completion of the transaction but was not signed off at offer stage as is required by the handbook and sign off at settlement stage was completed 33 working days after the date of settlement. The Director of Property & Asset Management advised that this, and the delay to signing the certification following the date of settlement, was related to Covid 19 working arrangements and periods of annual leave.

10. Property Advisors have been appointed by completive tender and evidence provided that the advice of the Property Advisor was acted upon for this transaction.

11. The need for the lease of the property was outlined in an SBAR to the Fife Capital Investment Group on 27 January 2022. The SBAR noted that the current estate had no suitable accommodation and due to NHS procurement guidelines accommodation was required urgently to house two CT scanners prior to 31 March 2022. Other large equipment purchases which will require storage have also been identified and this lease of a warehouse will assist with the delivery of potential and proposed equipment for Fife wide capital schemes in terms of storage for both the short, medium, and long term.

12. The SBAR refers to the suitability of the property eventually leased in terms of its good access, good size, proximity to VHK and its instant availability. As we were advised that no other suitable property was identified for the storage of the equipment no contingency alternative was identified in case negotiations on the preferred option failed.

13. We are advised by the Projects & Property Administration Manager that review of availability of suitable property from other Holding Bodies, from within the Scottish Government Estate or the Government's Civil Estate was undertaken but no documentary evidence was available for this.

14. Approval of the proposal was obtained from the Director of Finance and Strategy and the Chief Executive, in line with scheme of delegation financial limits, and was approved by the Fife Capital Investment Group on 1 February 2022.

15. Legal advice was taken from the Central Legal Office (CLO) on the proposed terms of the lease. The CLO advised that the lease is for a sufficient time period and includes appropriate break clauses.

16. Schedule of condition was prepared and responsibilities for maintenance of the leased property were clarified and agreed. Minimal fit-out requirements were agreed prior to agreement of the lease.

Auchtermuchty Health Centre

17. The monitoring pro forma was completed and the certification was signed off at the offer stage by the Legal Advisor and In House Property Manager but was not signed off at this stage by the Chief Executive or the Property Advisor. The certification was fully signed off at the completion stages of the transaction. The handbook requires that certification is signed off on the day of settlement, but the certificate was fully signed off 28 working days following the date of settlement.

18. The Scottish Government letter PCA (2018) 08 - National Code of Practice for GP Premises - GP Premises Leased from Private Landlords states that the Code of Practice sets out that the Scottish Government's long-term strategy is, '*that no GP contractor will need to enter a lease with a private landlord. Health Boards will, over the course of the next fifteen years, take on the responsibility for negotiating and entering into leases with private landlords and the subsequent obligations for maintaining the premises from GP contractors who no longer want to lease privately*.'

19. An SBAR was presented to EDG 20 May 2021 explaining the situation regarding the general background regarding transfer of primary care third party leases to Health Boards in general and specifically regarding the proposed transfer of the lease for the Auchtermuchty Health Centre. As NHS Fife is the first NHS Board to reach this stage of negotiation with a GP practice and national guidance regarding the sub-lease element of the transaction was not yet available from CLO at the time two options were outlined:

    - enter a short-term licence until the sub lease is developed
    - wait until the sub lease has been developed

20. The Finance, Performance and Resources Committee endorsed the first option, and the overall approach regarding Primary Care Premises, on 13 July 2021. The SBAR also explained that the lease for the buildings occupied by the Auchtermuchty Health Centre expires in 2023 and therefore time was of the essence to avoid any risk of disruption to services.

21. Property Advisors have been appointed by completive tender and evidence provided that the advice of the Property Advisor was acted upon for this transaction.

22. An enquiry was made with Fife Council as to whether they held any other suitable accommodation in Auchtermuchty, but this was not fruitful.

23. Due diligence was undertaken regarding the condition of the property prior to agreeing the lease with a schedule of condition being issued by professional building surveyors on 8 November 2021 which concluded that the inspected areas were in fair or good condition.

24. Legal advice was taken from the CLO on the proposed terms of the lease. The CLO advised that the lease is for a sufficient time period and includes appropriate break clauses.

ACTION

25. There were no recommendations resulting from this review.

ACKNOWLEDGEMENT

26. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Barry Hudson BAcc CA
Regional Audit Manager

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

PROPOSED ANNUAL WORKPLAN 2022/23

Governance - General							
	Lead	**10/05/22**	**12/07/22**	**13/09/22**	**15/11/22**	**17/01/23**	**14/03/23**
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action List	**Chair**	✓	✓	✓	✓	✓	✓
Escalation of Issues to NHS Board	**Chair**	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	**10/05/22**	**12/07/22**	**13/09/22**	**15/11/22**	**17/01/23**	**14/03/23**
Committee Self-Assessment	**Board Secretary**						✓
Corporate Calendar / Committee Dates	**Board Secretary**			✓			
Review of Annual Workplan	**Board Secretary**	✓	✓	✓	✓	✓	✓ Approval
Review of Terms of Reference	**Board Secretary**						✓ Approval
Annual Assurance Statement 2021/22	**Board Secretary**	✓					
Annual Internal Audit Report 2021/22	**Director of Finance & Strategy**		✓				
Board Assurance Framework (BAF)	**Director of Finance & Strategy**	✓	✓	✓	✓	✓	✓
Review of General Policies & Procedures	**Board Secretary**	✓			✓		
PPP Performance Monitoring Report	**Director of Property & Asset Management**				Private Session		
Internal Audit Review of Property Transaction Report 2021/22	**Internal Audit**	**As required**					
Strategy / Planning							
	Lead	**10/05/22**	**12/07/22**	**13/09/22**	**15/11/22**	**17/01/23**	**14/03/23**
Annual Delivery Plan 2022/23	**Director of Finance & Strategy**	**Postponed (awaiting national guidance)**	Private Session	Private Session			

Strategy / Planning (cont.)							
	Lead	**10/05/22**	**12/07/22**	**13/09/22**	**15/11/22**	**17/01/23**	**14/03/23**
Corporate Objectives	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓			✓		
Annual Budget Setting Process 2022/23	**Director of Finance & Strategy**	Private Session					
Property & Asset Management Strategy (PAMS)	**Director of Property & Asset Management**		✓	✓ **Added**			
Fife Capital Investment Group Reports 2022/23	**Director of Finance & Strategy / Director of Property & Asset Management**	✓	✓	✓	✓	✓	✓
Orthopaedic Elective Project	**Director of Nursing**	✓		✓		✓	✓
Quality / Performance							
	Lead	**10/05/22**	**12/07/22**	**13/09/22**	**15/11/22**	**17/01/23**	**14/03/23**
Integrated Performance & Quality Report	**Exec. Leads**	✓	✓	✓	✓	✓	✓
RMP4 / Winter Performance Report	**Director of Finance**	✓	**Annual Delivery Plan has replaced this item**				
Labs Managed Service Contract (MSC) Performance Report	**Director of Acute Services**		✓				
Linked Committee Minutes							
	Lead	**10/05/22**	**12/07/22**	**13/09/22**	**15/11/22**	**17/01/23**	**14/03/23**
Fife Capital Investment Group	**Chair**	✓ 09/03	✓ 20/04	✓ 09/06 & 27/07	✓ 14/09	✓ 28/10 & 07/12	TBC
Procurement Governance Board	**Chair**				TBC	TBC	TBC
IJB Finance, Performance & Scrutiny Committee	**Chair**	**11/03 – deferred to next mtg**	✓ 11/03 & 29/04	✓ 08/07	✓ 16/09	✓ 11/11	TBC

Linked Committee Minutes (cont.)							
	Lead	**10/05/22**	**12/07/22**	**13/09/22**	**15/11/22**	**17/01/23**	**14/03/23**
Primary Medical Services Committee	**Chair**			✓ 07/06	✓ 06/09		✓ 06/12
Pharmacy Practice Committee	**Chair**	✓ 18/03	✓ 30/05	Ad-hoc Meetings			
Other / Adhoc							
	Lead	**10/05/22**	**12/07/22**	**13/09/22**	**15/11/22**	**17/01/23**	**14/03/23**
Receipt of Business Cases	**As required**						
Consideration of awards of tenders	**As required**						
Asset Disposals							
Procurement Governance Board Report No. B18-22	**Internal Audit**		✓				
Financial Process Compliance Report No. B20-22	**Internal Audit**		✓				
Audit Report – Post Transaction Monitoring	**Internal Audit**			✓			
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	**10/05/22**	**12/07/22**	**13/09/22**	**15/11/22**	**17/01/23**	**14/03/23**
CAT – Lucky Ewe Proposal	**Director of Property & Asset Management**	✓					
Kincardine & Lochgelly Health Centres Business Case	**Head of Capital Planning**	✓					
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Proposal on Revised Final Business Case & Procurement	**Director of Pharmacy & Medicine**		Private Session				
Financial Improvement and Sustainability Programme Progress Report	**Director of Finance & Strategy**		✓	✓	✓	✓	✓

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee) *Cont.*							
	Lead	**10/05/22**	**12/07/22**	**13/09/22**	**15/11/22**	**17/01/23**	**14/03/23**
Corporate Risk Register - Draft Strategic Risks	**Director of Finance & Strategy/ Director of Pharmacy & Medicines**			✓			
HES Listed Building Status of Phase 1 and Phase II Tower Block, VHK	**Director of Property & Asset Management**			✓			
Proposal to Develop Assistant Practitioner Role	**Director of Nursing**			✓			
Waiting Times Target	**Director of Acute Services**			✓			
Development Sessions							
	Lead						
FPR Development Session 1	**Director of Finance & Strategy**			✓ **21/09/22**			
FPR Development Session 2	**Director of Finance & Strategy**					✓ **25/01/23**	

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

9 June 2022, 1pm
Via MS Teams

Present: Neil McCormick, Director of Property and Asset Management **(Chair)**
Dr Chris McKenna, Medical Director
Alistair Graham, Associate Director of Digital and Information
Maxine Michie, Deputy Director of Finance.
Claire Dobson, Director of Acute Services
Tracy Gardiner, Capital Accountant
Rose Robertson, Assistant Director of Finance
Jim Rotheram, Head of Facilities
Paul Bishop, Head of Estates
Linda Douglas, Director of Workforce

In Attendance: Lynn Garvey, representing Nicky Connor
Claire Steele, representing Ben Hannan

1.0 WELCOME AND APOLOGIES

Apologies were received from Margo McGurk, Director of Finance, Jannette Owens Director of Nursing, Nicky Connor, Director of HSCP, Wilma Brown, Employee Director, Ben Hannan, Director of Pharmacy and Ben Johnstone, Director of Capital Projects.

Linda Douglas, Director of Workforce was welcomed to the group as a new attendee. The TORs have been updated to reflect this.

2.0 NOTES OF PREVIOUS MEETING

The note of the meeting held on 20 April 2022 was agreed as an accurate record.

3.0 ACTION LIST

The Action List was updated accordingly.

4.0 MINUTES OF OTHER COMMITTEES

4.1 Clinical Prioritisation Group (PB)

PB advised that the Clinical Prioritisation Group have considered and discussed the budget allocation received for 2022/23 and have started the process to allocate funds to particular workstreams. £115k remains to be allocated for this financial year.

UNCONFIRMED

The minutes were noted.

4.2 Capital Equipment Management (RR)

RR advised that the Capital Equipment Group was allocated £1.5m for 2022/23 and following discussions a significant amount of this funding has now been allocated against equipment, £280k remains for this financial year.

It was highlighted that there have been discussions with the National Equipping Group following the request for NHS Fife to submit their request for funding for 2022/23. £4.4m was requested in the submission which includes estate, digital and information and equipment. Mike Conroy has however asked for further information on the submission and NHS Fife are currently awaiting to hear the outcome. Funding may be forthcoming in the region of £1.3 – 1.5m initially.

This additional allocation may provide some flexibility in formulary capital allocation.

The minutes were noted.

5.0 MATTERS ARISING

N/A

6.0 GOVERNANCE

6.1 PPP Performance Monitoring Report (NMcC)

NMcC introduced the report to FCIG for noting. There is one report for each PPP project, St Andrews Community Hospital and Phase 3 of VHK. It was highlighted that the final part of the consort paper has figures which require validation, this will be updated.

It was noted that the utility costs such as water, electricity, waste may not be charged appropriately to PFI Contractors and may be lost in the Boards expenses, it was agreed that this will be re-looked at and consideration will be given to new ways of monitoring expenditure such as installing meters.

It was highlighted that there have been recent discussions with Consort regarding project progress in the Victoria Hospital as there have been projects which did not meet the expected timescales. This includes, Phase 3 theatres and Ward 24. PB confirmed that he has asked for timely updates and information on timescales. PB will be in regular contact to push progress forward and ensure that this does not happen again as the delay has been disappointing. This would not be included in the Annual Report.

FCIG noted the updated.

7.0 PLANNING

7.1 Five Year Equipment Replacement Programme (RR)

UNCONFIRMED

RR introduced the programme to FCIG. It was noted that the replacement plan totals £17.6m over 5 years, which averages out to approximately £3.5m per year. There will be a mix of Formulary Capital Funding, National Equipping Funding and the group are hopeful that as the years progress other funding sources become available. It was highlighted that the detail in the later 3 years is reduced compared to 2022/23 and 2023/24 where SBARs have already began progressing through governance committees.

The 2023/24 plan will be submitted to Scottish Government to seek National Equipping Funding as early as possible to give sight of NHS Fife's plan and secure funding.

NMcC recognised the significant work undertaken by the Capital Equipment Group and the indepth plan which has been pulled together for the next 5 years. This will allow NHS Fife to progress and plan strategically and look at long term investments based on priorities.

FCIG noted the 5-year programme.

7.2 Five Year Capital Planning Programme & Five Year Statutory Compliance Programme (NMcC)

NMcC introduced the report to the committee highlighting that this has been combined with the Five-Year Statutory Compliance Programmes and Clinical Prioritisation Programme. TG has drafted a 10-year plan which is helpful as this will be a key part of Property and Asset Management Strategy. The 10-year plan has been necessary to be able to plan appropriately as for example the Pharmacy Robot programme spans more than 5 years.

It was advised that there are some projects in the later years which figures are not yet available for, this includes for example QMH Masterplan and Community Hospital Strategy. Planning in advance for these projects will allow for greater conversations to take place ensuring the projects will be implemented in the best way.

CD recognised that this forward look should be commended as NHS Fife has not been in this position before.

NMcC noted that this forward planning will ensure that projects are in line with the Population Health and Wellbeing Strategy.

FCIG noted the 5-year programme.

7.3 Five Year Digital Programme (AG)

AG introduced the programme to FCIG, the report includes replacement programme and larger business case activities which are ongoing. Two projects are currently active, this includes LIMS and HEPMA both of these projects require reprofiling then updated business cases will go through the governance process. Other projects on the 5 Year Plan relate to future developments in line with D&I strategy and organisation priorities this includes a sustained approach to paperlite, GP IT provisioning and infrastructure activity for network and PAC system. The maturity will develop as business cases come forward.

UNCONFIRMED

FCIG noted the 5-year programme.

7.4 Property and Asset Management Strategy (NMcC/BJ)

NMcC advised FCIG members that the PAMS comes in two parts. The Data Set was collected and is due to be submitted to Scottish Government to look at the state of assets across Scottish Government. This forms the basis of the PAMS Strategy which outlines the current position.

BJ is looking at a more streamlined document for PAMS this year and it is hoped that this will be presented to Finance, Performance and Resources Committee in July but they will be up against logistics and timing. It was noted that the team would like to spend some time on this document to ensure it aligns with the NHS Fife Population Health & Wellbeing Strategy.

NMcC agreed to circulate this document to FCIG once it is available for comment.

FCIG noted the update.

7.5 Orthopaedic Project Update (NMcC)

NMcC noted that the Orthopaedic Centre is on track, the contractor is maintaining programme and completion is scheduled for October 2022. The project remains in budget and there is contingency spend remaining within the project. There are some risks in terms of War in Ukraine and Brexit, however as it stands the project is going well. The clinical start date will be around December 2022 or January 2023. CD is working to get the systems and processes in place for opening alongside staff members.

CD advised there is a weekly operational group that meets every Friday, there is a comprehensive tracker which includes all the elements which will be required to ensure the NTC is operational.

CD highlighted that Consultant and Secretary accommodation is to be considered to ensure this is closer in proximity to the new build. However, at present funding is not set aside for this. It was agreed that this will be considered.

FCIG noted the update.

7.6 Kincardine & Lochgelly Project Update (NMcC)

NMcC noted that the Business Case for both Kincardine and Lochgelly have progressed through the governance cycle and been approved by the Board. They will be presented at the Capital Investment Group on the 27 June 2022. NMcC highlighted that the only concern will be the NHS Assure Process. This process is beneficial and will provide assurance to the Board however the process is very time consuming and there have been significant queries to respond to. NHS Assure do not use the same electronic system which requires queries to be responded to manually. A draft report from NHS Assure requires to be in place prior to the approval of the business case by Scottish Government, this has been presented to Fife late in the process and does not appear to be too clear.

UNCONFIRMED

TG highlighted that there is also a concern with cost impact that the contractor is passing on to NHS Fife following the additional work required from the NHS Assure report.

FCIG noted the update.

7.7 Mental Health Strategy (CM)

CM noted that there has been steady progress with the initial consultation which has highlighted that further work is required on the remit of the project. It appears only the inpatient facilities have been considered however, what is described within the proposal is a complete change in model of care. This change will require capital funding in other areas to ensure consistency and integration. It was advised that a revision of the project should be considered and discussed. This is the right time to reconsider this opportunity to look at the full model of care within Mental Health.

LG agreed to the proposal to reconsider the full model of care within Mental Health as this is in line with the vision of the H&SCP as a whole. This may require to be built into the consultation moving forward and the change of direction should be considered.

FCIG noted the update and were in support to reconsider the scope of the proposal.

7.8 Mental Health Anti-Ligature (NMcC)

NMcC advised that the existing infrastructure requires to be addressed however it will be a few years before the new facilities are in place through the Business Case process. The risk assessment for Anti-Ligature have been updated which identifies a range of risks which requires mitigation, the paper details a description of the risk and issues.

Revenue Funding for the Mental Health Service has been allocated by Scottish Government, one of the aims of this is to improve patient safety. It was highlighted that a revenue projects should be drafted for £1.02m to utilise these funds. One project to help address the highest risks would be for Anti-Ligature as advised within this paper.

FCIG endorsed support for this paper however it was highlighted that given the funding is revenue this paper should be presented to the appropriate group to seek approval for the project.

8.0 PERFORMANCE

8.1 Capital Expenditure Report Update (TG)

TG noted that they are progressing as anticipated. £7.76m was received as a routine allocation. Further funding should be received from National Equipping, Health Centres and for QMH.

There is a £8.7m budget at present and £1.6m of this has been spent to date.

FCIG noted the update.

UNCONFIRMED

9.0 ISSUES TO BE ESCALATED TO EDG

NMcC agreed that the Mental Health Strategy should be escalated to EDG alongside providing awareness on the Anti-Ligature proposal relating to the revenue allocation.

10.0 AOCB

N/A

11.0 DATE OF NEXT MEETING

1pm, 27 July 2022 via MS teams.

UNCONFIRMED

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

Wednesday 27 July 2022, 1pm
Via MS Teams

Present: Margo McGurk, Director of Finance and Strategy **(Chair)**
Dr Chris McKenna, Medical Director
Alistair Graham, Associate Director of Digital and Information
Maxine Michie, Deputy Director of Finance
Ben Johnstone, Director of Capital Projects
Claire Dobson, Director of Acute Services
Jannette Owens, Director of Nursing
Rose Robertson, Assistant Director of Finance
Jim Rotheram, Head of Facilities
Wilma Brown, Employee Director
Paul Bishop, Head of Estates
Benjamin Hannan, Director of Pharmacy and Medicines
Linda Douglas, Director of Workforce

In Attendance: Lynne Garvey, representing Nicky Connor.

1.0	**WELCOME AND APOLOGIES** Apologies were received from Neil McCormick, Director of Property and Asset Management, Tracy Gardiner, Capital Accountant and Nicky Connor, Director of HSCP.	
2.0	**NOTES OF PREVIOUS MEETING** The note of the meeting held on 9 June 2022 was agreed as an accurate record.	
3.0	**ACTION LIST** The Action List was updated accordingly.	
4.0	**MINUTES OF OTHER COMMITTEES** **4.1 Clinical Prioritisation Group (PB)** PB advised the Clinical Prioritisation Group has received their budget allocation for 2022/23 and are beginning to receive applications for use of funding. Although funding was less than anticipated, due to previous covid funding being received, no issues are expected.	

UNCONFIRMED

	The minutes were noted. **4.2 Capital Equipment Management (RR)** The minutes were noted.	
5.0	**MATTERS ARISING** N/A	
6.0	**GOVERNANCE** **6.1 Property and Asset Management Strategy (BJ)** BJ introduced the PAMS report to FCIG noting the Board's PAMS submission to Scottish Government is due every two years, with an interim PAMS update report required every other year. It was noted the current PAMS report is an interim update and is broken into three sections; Where are we now – This section focuses NHS Fife's current estates and assets, highlighting work undertaken within the year. Where we want to be – This section is more strategic and links PAMS to the Health and Wellbeing strategy and framework. It also highlights any key themes from an Acute and community care perspective. What are our plans and objectives – This section includes the short-term capital plan for the year, the 10-year long term delivery plan and the SPRA objectives highlighting the key risks identified. It was noted the 10-year plan is a working document, reviewed on a quarterly basis. LD noted the PAMS document perhaps should reference climate emergency and work with the HSCP more directly in the investment plan. BJ requested comments and feedback on the PAMS document from members by 5 August to allow time for changes and updates before presenting the PAMS document to the Portfolio Board on 11 August 2022. It was noted due to annual leave, NC would not review until returned to work. FCIG noted the update. **6.2 GP Premises Funding (JR)** JR advised FCIG member roughly £2m from the IJB Partnership underspend has been made available to the GMS Transformation Programme to address the accommodate requirements and GP premises issues within NHS Fife. It was noted meetings with Practice Managers and stakeholders are underway to identify ideas for improvement with briefs written and awaiting sign off from stakeholders. All briefs are due for completion and sign off week commencing 8 August 2022 to begin commissioning the work. It was highlighted a paper should be presented to FCIG in September to provide more clarity and confirm governance route for decision-making in this area for assurance. FCIG noted the update.	

UNCONFIRMED

	6.3 CEMG Update Paper (RR) RR provided a quarterly update to FCIG noting CEMG were allocated £1.507m core capital funding for 2022/23 of which £1.407m was signposted to core equipment, and £0.1m for replacing condemned equipment. Due to the capital budget being less than previous years, CEMG have plans underway to identify remaining equipment priority needs against the limited core funding availability over the financial year, with condemned equipment being the main priority for replacement. At the end of quarter one, a total of £1.153m has been allocated to top sliced equipment and condemned equipment. The remaining balance allocation for spend on replacement and condemned items for the remaining financial year is £0.353m. CEMG secured £1.506m national equipping funding from the National Infrastructure Board to accelerate items for purchase and receipting in 2022/2023 financial year. RR highlighted Mike Conroy, on behalf of the National Infrastructure Board has advised further slippage may be available to accelerate equipment requests from the 2023/2024 plan into this financial year, as well as items that cannot be funded within the 2022/2023 plan. CEMG are currently working on a priority list of equipment to be submitted for potential additional funding by 12 August. FCIG noted the proposal.	
7.0	**PLANNING** **7.1 Five Year Equipment Replacement Programme (RR)** No further update **7.2 Orthopaedic Project Update (BJ)** BJ noted construction has been delayed due to difficulties in getting a water connection at the top of Hayfield Road resulting in an impact on commissioning of water services till November 2022 instead of October 2022, however beneficial access to the building will still be possible at the end of October 2022 as planned. An additional £200,000 has been approved by SG for further Covid related costs. The construction KSAR report is due to be published at the end of the week and is expected to include a list of items the team are to provide updates on for completion. FCIG noted the update **7.3 Kincardine & Lochgelly Project Update (BJ)** BJ noted the Scottish Capital Investment Group meeting was very positive. There are however 2 main areas of work which require to be concluded prior to full SG sign-off; meet with the NHS Assure team to resolve any concerns or observations they may have, and to review the economic case to update the cost benefits and risk section. Pending both actions being completed, the OBC approval letter from Scottish Government should be received. It was noted the Kincardine and Lochgelly Project business cases will be presented to the IJB partnership meeting on Friday 29 July 2022.	

UNCONFIRMED

	FCIG noted the update. **7.4 Mental Health Strategy (BJ)** BJ noted the team are looking to complete their fourth workshop at the end of August which will identify a way forward for the mental health initial agreement. An SBAR was presented to the Project Board to expand the scope of the project board within the mental health programme to cover in-patient and community facilities. If approved, the SBAR will be presented to the Portfolio Board and the Transformation Board within the partnership. FCIG noted the update. **7.5 Automation Initial Agreement (BH)** BH advised FCIG members the Automation IA paper is a working document presented to members for feedback before progressing further. Automation IA looks to review and redesign the storage and supply service of medicines for NHS Fife and Fife Health and Social Care services. The proposal seeks to automate the storage and supply of medicines within pharmacy and clinical areas to safeguard and increase efficiency of the service via the provision of a sustainable, safe, and secure automated healthcare environment. It was highlighted different recommendations to implement automation have been proposed within the paper to make the best use of space such as refurbishing the existing pharmacy department, having a new build for pharmacy, or refurbing and extending the currently pharmacy department. MMcG noted that the IA should also reflect the cost savings for NHS Fife as well as the benefits to patients and staff. FCIG requested a dedicated 30 minutes at the September meeting to have a structured discussion around progressing the IA. FCIG noted the update.	
8.0	**PERFORMANCE** **8.1 Capital Expenditure Report Update (MM)** MMi noted £5.6m has been spent to date against a current anticipated capital plan of £27m with the most significant spend against NTC project. Spending on NTC project is expected to grow in the upcoming months as it nears completion. FCIG noted the update.	
9.0	**ISSUES TO BE ESCALATED TO EDG** N/A	
10.0	**AOCB** MMi highlighted an email has been received from Alan Morrison at Scottish Government noting a potential NRAC share of £40m being available. This equates to roughly £2.7m for NHS Fife to complete a backlog of maintenance and upgrade	

UNCONFIRMED

	projects, ensuring completion by the end of the financial year. It was also advised if there are any projects that could be completed before the end of the financial year that go beyond the additional NRAC funding, to be put forward to Alan Morrison using the template provided. MMi further noted in the email from Alan Morrison that capital underspend at Scottish Government will extend beyond 2022/23 and may be offered the opportunity of additional funding again however this has not been confirmed. MMcG noted governance around the additional funding must be in place and suggested MMi and RR proceed to develop the funding bid ensuring an update paper is brought to FCIG's attention at the next meeting. AG sighted FCIG on a significant issue regarding the National LIMS consortium noting it's reference in the FCIG meeting in July 2022. AG noted the existing supplier for the labs information system will decommission by 31 March 2023 resulting in NHS Fife having to make an urgent risk assessment around the alternative to move to the national LIMS project. This causes significant risk given the timescale and financial impact. Briefings to the Chief Executives for NHS Fife and other boards in the same situation are ongoing and an update to the Executive Director Group will be provided week commencing 1 August 2022.	
11.0	**DATE OF NEXT MEETING** 9:30am, 14 September 2022 via MS teams.	

UNCONFIRMED

Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE

FRIDAY 8 JULY 2022 AT 10 PM VIA MICROSOFT TEAMS

Present:
Arlene Wood, NHS Board Member [Chair]
Cllr David Graham
Martin Black, NHS Board Member
Alistair Morris, NHS Board Member
Graeme Downie, NHS Board Member
Cllr Dave Dempsey
Cllr David Alexander

Attending:
Nicky Connor, Director of Health & Social Care
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Norma Aitken, Head of Corporate Service, Fife H&SCP
Euan Reid, Lead Pharmacist Medicines Management
Rona Laskowski, Head of Critical and Complex Care Services
Roy Lawrence, Principle Lead for Organisation Partnership
Bryan Davies, Head of Primary and Preventative Care ServicesSimon Fevre, Chair, LPF Forum

In attendance:
Carol Notman, Personal Assistant (Minutes)

Apologies for Absence:
Helen Hellewell, Associate Medical Director

		ACTION
1.	**WELCOME AND APOLOGIES** Fiona McKay welcomed everyone to the new Finance, Performance and Scrutiny Committee and introduced Arlene Wood who has taken up the role of Chair. Fiona wished to thank David Graham for his chairing over the last few years. Arlene Wood welcomed everyone to the meeting and introductions were made.	
2.	**DECLARATIONS OF INTEREST** There were no declarations of interest noted.	
3.	**MINUTE OF PREVIOUS MEETINGS – 29 APRIL 2022**	

	The minutes of the last Finance & Performance Committee were agreed as an accurate record of the meeting.	
4.	**MATTERS ARISING / ACTION LOG** There were two outstanding actions from the Finance & Performance Committee, Audrey Valente advised it is anticipated that they will be tabled at the next meeting.	
5.	**FINANCE, PERFORMANCE & SCRUTINY COMMITTEE TERMS OF REFERENCE** Fiona McKay advised that the Terms of Reference has been updated to incorporate the scrutiny element of the committee. Dave Dempsey advised for the Audit and Assurance Committee, he had created a checklist for the remit of the committee from the ToR which could be reviewed for the annual assurance statement to look at whether the committee has achieved what it set out to do. David Graham suggested that the first sentence within the Composition section is amended to read the Chair of the Board rather than committee. It was agreed that this needs to be changed. Arlene Wood and Fiona McKay to review what requires to be added to the workplan to ensure that the Committee is delivering on its remit.	NA AW/FM
6.	**WORKFORCE STRATEGY** Roy Lawrence noted that the purpose of the paper is to allow the Finance, Performance & Scrutiny Committee to consider and support the request to approve the strategy to be forwarded onto the IJB before it is submitted to the Scottish Government on the 31st July 2022. Roy advised that consultation is still ongoing and will be continuing throughout July. He noted that the final draft and plan will be submitted to the IJB in September following feedback from the Scottish Government. Dave Dempsey queried the appendix as it is described as a strategy and a plan and asked what the difference was and what the boundaries of each was. Roy noted that the document encompasses both, the main text of the document outlines the strategy with the plan being the 5 pillar areas which will then become a SMART plan once endorsed by Scottish Government. Alastair Morris advised that the strategy reads well and he reinforced the requirement to have SMART objectives. He noted surprise to see how many of the staff members were aged between 55-64 across all services and disciplines which is concerning. Roy agreed with the importance of SMART objectives within the plan and advised that he had not wanted to include these until all the feedback has been received. He noted that the organisation is very aware of the aging population of its workforce there is a new member of the Workforce team joining in August who will be concentrating on setting up apprenticeships and modern apprentice opportunities. David Graham noted small change that was required within the SBAR advising that Item 8 should read Implications for the Independent Sector. He queried if the partner organisations had different views on the workforce strategy, how would the Partnership as the middle organisation deal with this. Roy confirmed that all organisations had been working very closely to make sure that the data mirrors one another, although each have their separate plan they	

	are written in coordination so that they align. Nicky Connor wished to provide further assurance that the strategy has been fully endorsed by the Exec Team and will be forwarded to Staff Governance. It is noted that that the Partnership has oversight of the strategy as it is not the employing organisation for the staff members. Martin Black queried with regards the comment to passports within pages 35/36 and asked if this passport is a local or national initiative and is it recognised by the professional bodies. Nicky Connor confirmed that the passports has been introduced Nationally in consultation with the Care Inspectorate and NES Scotland therefore it was not entirely within the Partnerships gift to deliver on this element. Martin queried as the Partnership provides grants to the organisations does this then determine that they are required to go onto the passport system therefore we are dictating how they deliver the plan. Fiona McKay noted that there is a Service Level Agreement in place with the Independent and Third Sector organisations which has conditions on how staff are supported within it, she noted that the feedback received with regards the passports has been positive as it helps with recruitment showing what training new staff have already received. Arlene Wood suggested that developing a glossary for the Strategy would be beneficial. The committee approved the strategy and thanked Roy Lawrence and his team for the efforts taken to pull the strategy together.	RL
7.	**PARTICIPATION AND ENGAGEMENT STRATEGY UPDATE** FMcK advised the draft strategy was being brought to the committee to allow discussion regarding content and to agree to ask the IJB to approve the strategy. Fiona wished to thank the members who joined the Short Life Working Group that had supported the development of the Strategy. Graeme Downie noted that more details is required in Section 2.2 which is on page 82 of the papers. He also noted that the social media section (2.4) seems to be very short considering the reliance on social media in society today. Graeme noted concern that Figure 1 on page 91 seems to be overly filtered and there is the need to ensure that there is balance within the structure. Fiona McKay confirmed that the One Fife Wide Forum can be attended by any member of the public but it is anticipated that the people attending would have a health and social care interest. She noted that the changes will be incorporated to the document prior to submission to the IJB. Dave Dempsey queried how the public representatives were chosen. Fiona Mckay noted that this occurred through the Localities where the public groups had been set up, and the public representatives will feedback on the comments received. It is hoped that there will be 2 sessions focussing on specific topics to allow true participation and communication. Dave noted that the first box within Figure 1 says that there potentially will be 7 in each locality which would result in 49 Forums. Fiona McKay confirmed that there would be One Fife Wide Forum and would remove the reference to 7 in each locality to avoid confusion going forward. Martin Black noted that social media is a wonderful thing for those who can read and write but 30% of the population cannot read or write and have been disadvantaged because of their inability. He asked how do we ensure that	FM

	those who have been excluded have their voices heard. Fiona McKay noted that at recent events there were over 30-40 people working or had connection in the locality and they had been given the message to 'spread the word', She also confirmed that an easy read version of the strategy has been developed with pictures to include those with learning disabilities or require support to understand the content of the strategy. Fiona confirmed that social media has a place, but it does not replace face to face discussions. Alastair Morris noted although the strategy is very well written he found it quite complicated and suggested a brief Synopsis/Exec Summary. Fiona Mckay agreed that an Exec Summary would be beneficial to go alongside the full document and was happy to get this organised. The committee agreed progression to the IJB, taking into consideration the suggestions received at today's committee.	FM
8.	**FINANCE UPDATE** Audrey Valente presented the finance update noting that as at 31 March 2022 the Partnership was reporting a projected outturn underspend of £5.846M. She noted that although funding had been received during 2021-22 for the unachieved savings due to covid-19, to ensure financial stability going forward it is important that these savings are delivered this financial year. Audrey advised that funding of £33M was received in relation to covid-19 with an additional £35M late funding was received in March 2022 from Scottish Government. Audrey confirmed that Fife Council was carrying forward £79M in Reserves. She advised that the majority of the reserves had been ear-marked for specific use. Audrey advised that there was some flexibility with £12M which required to be spent wisely and allow the Partnership to progress with its programme of transformation. Audrey advised that the Annual Accounts had been submitted to the External Auditors by the deadline of 30 June 2022 and will be presented at the Audit and Assurance Committee on 19th July 2022. Audrey summarised saying although the financial position appears positive, she wished to remind the committee that it is unlikely that further covid funding will be received for 2022-23 and it is anticipated that there will be significant reduction of funding from Scottish Government over the next ten years which will result in a significant financial gap going forward. Alastair Morris asked if all the money within Reserves was for the IJB or if some was being held for Fife Council and NHS Fife. Audrey Valente confirmed that the reserves were for the IJB. Dave Dempsey queried what the next steps were noted within the SBAR. Audrey Valente apologised noting that this was standard wording for the finance update but as this was the year-end report next steps was not relevant and would ensure that the document was amended prior to submission to IJB. Graeme Downie asked regarding the savings noted in the report relating to difficulties with recruitment and whether the Partnership was able to project forward what the costs would have been if there had been no vacancies. Audrey Valente advised that she was not in a position currently to provide this	

	information but a paper looking at the vacancies in more detail would be tabled at the September Committee which would provide a clearer picture. Graeme asked with regards the uncommitted spend and whether it would be possible to look at the additional costs that home care workers are experiencing with regards increased travelling costs. Nicky Connor noted that this was not within the gift of the IJB as it is not the employing organisation and any decision made would impact on other staff employed by the partner organisations. Nicky wished to give assurance that the Partnership is scoping to see other sectors are doing. Fiona McKay advised that there had been a 4% increase to Independent and Third Sector Organisations in April 2022 but that was prior to the current hike in petrol costs. She advised that Scottish Care have raised their concerns to the Scottish Government. There was discussion and it was agreed that it would be very useful to hold a Development Session focussing on finance to explain the complexities of the IJB Accounts and Audrey Valente agreed to organise. The committee approved the financial monitoring position as at March 2022 and the use of Reserves as at March 2022. It was agreed that the paper would progress to IJB as outlined within the recommendations.	AV
9.	**ANNUAL REVIEW OF BEST VALUE** Fiona McKay presented the Annual Review of Best Value Paper. Dave Dempsey noted that he struggled to get his head around best value when there were no quantitative measures available. Fiona McKay confirmed that Best Value can be subjective, but the Partnership required to have the concept of Best Value in all the work that was taken forward and to ensure that there is governance and accountability within the framework. The committee agreed progression to the IJB as outlined within the recommendations.	
10.	**HOME FIRST UPDATE** Lynne Garvey presented paper providing an update the change and improvement work being undertaken to enable the delivery of a new Home First Model. Martin Black queried if there was a single point of access for power and attorney and guardianship. Lynne Garvey noted currently this was not in place but was the ambition of the service as having this in place would be very beneficial to support reducing delayed discharges. Fiona McKay confirmed that she had commissioned advocacy support as it is acknowledged to be a complicated area. Arlene Wood noted that the paper clearly outlines the good structure and programme management, but she was not seeing the outcome measures and impact of the programme which would be good to see. Lynne Garvey advised that outcome measures will be added to the next report for further assurance. The committee agreed the papers progression to the IJB as outlined within the recommendations in the paper and acknowledged the considerable work that has been undertaken to achieve the progress to date.	LG
11.	**WINTER LESSONS AND REFLECTIONS**	

	Lynne Garvey talked to the paper highlighting the collaborative work with the Partnership and NHS Fife to cope with the increased demand on services over the winter period and wished to note that the challenges the services experienced over the winter period are still in place today. No questions were raised with regards winter lessons and the committee agreed progression to the IJB as outlined within the recommendations in the paper.	
12.	**LOCAL PARTNERSHIP FORUM ANNUAL REPORT** Simon Fevre presented the 2nd Annual Report noting prior this this there had been a local action plan in place. Simon wished to thank all the contributors who supported the development of the report noting that it remains in draft format until the 20th July when it will be tabled at the Local Partnership Forum in its final format. Dave Dempsey noted that the document was largely a statement of fact and asked where the scrutiny of the information is undertaken in particular in relation to the sickness absence rates. Simon Fevre confirmed that the scrutiny of the report is undertaken at the Local Partnership Forum where the information is reviewed and the questions asked what we are going to do about it. Nicky Connor confirmed that she and Simon had been involved in the attendance management taskforce group and advised that the Partnership had invested in additional officers for Fife Council to support staff attendance management. Martin Black queried whet there was a whistleblowing champion in the Partnership. Nicky advised that the Partnership was not the employer and to the best of her knowledge the standard applies only to NHS Scotland. With regards Local Authority, there are other mechanisms in place but they are not the same standards. Nicky confirmed that the issue has been regularly highlighted within her Directors Briefs so staff are aware of their ability to speak out. David Alexander noted that for a while there were issues in obtaining information on Fife Council staff absences from Oracle and asked if this had been resolved. Simon Fevre advised that this issue had been resolved and reports were now available to be pulled from the system. The committee agreed the papers progression to the IJB as outlined within the recommendations in the paper.	
13.	**ITEMS FOR ESCALATION** No items were identified for escalation.	
14.	**AOCB** **Finance & Performance Committee Annual Assurance Statement** Norma Aitken advised that this information was for information.	
15.	**DATE OF NEXT MEETING:** 16 September 2022 at 10.00am via MS Teams	

Fife NHS Board

NHS Fife

MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON TUESDAY, 7 JUNE 2022 HELD BY TEAMS

PRESENT:

Mrs J Kelly (JK) (Chairperson)
Dr F Henderson (FH)
Dr S Mitchell (SM)
Dr P Duthie (PD)
Dr C McKenna (CM)

IN ATTENDANCE:

Dr H Hellewell (HH)
Miss D Watson
Miss L Neave (LN)

NO	HEADING	ACTION

12/22 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed the Committee and introduced Linda Neave who has been appointed Head of Primary Care Administration.

13/22 DECLARATION OF MEMBERS' INTERESTS

Drs Mitchell & Henderson both advised the Committee that their practices had applied for Improvement Grants.

14/22 APOLOGIES FOR ABSENCE

Apologies were received from Mrs J Watson.

JK advised that JW is now part-time and her successor is a lower grade, so we will need to identify a replacement for this meeting.

15/22 MINUTES OF PREVIOUS MEETING

The minute of the meeting held on 1 March 2022 was acknowledged and agreed as a true record of proceedings.

16/22 MATTERS ARISING – ACTION POINTS

a) Table of Actions

06/22 No update was available regarding the correct directorate to host wound management costs. **JW**

08/22 HH advised that most of the Board's plans are similar to Fife, in that they will review the LESs and then gradually phase them in.

It was agreed that dates should be formalised to review the LESs.

JK confirmed GP practices had been notified about the Committee's plans to restart LESs.

JK highlighted the need to identify which forum this should be discuss at and advised that she and HH proposed a Group containing members of the original Oversight Group. This would ensure LMC and Board representation. HH suggested the new meeting be called the Operational Group as that would be its remit.

The Committee approved this proposal and it was agreed that dates for the meetings would be looked at. **JK/HH**

10/22 JK advised the Committee that the Scottish Government (SG) was looking at a Golden Hello policy for all Boards to follow. She asked to delay Fife policy until the SG issued theirs, which then could be adopted or adapted by NHS Fife.

JK highlighted the current circular was from 2019 and the qualifying practices, which were based on deprivation not sustainability, could have changed.

The Committee agreed that this could wait and added that they hoped sustainability would be taken into account in the new guidance.

b) Closed List update from Newburgh Practice

JK highlighted from the report received from Newburgh that there had been only 15 patients in Fife and 6 in Tayside who had had to register with other practices due to Newburgh's closed list.

She advised the practice had an additional partner starting on the 1 June and she was hopeful this could accelerate their decision to re-open their list.

She confirmed there had been no complaints from any of the Fife practices or NHS Tayside.

17/22 IMPROVEMENT GRANTS

JK confirmed that to date an invitation for bids had not been sent to practices as she had been waiting for the outcome of discussions surround PCIF funding for premises. It had been anticipated a number of the bids on Jim Rotheram's (JR) list would have previously applied for Improvement Grant (IG) funding.

JK advised that JR now had his funding and only two of the proposals he had were on the list for an IG. These bids were from the Anstruther and Auchtermuchty practices.

JK confirmed she was meeting with JR to discuss the bids including the ones from both Cupar practices.

PD advised the Committee he thought if practices were creating rooms for NHS staff to use, this should be 100% funded unlike an IG which the practice had to pay one third towards. PCIF funding should be kept separate from IG funding.

JK advised that the list of projects JR has was agreed 12-18 months previously and she hoped that projects such as clinical rooms created after backscanning would be funded out of the PCIF monies. This would free up the IG funding to be used for the more routine IG bids.

It was agreed to delay issuing the letter to practices inviting IG bids until JR had concluded his discussions with practices regarding projects that could be funded from the PCIF monies.

JK and LN to meet with JR to finalise which projects he will fund and can be taken off the IG list. **JK/LN**

18/22 REGISTRATION ADVICE

a. PCA(2022)10

JK highlighted that the above Scottish Government circular which was issued to practices in May, advised them that the restrictions applied during COVID where practices could refuse to accept patients who were registered locally was being lifted.

She informed the Committee that she had interpreted point 2 of the circular as practices could still decline to accept these patients with Health Board approval.

The Committee agreed with this interpretation. It was proposed that practices should discuss how these applications should be handled with their Cluster so all the practices in the area had the same policy.

b. Levenmouth Cluster

JK advised the Committee a letter from Dr John Kennedy had been sent to the practices in the Levenmouth cluster confirming NHS Fife would approve the Cluster's application, under point 2 of the PCA above, to allow practices to refuse to accept locally registered patients. The Committee was now being asked to ratify this decision.

JK informed the Committee that a letter had now been sent to all the Methilhaven Surgery's patients advising them that their practice would be taken over by the Health Board from 1 August. This had resulted in a high number of patients seeking registration with other practices in the area.

HH asked that the Committee agree to keep this arrangement in place until the next meeting of this Committee in September when it could be reviewed. This would allow the Committee to take into account the stability of the new 2C practice.

She also informed the Committee that the Levenmouth practices were aware that this would only be a temporary arrangement and would be happy for the decision to be reviewed in September.

SM advised that the Levenmouth practices had contacted the LMC regarding this issue and that the LMC were happy to support the Board's decision.

c. Full/Closed Lists

JK informed the Committee that NHS Lothian had sought clarification from the Central Legal Office (CLO) on this issue and that this was attached.

She highlighted that NHS Fife have a number of practices who have full but open lists and that they advise patients in writing of the reasons they cannot accept them, and that this is acceptable under the Regulations provided they are not discriminating.

However, in light of the advice NHS Lothian received from the CLO, she asked the Committee to consider whether we should ask practices to either have an open list or to formally apply to close their list.

She also informed the Committee that several Health Boards were taking the decision to not follow the CLO guidance and allow practices to have full but open lists due to pressures many were facing.

PD advised that if practices were forced to open their lists many partners would leave as list sizes increased. Loss of LES & DES income would also have a destabilising effect on practices if they closed their lists.

The Committee agreed it was a difficult situation given the advice from the CLO was clear that if practices did not open or formally close their lists they were in breach of their contract.

After a lengthy discussion if was agreed that NHS Fife would follow a number of other Board's and retain the current policy of allowing practices to have full but open lists.

19/22 APPLICATION FROM INVERKEITHING MEDICAL PRACTICE TO CLOSE ABERDOUR BRANCH SURGERY

JK advised the Committee that this item was for noting only as the practice had been asked to follow the protocol for closing branch surgeries which included a discussion with their Cluster and a public consultation with their patients.

It was hoped this would be available for the next meeting of this Committee.

20/22 ROUTINE REPORTING

JK highlighted that this quarter's report had more GPs coming on than leaving which was a welcome change.

The Committee noted the content of the report.

21/22 AOCB

Host Locums

CM queried why GPs not based in Fife were on as locums on our Performer's List, especially GPs who live permanently abroad and only return to Fife to work for short periods annually. He stated he was uncomfortable being the Responsible Officer (RO) for a GP who was only in the country for a few weeks a year.

CM asked what the process was for accepting a locum on to Fife's Performer's list, as once they were on the list it was very difficult to remove them.

LN explained that if a GP applies to go on and they pass all their checks, the Regulations are that we have to accept them on to our list.

She advised that the only way to remove a locum GP is for non provision but the locum has the right of appeal. However the only way to ascertain if a GP had worked in Fife was through a superannuation check and as not all GPs contributed to this, it was an impossible task.

CM stated he was unsure of how a GP being on the Performer's list and being linked to him through GMC connect, thus making him their RO happened.

He was advised he was the RO for only the host locums on NHS Fife's Performers list.

He was further advised that NHS Fife had to rely on a locum GP requesting to change their host board if Fife was no longer their main area of practise as there was no reliable way to determine this otherwise.

CM to discuss this issue with HH. **CM/HH**

22/22 DATE OF NEXT MEETING

The next meeting will held on Tuesday, 6 September 2022

The remaining date for the 2022 is 6 December