



## NHS FIFE CLINICAL GOVERNANCE COMMITTEE

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03 July 2019, 14:00 to 16:00  
STAFF CLUB, VHK


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### Agenda


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1. **APOLOGIES FOR ABSENCE**
2. **DECLARATION OF MEMBERS' INTERESTS**
3. **MINUTES OF PREVIOUS MEETING HELD ON 8 MAY 2019**


(attached)

 Item 3 - May 2019 V3.pdf (14 pages)
4. **ACTION LIST**

Outstanding Actions from Action List (attached)


 Item 4 - TABLE OF ACTION 3 JULY 2019.pdf (5 pages)
5. **MATTERS ARISING**
  - 5.1. **Surgical Site Infection Update**

Chrissie Coulombe

 Item 5.1 - Report Template NHSFCGC for Reports C Section July 2019.pdf (5 pages)
  - 5.2. **Hypoglycaemia report on numbers of adverse events**




(verbal)  
Chris McKenna
  - 5.3. **Community SAB Update**

Chrissie Coulombe

 Item 5.3 - Report Template NHSFCGC for Reports Community SAB July 2019.pdf (3 pages)
  - 5.4. **Health & Safety Sub Committee Update on Terms of Reference and Workplan**

(attached)

Andrew Fairgrieve

-  Item 5.4 - 2019-03-29 H&S Gov ToRs.pdf (3 pages)
-  Item 5.4 - 2019-05-27 Sub Committee Workplan 18 - 19.pdf (3 pages)
-  Item 5.4 - SBAR CGC H&S.pdf (2 pages)

## 5.5. Participation and Engagement Update



(verbal)

Nicky Connor

## 5.6. Annual Operational Plan 2019-20

(attached)

Susan Fraser

-  Item 5.6 - SBAR Annual Operational Plan 201920 CG.pdf (2 pages)
-  Item 5.6 - Updated NHS Fife Annual Operational Plan 201920 v6 23.05.19.pdf (35 pages)

## 5.7. Approved Annual Statement of Assurance for the Information Governance & Security Group

(attached)

Carol Potter

-  Item 5.7 - IGSG Signed Statement of Assurance.pdf (12 pages)

## 6. REQUESTED REPORTS

### 6.1. Kincardine & Lochgelly IAD (Health Centres)


(not received)

Claire Dobson

### 6.2. Transformation Paper and Future Plan

(attached)



Susan Fraser

-  Item 6.2 - SBAR CGC Transformation Update 03072019.pdf (2 pages)

### 6.3. Primary Care Improvement Plan

(attached)

Chris McKenna

-  Item 6.3 - NHSFCGC SBAR - 2019 PCIP v0.1 19.06.19.pdf (6 pages)
-  Item 6.3 - Primary Care Improvement Plan 2019 to NHSFCGC 19.06.19.pdf (89 pages)

#### 6.4. Public Health Reform

Presentation


Dona Milne

### 7. MEDICAL / NURSE DIRECTOR REPORTS

#### 7.1. Quality Report

(attached)

Chris McKenna & Helen Buchanan

-  Item 7.1 - Quality Report July 2019 v 1.0 17 06 19.pdf (70 pages)
-  Item 7.1 - Quality Report July 2019 v2.0.pdf (71 pages)

#### 7.2. Integrated Performance Report (IPR)

(attached)



Susan Fraser

-  Item 7.2 - IPR June v0.2.pdf (50 pages)

#### 7.3. Board Assurance Framework - Quality & Safety

(attached)



Chris McKenna & Helen Buchanan

-  Item 7.3 - (BAF) V15.1 050619 - Quality & Safety.pdf (1 pages)
-  Item 7.3 - SBAR BAF CGC 030719 Quality and Safety.pdf (2 pages)

#### 7.4. Board Assurance Framework - Strategic Planning

(attached)








Susan Fraser

-  Item 7.4 - BAF 03072019 - Strategic Planning.pdf (1 pages)
-  Item 7.4 - SBAR CGC BAF 5 03072019.pdf (3 pages)


### 8. CLINICAL STRATEGY

#### 8.1. Community Redesign - Community Hospital & Intermediate Care Beds Redesign Proposal

(not received)

			Michael Kellet
<b>8.2.</b>	<b>Mental Health Strategy</b>		(not received)
			Michael Kellet
<b>8.3.</b>	<b>Acute Transformation - closure report Site Optimisation</b>		(attached)
			Ellen Ryabov
	 Item 8.3 - Appendix 1 SO Closing ReportER.pdf	(6 pages)	
	 Item 8.3 - SBAR NHSFCGC for 030719 SO Closing ReportER.pdf	(3 pages)	
<b>8.4.</b>	<b>Medicines Efficiency</b>		(attached)
			Evelyn McPhail
	 Item 8.4 - Medicines Efficiency Update NHSFCGC for July 2019.pdf	(7 pages)	
<b>9.</b>	<b>GOVERNANCE ITEMS</b>		
<b>9.1.</b>	<b>BREXIT</b>		(verbal)
			Chris McKenna
<b>9.2.</b>	<b>eHealth Report</b>		(attached)
			Ellen Ryabov
	 Item 9.2 - eHealth Quarterly Performance Report - April 2019 V1.pdf	(28 pages)	
	 Item 9.2 - ehealth SBAR.pdf	(2 pages)	
<b>9.3.</b>	<b>Winter Plan</b>		(attached)
			Susan Fraser
	 Item 9.3 - Review of Winter 18-19 final.pdf	(9 pages)	
	 Item 9.3 - SBAR CGC Winter Review 1819 v1.1.pdf	(3 pages)	
<b>9.4.</b>	<b>NHS Fife Activity Tracker</b>		(attached)


Elizabeth Muir

 Item 9.4 - NHS Fife Activity Tracker for NHSF CGC 03 July.pdf (6 pages)

## 9.5. NHSFCGC Workplan

(attached)


Helen Woodburn


 Item 9.5 - Workplan Master 2019-2020.pdf (6 pages)

## 10. ANNUAL REPORTS

### 10.1. Clinical Advisory Panel Annual Report

Chris McKenna

 Item 10.1 - SBAR for NHSFCGC 030719.pdf (2 pages)


 Item 10.1 - Annual Report 18-19 for NHSFCGC with finance.pdf (4 pages)


## 11. LINKED COMMITTEE MINUTES

### 11.1. Acute Services Division

(attached)

Rob Cargill


 Item 11.1 - ASD CGC Minute 240419 UNCONFIRMED.pdf (21 pages)


 Item 11.1 - Report Template NHSFCGC for Minutes ASD CGC LC 100619.pdf (2 pages)

### 11.2. Area Drugs & Therapeutics (ADTC)

(attached)

Chris McKenna

 Item 11.2 - ADTC update report to NHSFCGC July 2019.pdf (2 pages)

 Item 11.2 - FIFE DTC UNCONFIRMED MINUTES 17 April 2019 smdraft.pdf (8 pages)

### 11.3. HSCP Clinical & Care Governance Committee

(not received)


Helen Hellewell

### 11.4. Clinical Governance Oversight Group

(attached)

Chris McKenna


 Item 11.4 - Notes 150519CGOG.pdf (3 pages)


 Item 11.4 - Report Template NHSFCGSGMay.pdf (2 pages)

## 11.5. Health & Safety Sub Committee

(attached)

Andrew Fairgrieve

 Item 11.5 - 2019-04-29 HSSC March Minutes (unapproved).pdf (4 pages)


 Item 11.5 - 2019-06-07 CGC Minutes Report (H+S Sub committee).pdf (2 pages)

## 11.6. Information Governance & Security Group

(attached)

Ellen Ryabov


 Item 11.6 - IGS 28.05.19 minutes V1.pdf (5 pages)

 Item 11.6 - IGSG Minute 28 05 19 - Summary Report for NHSFCGC.pdf (3 pages)

## 11.7. Infection Control Committee

(attached)


Helen Buchanan


 Item 11.7 - Report Template NHSFCGC for Minutes June 2019.pdf (5 pages)

## 11.8. Resilience Forum

(attached)

Dona Milne


 Item 11.8 - Minutes 30 April 2019.pdf (2 pages)

 Item 11.8 - Report Template Resilience Forum 30 April 19.pdf (2 pages)

## 11.9. Joint Strategic Transformation Group

(attached)

Paul Hawkins

 Item 11.9 - 03.07.19 CGC Cover sheet for JSTG Minutes 16.04.19.pdf (2 pages)

 Item 11.9 - 03.07.19 JSTG Minutes 16.04.19.pdf (3 pages)

**11.10. Area Clinical Forum**

(attached)

Janette Owens



Item 11.10 - Draft Minutes ACF 110619.pdf

(4 pages)



Item 11.10 - Report Template NHSFCGC for  
Minutes.pdf

(2 pages)

**12. ISSUES TO BE HIGHLIGHTED TO THE BOARD**

**13. AOCB**

**14. DATE OF NEXT MEETING**

Wednesday 4 September 2019 at 2pm in the Staff Club.

**MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON  
 WEDNESDAY 8 MAY 2019 AT 2 PM IN THE STAFF CLUB AT VHK**
**Present:**

Dr Les Bisset, Chair	Martin Black, Non Exec Committee Member
David Graham, Non Exec Committee Member (until 4.30pm)	Rona Laing, Non Exec Committee Member
Margaret Wells, Non Exec Committee Member	John Stobbs, Patient Representative
Helen Buchanan, Nurse Director	Evelyn McPhail, ACF Representative
Janette Owens, ACF Representative	Dr Chris McKenna, Medical Director
Dona Milne, Director of Public Health	

**In Attendance:**

Dr Robert Cargill, AMD, ASD	Michael Kellet, Director of H&SCP (until 4pm)
Dr Seonaid McCallum, Associate Medical Director H&SCP	Elizabeth Muir, Clinical Effectiveness Co- ordinator
Barbara Anne Nelson, Director of Workforce	Ellen Ryabov, Chief Operating Officer
Helen Woodburn, Quality & Clinical Governance Lead	Catriona Dziech, Note Taker
Gillian MacIntosh, Board Secretary	

**MINUTE**

REF	ITEM	ACTION
031/19	<b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b> The Chair welcomed everyone to the meeting.  Dr Bisset reminded members the meeting was being recorded with the Echo Pen to aid production of the notes. These recordings are also kept on file for any possible future reference.  Dr Bisset advised he had recently met with Dr McKenna, Helen Buchanan and Helen Woodburn to discuss the format of the meeting and structure of the agenda. Helen Woodburn will be looking at the Workplan to see how we can review in terms of the issues that need to come to the Committee and the format of the information that comes to the Committee, to hopefully reduce the number of items on the agenda and volume of accompanying paper work.	

- 031/19** Dr McKenna, Helen Buchanan and Helen Woodburn will also look at what is coming to the Committee in general terms and consider if we need all the appendices that presently accompany papers. The accompanying SBAR should be much clearer about what the Committee is being asked to look at within the paper and whether it is for information, discussion or action. The content of the Quality Report, IPR and HAIRT will also be reviewed, as there is triplication across some of these reports with differing timescales and differing information which needs to be brought all together. There is another paper on performance on the agenda today under Carol Potter's name which will feed in to this. Hopefully this exercise will simplify what comes to the Committee, reduce the volume of papers that accompany each meeting and aid members by being clearer about what the Committee is being asked to do.

It is hoped a more streamlined agenda will be in place by the NHSFCGC meeting in September.

**CMcK,  
HB, HW**

**032/19 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**033/19 APOLOGIES FOR ABSENCE**

Wilma Brown, Paul Hawkins

**034/19 MINUTES OF PREVIOUS MEETING HELD ON 6 MARCH 2019**

The notes of the meeting held on 6 March 2019 were approved subject to the following minor grammatical amendment:

**Page 7 – Minute Ref 022/19 – Winter Plan Monthly Update Report**

Dr McKenna highlighted that although performance had been better than previous winters and the drop in performance in the period before Christmas was not as deep as previous years, therefore recovery was quicker, there had been challenges, but this was a testament to the hard work going on. The Committee agreed staff should be congratulated for their hard work via Staff Governance.

**035/19 MATTERS ARISING**

All Outstanding Actions are updated on separate Action List.

**036/19 MEDICAL / NURSE DIRECTOR REPORTS**

**6.1 Quality Report**

The Committee noted the key points and areas of improvement / success as set out in Pages 7 – 11 of the Executive Summary.

036/19

Helen Buchanan highlighted to the Committee the following issues:

**Falls** – Following the launch of the NHS Fife and Fife H&SCP Falls strategy, the information produced for this report is separated into in-patient and community falls sections. Each of these sub groups meet separately and have discrete activities underway to meet the delivery of the strategy and identified priorities within ward areas and out in the community.

The activity from these sub groups reports into the Fife Frailty Managed Clinical and Care Network to refine action plans and oversee their activity against the strategy.

**Pressure Ulcers** - Ward areas identified through performance data are supported as part of a pressure ulcer collaborative approach that applies improvement methodology during a 90 day period.

The Health & Social Care Partnership continue to strive to improve pressure ulcer incidences via the Pressure Ulcer Collaborate Programme.

**SSI** – remains an ongoing issue. A lot of collaborative work has been undertaken, and continues, with Health Protection Scotland and others. We are currently working with doctors to look how the data is captured and how they prescribe antibiotics. This is being done in conjunction with Keith Morris and the Infection Control Committee / Team. The data going forward should start to look different. A separate follow up report will be considered by NHSFCGC at its next meeting in July.

HB

Dr McKenna highlighted to the Committee:

**Adverse Events** - there has been an increase in the number of events report in January 2019, which is across all divisions. These are all being looked at through the Adverse Event process.

In the following discussion, Dr Bisset raised the issue around Hypoglycaemic and sought an explanation why they are so high. Dr McKenna agreed to ask the Diabetes Team for a report explaining the position.

CMcK

036/19

Dr Bisset highlighted that Dr Morris did encourage that pressure be kept on the Nurse Director and Medical Director regarding SABs. Dr Bisset said the main issue seemed to be in the Community, though it is not clear what is actually being done.

Helen Buchanan replied it was hard to narrow down as the issue is so diverse but we still need to keep working on the issue. Helen Buchanan agreed to bring information solely on community to the NHSFCGC in July.

## **6.2 Integrated Performance Report (IPR)**

The Committed noted the IPR report.

## **6.3 BAF for Quality & Safety**

The Committee noted this report is an update on the Quality & Safety BAF since the last report on 6 March 2019.

Helen Buchanan highlighted that Points 19-26 have been added to reflect the current spectrum of controls.

The Committee noted the changes as set out in the BAF.

Helen Buchanan advised that at the recent Staff Governance meeting there had been a presentation and discussion around the review of Risk Appetite, which was being considered by each Committee that reviewed the Board Assurance Framework. It was agreed, however, there was not enough time at the Committee meeting for a full discussion so a separate time would be set aside for members to discuss Risk Appetite.

## **6.4 BAF for Strategic Planning**

It was noted this report provides the Committee with the next version of the BAF on 15 January 2019.

Helen Buchanan advised this will change going forward. Helen Buchanan highlighted the role and purpose of the JSTG is being refocused with the first meeting of the group chaired by the Chief Executive taking place in April 2019. A forthcoming workshop in June 2019 will enable a refresh of the Workplan and aims of the group.

**036/19**

It was noted Acute and HSCP have their own Transformation Groups. Ellen Ryabov advised there is going to be an open event at the end of May. The Acute Transformation programme will look at the four themes. There will be a closure report on Site Optimisation which has been to EDG and will come to NHSFCGC in July. This closes down the previous pieces of work. Remaining work that is outstanding and relevant will be taken forward and presented at the open day.

Dr Bisset advised his issue with the Joint Strategic Transformation Group is that he feels uncomfortable with the reporting arrangements, which is via four different Committees. It also seems to be transforming itself with no reference back to NHSFCGC about potential changes to its remit, membership etc., so the governance thereof is problematic. Dr Bisset said as a matter of urgency the NHSFCGC should have sight of the Workplan of the refreshed group, so they can provide assurance to the Board that transformation is happening and is all tied together.

**LB**

Dr Bisset asked that Helen Buchanan ensures output from the Workshop, Terms of Reference and the Workplan that is being proposed for the Transformation Group are available for the July NHSFCGC, so the NHFCGC can consider and approve (or otherwise).

**HB**

Martin Black asked for an update on Regional Planning. Michael Kellet advised Paul Hawkins would be best placed to provide this as it is unclear what Regional Development will be. Michael Kellet agreed to link with Paul Hawkins.

**MK/PH**

Michael Kellet advised from a H&SCP perspective he would be happy to provide an update on the diabetes work.

**MK**

## **037/19 CLINICAL STRATEGY**

### **7.1 Update Report on all Strands of Clinical Strategy**

Dr Bisset advised a detailed report had been provided at the last meeting. It was agreed to await the follow-up report which pulls together combined effort from Health and the H&SCP. Helen Buchanan agreed to chase.

**HB**

## 038/19 GOVERNANCE ITEMS

### 8.1 Final Clinical Governance Statement of Assurance and Best Value Framework

Following consideration and discussion it was agreed further minor amendments would be made to the document. The final version would then be signed off by Dr Bisset.

EM

It was highlighted that the Chief Executive has not regularly attended the meeting over the past year, due to clashes in his diary with national events. It was agreed Gillian MacIntosh would speak to Chief Executive's PA to check for any issues with future scheduled meetings. It was suggested that the meeting dates may need to be changed to accommodate his attendance.

GMcl

### 8.2 Statement of Assurance Information Governance and Security Group

The Committee noted the letter from Ellen Ryabov to Carol Potter setting out the position in relation to Statement of Assurance for the Information Governance and Security Group.

The Committee approved this Statement of Assurance.

### 8.3 Annual Statement of Assurance of eHealth Board 2018 /19

The Committee noted the approved Annual Statement of Assurance for the eHealth Board for 2018-19. E Ryabov advised this Statement had been signed off by Dr Elliot who was content the eHealth Board fulfils its remit.

Ellen Ryabov highlighted that notification had been received from Internal Audit that they have carried out an internal control evaluation report which raised some issues around information governance in relation to the quality and level of detail that was considered by the group and they expect that to improve. It has been suggested a formal audit begin, for completion by September 2019, which will pick up data protection, GDPR and other items related to that , which will aid the future operation of the group.

038/19

David Graham highlighted that attendance at the eHealth Board meetings was concerning. Ellen Ryabov advised, as Chair, there was an opportunity for her to review the membership / attendance of the Group to ensure the correct people were attending and the appropriate business was being conducted. Ellen Ryabov would be happy to share a revised Terms of Reference with NHSFCGC when this was produced.

ER

The Committee approved this Statement of Assurance.

**8.4 Annual Statement of Assurance Health & Safety Governance Board 2018 / 19**

The Committee noted the approved Annual Statement of Assurance for the Health & Safety Governance Board 2018 /19.

Ellen Ryabov advised Andy Fairgrieve has reconvened this Group and has considered looking at this as part of local partnership forum but there are very specific issues with reference to Health and Safety which warrants a group of their own.

Dr Bisset asked that if the Terms of Reference and reporting arrangements are being reviewed, along with a Workplan, an update should come back to NHSFCGC for consideration and approval at the July meeting.

ER

The Committee approved this Statement of Assurance.

**8.5 SBAR on PATIENT FOCUS PUBLIC INVOLVEMENT (PFPI)**

This report sets out the situation regarding Participation and Engagement within NHS Fife and highlights the current review that is being undertaken.

The Committee noted the current position of the review.

The Committee also noted the timescale for the completion of the option appraisal by July 2019. A report will be brought back to the July NHSFCGC meeting.

HB

**8.6 Annual Statement of Assurance Health & Social Care Partnership Clinical & Care Governance Committee 2018/19**

The Committee noted the Annual Statement of Assurance for the Health & Social Care Partnership Clinical & Care Governance Committee.

038/19

The Committee agreed to approve the Annual Statement following assurance from Michael Kellet around corrections to be made to reflect attendance from members of the Health Board.

MK

**8.7 NHS Fife Equality Outcomes Progress Report 2019 c/f from March 2019**

The Committee considered and noted the work in progress within this comprehensive report and action plan to reduce inequality across the following five outcome areas:

Outcome 1: Patients living with disability are supported to effectively manage their own health  
Outcome 2: Spiritual needs of patients are met  
Outcome 3: Health Gypsy Traveller Community is improved  
Outcome 4: LGBTi+ people experience improved services population  
Outcome 5: The workforce reflects the diversity of the local

The Committee noted the report and its contents.

## **8.8 BREXIT Update**

Dr McKenna advised this report sets out the areas of risk under the Committee's remit:

- Access to treatment in the UK/Europe
- Cross Border Co-operation on Public Health Matters
- eHealth
- Nuclear Medicine, Diagnostic and Treatment
- Patient Access to Medicines and Medical Technologies
- Research & Development

Dr Bisset advised that each Committee has been asked to produce summaries for the areas they are responsible for. These summaries are then taken to the Brexit Assurance Group of the Board so they have an overview to ensure there are no overlaps or gaps.

## **8.9 NHS Fife Clinical Governance Committee – Terms of Reference**

Dr McKenna advised there were a few changes to the membership. Dr McKenna advised that only thing which might change as he takes over this role is that the Clinical Governance Steering Group may be reformatted into the Clinical Governance Assurance Group. A conversation needs to take place when the Group meets again on 15 May 2019.

**038/19**

It was also noted:

- Evelyn McPhail, Michael Kellet and Ellen Ryabov should be added as regular attendees at the meeting.

Subject to the above changes the Terms of Reference were approved, which will be reflected in the forthcoming update to the Code of Corporate Governance, to be considered by the Board in May.

## **8.10 NHS Fife Integrated Screening Report**

The Committee noted this paper which provides a single integrated report of the key learning, achievements and challenges from the six National Screening Programmes in NHS Fife:

- Breast Cancer
- Cervical Cancer
- Bowel Cancer
- Abdominal Aortic Aneurysm (AAA)
- Diabetic Retinopathy
- Pregnancy and Newborn Screening

Dona Milne highlighted to the Committee (Page 18, Para 14.4) that as part of the Scottish Government's commitment to reduce inequalities in cancer screening there is an inequalities fund for initiatives that could help address barriers for those traditionally less likely to engage.

Dr Bisset thanked Dona Milne and her team for this very comprehensive report.

#### **8.11 Resilience Forum Terms of Reference – for Approval**

Dona Milne advised this new version of the Terms of Reference reflected changes to the Membership. Dona Milne advised good attendance at the Forum had made the meeting much more productive.

The Committee approved the revised Terms of Reference.

#### **8.12 Performance & Accountability Review Framework**

The implementation of a Performance & Accountability Review Framework across NHS Fife seeks to provide a structured, transparent and systematic approach to ensure delivery of standards and targets across the four quadrants of governance, with an effective reporting and assurance mechanism from 'service to Board'.

**038/19**

The Committee noted the Performance & Accountability Framework to be implemented for 2019/20, in support of enhanced assurance on all aspects of performance.

#### **8.13 Strategic Objectives 2019/20**

This paper provides the Committee with a review of the Strategic Objectives for 2018/19 and also looks forward to 2019/20 with proposed objectives to be approved by the Board.

It was highlighted and agreed the following amendments should be noted:

Item 3.7 on Page 3, of the SBAR, should be 'removed'.

Item 2.7 on 2019/20 Objectives should have the DoN as a supporting role

The Committee noted the review of the strategic objectives for 2018/19.

The Committee agreed the proposed strategic objectives for 2019/20.

## **039/19     ANNUAL REPORTS**

### **9.1     Director of Public Health (DoPH) Annual Report *Deferred from January 2019***

The Director of Public Health is required to produce an annual report each year that provides a summary of the health of the population and work undertaken in the previous year. It also sets out high level priorities for the coming year. This report is for the period January 2018 to March 2019, it was started by Dr Margaret Hannah just before she left her position as Director of Public Health and completed by Dona Milne, Director of Public Health, along with the public health team and some of our partners in Fife.

**039/19**

This report is divided into two main sections:

- a data section on the needs of the population
- a series of examples of work undertaken in Fife grouped under the headings of the Public Health Priorities for Scotland.

**039/19**

It is intended that the series of infographics provided within this report will also act as a standalone set of tools for use by partners in Fife when considering their future plans and priorities. At the launch of previous reports, the Director of Public Health in Fife has used the report to engage with local partners and communities and this engagement will continue with the new Director of Public Health.

Dona Milne highlighted that the data within the report shows that inequalities are increasing and there is a need for an increase in partnership effort to reduce these. Some of this data has already been used to try and focus our efforts within the Plan for Fife on where we can make the greatest impact.

Dr Bisset thanked Dona Milne for this excellent report and asked her to pass on thanks to colleagues

DM

## **9.2 Radiation Protection Annual Report**

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 is legislation which provides a framework intended to protect patients from the hazards associated with ionising radiation. The responsibility for compliance with IR(ME)R lies with the employer and each of the entitled duty holders. IRR 2017 protects all others (staff and visitors).

The meetings to oversee radiation protection in NHS Fife - the IR(ME)R Board covering IR(ME)R compliance and the Radiation Protection Committee reviewing all other aspects of Radiation safety (including Laser and MRI), both chaired by the Medical Director - have met in line with their agreed roles and remits.

The Committee noted the Minutes of the Radiation Protection Committee and IR(ME)R Board.

## **040/19 REPORTS ARISING FROM ACTION LIST**

### **10.1 Waiting Times Improvement Plan**

The Committee considered the report which sets out the steps, clear deliverable and additional investment required to achieve significant improvements in our waiting times position over the next 30 months.

The Clinical Governance Committee noted the progress with the waiting times improvement plan and the challenges in sustaining performance.

### **040/19 10.2 Action Plan from Older People Unannounced Inspection**

There was an unannounced Care of Older People in Acute Hospitals (OPAH) inspection led by Health Improvement Scotland (HIS) at the Victoria Hospital, Kirkcaldy from 4-6 September 2018.

The OPAH inspection report and NHS Fife action plan were published on Wednesday 14 November 2018, and there has been ongoing improvement work progressing in support of the inspection Improvement Action Plan.

The purpose of this report is to provide an update on actions completed to date, and detail any ongoing quality improvement work that supports the Care of Older People in Acute Hospital: Standards (2015).

Dr Cargill highlighted that positive feedback from the Inspectors at the time, not included in the report, was the dignity, respect and compassion patients were dealt with. Helen Buchanan advised there had been a similar issue following a recent visit to Glenrothes where the feedback did not reflect the content of the final report. Helen Buchanan advised this was something she was going to raise with Ann Gow as she felt the report was not person centred. Helen agreed to feed back to the Committee following her discussion with HIS. Dr Bisset said it was important to convey the mood of issues back to HIS.

**HB**

**041/19 EXECUTIVE LEAD REPORTS AND MINUTES FROM LINKED COMMITTEES**

Dr Bisset advised that all items under this section would be taken without discussion unless any particular issues were raised.

Dr McCallum advised the minutes at Item 11.4 – Clinical & Care Governance, from 29 March, were not presently available due to unforeseen personal leave of staff involved in their production.

**041/19 11.1 Area Clinical Forum  
13 March 2019 - Cancelled**

**11.2 ASD CGC  
13 February 2019**

**11.3 Area Drugs & Therapeutics Committee  
13 February (Cancelled ) & 17 April 2019 (c/f July 2019)**

**041/19 11.4 Clinical & Care Governance Committee  
29 March 2019**

**11.5 Clinical Governance Steering Group  
21 February & 14 March 2019**  
There were no risks / issues to be escalated / highlighted.

**11.6 eHealth Board  
26 February 2019**  
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

**11.7 Fife Research Governance**

**28 March 2019**

The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

**11.8 Health & Safety Sub Committee**

**14 December 2018 (Confirmed) & 29 March 2019 (c/f July 2019)**

The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

**11.9 IJB**

**20 February 2019**

There were no risks / issues to be escalated / highlighted.

**11.10 Infection Control**

**6 February (Unconfirmed) & 3 April 2019 (Cancelled)**

**11.11 Information Governance & Security Group**

**1 March 2019**

The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

**11.12 Joint Strategic Transformation Group**

**27 February (Cancelled) & 27 March 2019 (Cancelled)**

**11.13 Public Health Assurance Committee**

**28 March 2019**

The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

**11.14 Resilience Forum**

**12 March 2019**

**041/19** The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

**042/19 ITEMS FOR NOTING**

**12.1 NHS Fife Activity Tracker**

The Committee noted the NHS Fife Activity Tracker.

**12.2 NHS Fife Clinical Governance Committee Workplan 2019-2020**

The Committee noted the Workplan for 2019/20.

**043/19 AOCB**

There was no other competent business.

**044/19      RECAP FOR CHAIR**

It was agreed the following items would be highlighted to the Board / IPR:

- Joint Strategic Transformation Group
- Patient Focus Public Involvement
- Quality of Care following Inspection

**045/19      DATE OF FUTURE MEETING**

Wednesday 3 July 2019 at 2pm in the Staff Club at VHK

**TABLE OF ACTIONS FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE**  
**UPDATED ON 8 MAY 2019**  
**FOR DISCUSSION ON 3 JULY 2019**

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
<b>Item 59 Quality Report</b>	6.3.19	Minute Ref 020/19 Reporting on SSI – team to consider in terms of focus of reporting.	HWo	May 2019	To be considered as at Minute Reference 031/19
	6.3.19	Minute Ref 020/19 Reporting of items within Quality Report / HAIRT and IPR to be considered again.	HWo	<del>May 2019</del> July 2019	To be considered as at Minute Reference 031/19
	6.3.19	Minute Ref 020/19 Congratulations to be conveyed back to the Fife Fluid Prescription Group.	HWo	May 2019	8.5.19 HW to convey thanks.
	8.5.19	Minute Ref 031/19 Dr Bisset advised this was being revised (as per minutes)	HWo	July 2019	
	8.51.19	Minute Ref 036/19 SSI – follow up report due for next meeting.	HB	July 2019	
	8.5.19	Minute Ref 036/19 Dr McKenna to ask the Diabetes Team to provide a report on Hypoglycaemic incidents.	CMcK	July 2019	
	8.5.19	Minute Ref 036/19 Helen Buchanan to provide a report solely on community SABs.	HB	July 2019	
<b>Item 112 HIS Quality Framework</b>	6.3.19	Minute Ref 022/19 Dr McKenna agreed to take forward with Helen Wright and Helen Woodburn the elements of the framework which come to the specific Committees.	CMcK/HWo/HWr	<del>May 2019</del> July 2019	8.5.19 CMcK advised this is ongoing. Will report back in July 2019
<b>Item 113 BAF for Quality &amp; Safety</b>	7.11.18	Minute Ref 069/18 Refined Flowchart for Duty of Candour to be reported to next NHSFCGC meeting.	<del>FME</del> CMcK	<del>January 2019</del> July 2019	16.1.19 Work underway.

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
<b>Item 130 BAF for Strategic Planning</b>	6.3.19	Minute Ref 020/19 Issue of East Region H&SC Delivery Plan to be raised with Paul Hawkins. Nicky Connor agreed to take back and discuss further with Michael Kellet.	FME/NC	<del>May 2019</del> July 2019	8.5.19 Considered under main agenda Item 6.4.
	6.3.19	Minute Ref 020/19 Amendments, as set out in the minutes, to be made.	SF	May 2019	8.5.19 Considered under main agenda Item 6.4.
	8.5.19	Minute Ref 036/19 Closure report on Site Optimisation to be considered at NHSFCGC in July 2019.	ER	July 2019	
	8.5.19	Minute Ref 036/19 Helen Buchanan to ensure output from the Workshop, Terms of Reference and the Workplan that is being proposed for the Transformation Group are available for the July NHSFCGC, so the NHFCGC can consider and approve (or otherwise).	HB	July 2019	
	8.5.19	Minute Ref 036/19 Michael Kellet agreed to link with Paul Hawkins for an update on Regional Planning.	MK	July 2019	
	8.5.19	Minute Ref 036/19 Michael Kellet to provide update on diabetes work.	MK	July 2019	
<b>Item 131 Clinical Strategy – Site Optimisation Programme Part 1</b>	6.3.19	Minute Ref 020/19 Update report to be brought to NHSFCGC July 2019.	SF	July 2019	
<b>Item 133 Waiting Times Improvement Plan</b>	6.3.19	Minute Ref 022/19 Further update to be provided to NHSFCGC in May 2019.	ER	May 2019	8.5.19 Considered under main agenda Item 10.1.

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
<b>Item 134</b> <b>Report from Information &amp; Governance Security Group on Compliance with General Data Protection Regulations (GDPR) Continued...</b>	6.3.19	Minute Ref 022/19 Report to be brought to NHSFCGC in early March 2020.	CMcK	March 2020	
<b>Item 138</b> <b>NHS Fife Activity Tracker - Victoria Hospital Older People in Acute Hospitals unannounced inspection report and action plan</b>	16.1.19	Minute Ref 011/19 Dr Cargill to consider Action Plan and feed back to NHSFCGC.	RC	March 2019 May 2019	6.3.19 Action Plan based on report will come to NHSFCGC in due course. 8.5.19 Considered under main agenda Item 10.2.
	8.5.19	Minute Ref 040/19 Helen Buchanan to raise the issue of content of final report with Ann Gow at HIS and feed back to the Committee following her discussion.	HB	July 2019	
<b>Item 140</b> <b>Update Report on all strands of Clinical Strategy</b>	6.3.19	Minute Ref 021/19 Committee members to see an alignment of what we set out to achieve and the success indicators. Although this is set out in the Appendices it would be helpful to see something presented more clearly. This could then be presented to the Board.	SF	May 2019	8.5.19 Considered under main agenda Item 7.1.
	6.3.19	Minute Ref 021/19 Nicky Connor to bring an update on Learning Disability to the NHSFCGC.	NC	September 2019	

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
<b>Item 140</b> <b>Update Report on all strands of Clinical Strategy</b>  <b>Continued...</b>	6.3.19	Minute Ref 021/19 Verbal update to be brought to NHSFCGC in May 2019 with a written report available for July 2019.	SF	<del>May 2019</del> July 2019	8.5.19 Considered under main agenda Item 10.2.
	8.5.19	Minute Ref 037/19 Helen Buchanan to chase follow up report.	HB	July 2019	
<b>Item 141</b> <b>Draft Annual Statement of Assurance and Best Value Framework</b>	6.3.19	Minute Ref 022/19 Minor amendments to be made to the report in relation to the membership and a report on the demise of the PFPI Committee.	EM	May 2019	8.5.19 Considered under main agenda Item 8.1.
	8.5.19	Minute Ref 038/19 Elizabeth Muir to make further minor amendments prior to final sign off.	EM	May 2019	Completed and signed 15.5.19
	8.5.19	Minute ref 038/19 Gillian MacIntosh would speak to Chief Executive's PA to check for any issues with future scheduled meetings which not allow the Chief Executive to attend. Meeting dates may need to be changed to accommodate his attendance	GMacI	July 2019	
<b>Item 142</b> <b>Committee Self Assessment Report</b>	6.3.19	Minute Ref 022/19 Dr Bisset to meet with Dr McKenna and Gillian MacIntosh to formulate an action plan to address the issues within the report.	LB/CMcK/GMcI	<del>May 2019</del> July 2019	
<b>Item 143</b> <b>Update on Vaping report submitted to SGHD</b>	6.3.19	Minute Ref 025/19 Committee members to forward any views directly to Dona Milne.	ALL	<del>May 2019</del> July 2019	8.5.19 DM advised no update at present.
<b>Item 144</b> <b>Resilience Forum Terms of Reference (ToR)</b>	6.3.19	Minute Ref 026/19 Terms of Reference (ToR) for the Resilience Forum to be circulated electronically to members for approval.	ALL	May 2019	8.5.19 Considered under main agenda Item 8.11.

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
<b>Item 145</b> <b>Review of Agenda</b>	8.5.19	Minute Ref 031/19 Streamlined agenda to be in place by September 2019.	HW	September 2019	
<b>Item 146</b> <b>Annual Statement of Assurance eHealth Board 2018/19</b>	8.5.19	Minute Ref 038/19 Ellen Ryabov to share revised Terms of Reference with NHSFCGC when this is produced.	ER	July 2019	
<b>Item 147</b> <b>Annual Statement of Assurance Health &amp; Safety Governance Board 2018/19</b>	8.5.19	Minute Ref 038/19 Revised Terms of Reference and reporting arrangements, along with a Workplan, to be consideration and approved at the July meeting.	ER	July 2019	
<b>Item 148</b> <b>Patient Focus Public Involvement (PFPI)</b>	8.5.19	Minute Ref 038/19 Following completion of Option Appraisal report to be considered at NHSFCGC in July 2019.	HB	July 2019	
<b>Item 149</b> <b>Director of Public Health Annual Report</b>	8.5.19	Minute Ref 039/19 Dona Milne to pass on thanks to colleagues.	DM	July 2019	

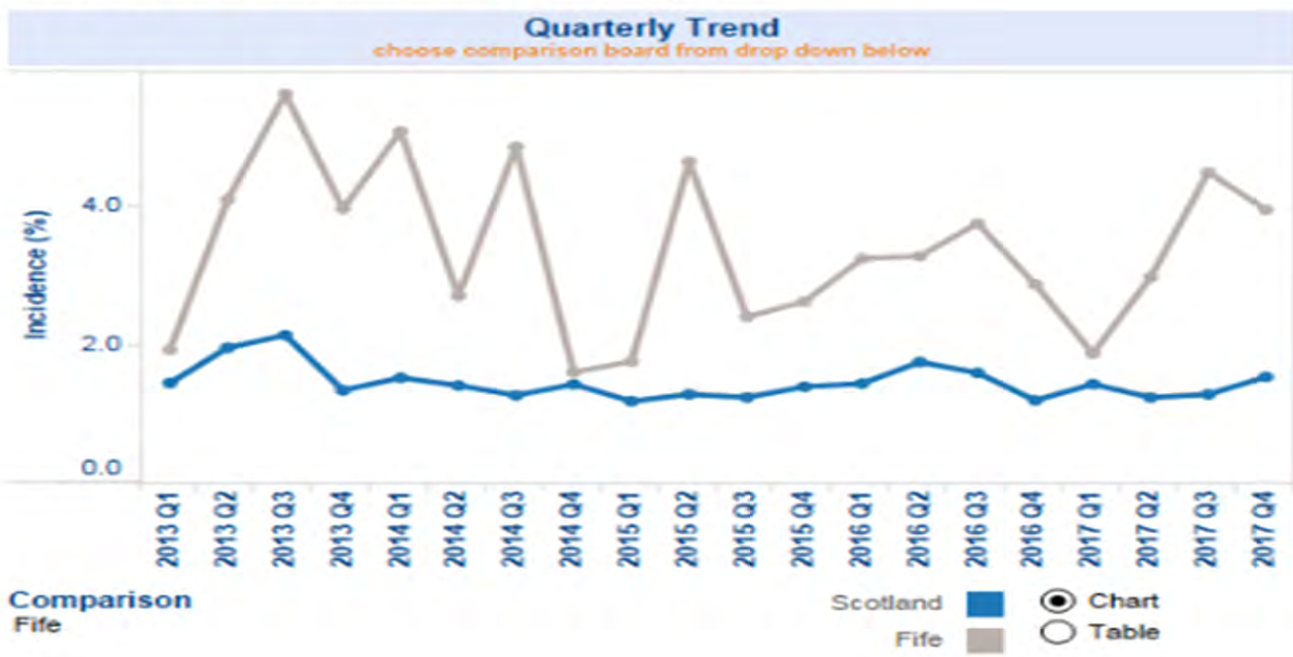
**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	July 2019
<b>TITLE OF REPORT:</b>	Caesarean Section Surgical Site Infection Data Exceedance Quarter 1 2019
<b>EXECUTIVE LEAD:</b>	Helen Buchanan
<b>REPORTING OFFICER:</b>	Lynsey Delaney Christina Coulombe

Purpose of the Report (delete as appropriate)		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>

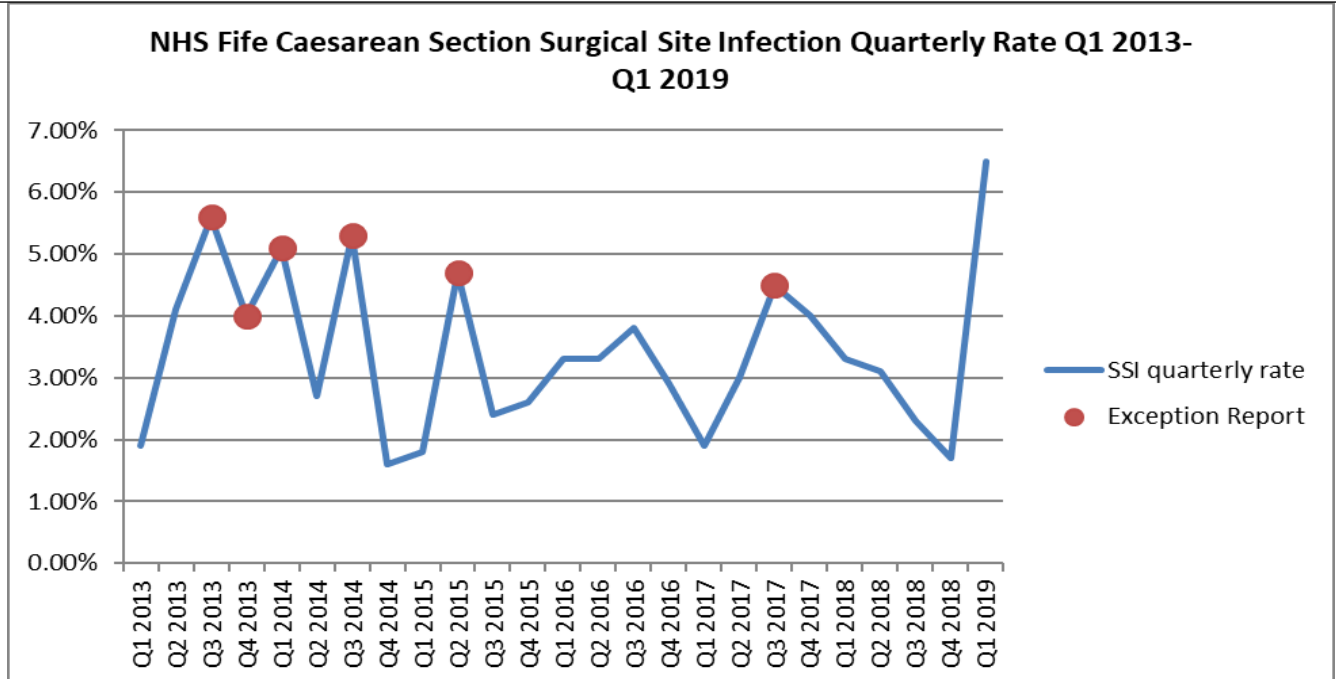
SBAR REPORT
<p><b><u>Situation</u></b></p> <p>The Infection Prevention and Control Surveillance team submitted NHS Fife Caesarean Section Surgical Site Infection (SSI) data for Quarter 1 (Q1) 2019 to Health Protection Scotland on 17 May 2019. In Q1 2019, there were 12 cases which met SSI case definition (as per Health Protection Scotland's European Standard definition), giving an overall SSI rate of 6.5% (to day 10 post surgery). This number is likely to result in the issuing of an Exception Report to NHS Fife.</p>
<p><b><u>Background</u></b></p> <p>All Scottish health boards are required to carry out mandatory SSSI surveillance on all Caesarean Sections performed within their board. This information is co-ordinated by Health Protection Scotland (HPS) and boards are required to submit all SSI information on a quarterly basis. Following submission, HPS produce a quarterly report, where boards are analysed via a funnel plot chart. If a board shows significant changes in SSI rates between two quarters or a higher than expected rate within the quarter, HPS issue the board with an `Exception Report` and a subsequent `Action Plan` must be produced.</p> <p>Historically, NHS Fife has displayed a higher than national, SSI rate, as demonstrated in Figure 1.</p> <p>Figure 1. NHS Fife versus the overall Scottish Caesarean Section Surgical Site Infection rate for time period Q1 2013-Q4 2017</p>

## NHS Scotland - March 2013 to December 2017 Caesarean section SSI (SSICSEC)



To date, Fife has received 6 Exception Reports, ranging from the first report in Q3 2013 and the most recent, for Q3 2017 (as demonstrated in Figure 2). Much improvement work has taken place to try to reduce the risk of SSI, such as providing regular training to medical and midwifery staff, reviewing dressing use, implementing a new antibiotic regimen, reviewing anaemia management to optimise patients' haemoglobin prior to and following surgery and reviewing all deep and organ space SSI cases.

Figure 2. NHS Fife Caesarean Section Surgical Site Infection Quarterly Rate Q1 2013-Q1 2019



A target for a reduction in incidence was agreed by key stakeholders in April 2018 to reduce Caesarean Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 2% by March 2019. Other national systems for case ascertainment were tested from January 2018 (Q4 2017 to Q4 2018) to determine if a change to methodology resulted in a reduction in rates. There has been an incremental reduction quarter on quarter since Q4 2017. NHS Fife achieved a reduction from 4.5% to 1.7% incidence from Q3 2017 to Q4 2018; this demonstrates a 2.8% reduction overall. See Figure 3.

Figure 3: Comparative Incidence rates for NHS Fife and Scotland Q3 2017 to Q1 2019

Reporting Period	NHS Fife Incidence rate	Scotland Incidence rate
Q3 2017	4.5%	1.3%
Q4 2017	4.0%	1.6%
Q1 2018	3.3%	1.6%
Q2 2018	3.1%	1.5%
Q3 2018	2.3%	1.5%
Q4 2018	1.7%	1.4%
<b>Q1 2019 (un-validated)</b>	<b>6.5%</b>	Not available at time of report

These tests of change identified an inherent systems failure in national reporting and were therefore discontinued for Q1 reporting. It can be suggested that this has resulted in the increase in incidence rate in SSI for Q1 2019.

### Assessment

A thorough review of all SSI cases took place during Q1 2019. On Thursday 2 May Christina Coulombe (Infection Control Manager), Lynsey Delaney (Infection Control Surveillance Audit Midwife), Keith Morris (Clinical Lead for SSI surveillance programme) and Aileen Lawrie (Head of Midwifery) met to discuss the 12 cases.

This investigation highlighted that NHS Fife has a robust system for identifying and reporting SSI cases. However, it was also apparent that some of the cases were questionable in terms of the patient having a `true infection`. It was likely that in some cases, clinicians may have diagnosed a `superficial SSI` and prescribed antibiotics as a precautionary measure. However, in terms of the definition, with which NHS Fife must comply, it would meet `diagnosis of superficial incisional SSI by surgeon or trained healthcare worker`.

All national boards have developed their own systems for SSI identification and reporting. NHS Fife carried out a review of these systems in Q1 and found that there was no consistent approach to the methods used for identification and reporting of SSIs. This led to the hypothesis that national data is historically and currently non-comparable. This hypothesis will be tested from April 2019.

The ICM invited the Senior Nurse Epidemiologist from Health Protection Scotland (HPS) to meet with members of the IPCT on Thursday 6 June 2019 to discuss this hypothesis, SSI definitions and their application in practice. It has now been proposed by HPS that NHS Fife only submit data, which follows the national methodology requirements as is the case with other national boards. This will strengthen comparability of rates across the system and provide Fife with an assurance that the national surveillance system is equitable and reliable. This new approach to national reporting will commence Q2 2019 (April to June 2019). In order to provide the board with the assurance that NHS Fife will not fail to identify all SSIs, the Surveillance Team will also continue to collect, analyse and feed-back local data to the clinical teams for the time being.

### **Recommendation**

- 1) The Clinical Governance group can be reassured that NHS Fife has a robust method to identify potential cases with a post Caesarean Section SSI and applies the infection criteria accurately.
- 2) The SSI surveillance team, along with the clinical directorate, have undertaken a review of the process women undergo prior to, during and after their Caesarean Section and have applied best practice. However, NHS Fife still reports a high number of SSIs.
- 3) The review team believe a number of the infections are a result of over diagnosis by the reviewing clinician but cannot remove the case from the reported numbers as the diagnosis is made by `a trained healthcare worker`.
- 4) NHS Fife will now report national data using similar methodologies as other national boards and will also continue to report the local figures directly to the clinical teams.

Objectives: (must be completed)	
Healthcare Standard(s):	Safe and Effective
HB Strategic Objectives:	Safe and Effective

Further Information:	
Evidence Base:	National
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	<ul style="list-style-type: none"> <li>Planned Care SSI Implementation Group</li> <li>Acute Clinical Governance Group</li> <li>Infection Control Committee</li> </ul>

Impact: (must be completed)	
Financial / Value For Money	N/A
Risk / Legal:	As detailed in the paper.
Quality / Patient Care:	Supports person-centred, safe effective care
Workforce:	N/A
Equality:	<p>The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, <a href="#">click here</a> EQIA Template <a href="#">click here</a></p> <ul style="list-style-type: none"> <li>Has EQIA Screening been undertaken? Yes/No (If yes, please supply copy, if no please state reason)</li> <li>Has a full EQIA been undertaken? Yes/No (If yes please supply copy, if no please state reason)</li> <li>Please state how this paper supports the Public Sector Equality Duty – This work supports person-centred care.</li> <li>Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – Promotes a patient- focused approach to provide high quality care without discrimination.</li> <li>Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)</li> </ul>

**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	July 2019
<b>TITLE OF REPORT:</b>	Community <i>Staphylococcus aureus</i> Bacteraemia
<b>EXECUTIVE LEAD:</b>	Helen Buchanan
<b>REPORTING OFFICER:</b>	Keith Morris

Purpose of the Report (delete as appropriate)		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>

SBAR REPORT
<p><b><u>Situation</u></b></p> <p>Between 1 Jan and 31 May 2019 there have been a total of 40 <i>S. aureus</i> Bacteraemia (SAB). 17 have been acquired by patients in the community, 19 have been acquired by the patient while in hospital and 4 have been classified as healthcare associated. The Healthcare associated category for reporting purposes are included in the hospital acquired infection numbers. The rationale being that to be in the healthcare associated category the patient must have had contact with a healthcare worker or been an hospital in-patient or reside s in t care facility within the 30days prior to the SAB.</p>
<p><b><u>Background</u></b></p> <p>Data from previous SAB annual reports indicate that community acquired SAB account for approximately one third of the total number of SAB. The majority of these infections are associated with People Who Inject Drugs (PWID). The data for the first five months is no different with six patients acquiring their SAB thought drug misuse, 4 due to skin and soft tissue infections, two post viral pneumonias, two in whom the entry point was not identified, but in whom a deep focus was found and three where no source could be identified.</p>
<p><b><u>Assessment</u></b></p> <p>With five months of the year reported there appears to be a high proportion of SAB due to community sources. However this data must be viewed with caution as there is more than half the year to complete.</p>
<p><b><u>Recommendation</u></b></p> <ol style="list-style-type: none"> <li>1. The majority of community acquired SAB are due to PWID and skin and soft tissue infections. To reduce the number of SAB in these two groups of patients will be challenging. However, to have any chance in reducing SAB occurring in the community these groups need to be targeted.</li> <li>2. The proportion of SAB due to community infections has not changed over 10 years. This indicates that doing more of the same is going to have no effect in reducing the numbers and may result in a higher proportion of infections acquired in the community if hospital interventions work (especially around vascular access device management).</li> </ol>

3. Enhanced communication between the acute service and the Harm Reduction Team when PWID are admitted to hospital. This may allow PWID to be given support in the community if not already engaged with the Harm Reduction Service. At present the Harm Reduction Service is not alerted when a PWID is admitted to the acute service. SAB in this group is a relatively small number compared to the total number admitted with infected sores related to injecting practices.
4. Regarding skin and soft tissue infection related SABs, these will be more difficult to prevent because they result from a heterogeneous group of conditions such as Diabetes, pressure sores and damage skin following trauma. However, raising the awareness of the problem and following the local antibiotic guidance on the management of skin and soft tissue needs to be encouraged i.e. the local guidance now recommends oral Flucloxacillin 1g QID when previously it was 500mg QID.

Objectives: (must be completed)	
Healthcare Standard(s):	Safe and Effective
HB Strategic Objectives:	Safe and Effective

Further Information:	
Evidence Base:	National
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	<ul style="list-style-type: none"> <li>Acute Clinical Governance Group</li> <li>HSCP Clinical and Care Governance Groups &amp; Committee</li> <li>Infection Control Committee</li> </ul>

Impact: (must be completed)	
<b>Financial / Value For Money</b>	Interventions in the community could potentially require investment.
<b>Risk / Legal:</b>	As detailed in the paper.
<b>Quality / Patient Care:</b>	Supports person-centred, safe effective care
<b>Workforce:</b>	N/A
<b>Equality:</b>	<p>The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, <a href="#">click here</a> EQIA Template <a href="#">click here</a>)</p> <ul style="list-style-type: none"> <li>Has EQIA Screening been undertaken? Yes/No (If yes, please supply copy, if no please state reason)</li> <li>Has a full EQIA been undertaken? Yes/No (If yes please supply copy, if no please state reason)</li> <li>Please state how this paper supports the Public Sector Equality Duty – This work supports person-centred care.</li> <li>Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – Promotes a patient- focused approach to provide high quality care without discrimination.</li> <li>Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)</li> </ul>

## **HEALTH AND SAFETY SUB-COMMITTEE**

### **CONSTITUTION AND TERMS OF REFERENCE**

Date of Board Approval:

#### **1. PURPOSE**

- 1.1 The purpose of the Health and Safety sub-Committee is to ensure that Fife NHS Board provides a safe and secure environment for patients, members of the public and its staff whilst meeting all of its statutory obligations with regards to Health and Safety.

#### **2. COMPOSITION**

- 2.1 The membership of the Health and Safety sub-Committee will be:
- Medical Director
  - Director of Estates, Facilities and Capital Services (Chair)
  - Director of Workforce (Vice- Chair)
  - Staff Side H&S Representative
- 2.2 Occupational Health and Health & Safety Advice will be provided by the appropriate Health & Safety or Occupational Health Professional.
- 2.3 Officers of the Board will be expected to attend meetings of the sub-Committee when issues within their responsibility are being considered by the sub-Committee. In addition, the sub-Committee Chairperson will agree with the Lead Officer to the Committee which Directors and other Senior Staff should attend meetings, routinely or otherwise.
- 2.4 The Health & Safety Manager shall serve as Lead Officer to the Committee.

#### **3. QUORUM**

- 3.1 No business shall be transacted at a meeting of the Committee unless at least two members are present. There may be occasions when due to the unavailability of the above, the Chair will ask other Board members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

#### **4. MEETINGS**

- 4.1 The Health and Safety sub-Committee shall meet as necessary to fulfil its purpose but not less than every six months.

Document Control:		
Document: H&S Sub Committee Terms of Reference	Version: 3.0	Version Date: 26/03/2019
Author: Craig Webster, H&S Manager	Page 1 of 3	Review Date: March 2020

- 4.2 In the absence of the Chairperson, another member will chair the meeting.
- 4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

## **5. REMIT**

5.1 The remit of the Health and Safety sub-Committee is to:

- agree a comprehensive Health and Safety Management structure and strategy for NHS Fife;
- consider NHS Fife's performance in relation to its effective management of Health and Safety;
- review action taken by the Chief Executive on recommendations made by the Committee, the Health and Safety Executive or Scottish Ministers on Health and Safety matters;
- support the operation of health and safety delivery via appropriate arrangements and monitor the development and implementation for all operational Health and Safety issues;
- undertake an annual self assessment of the Committee's work;
- produce an Annual Statement of Assurance (as in [Appendix 2.10](#)) for presentation to the Board, via the Audit and Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

5.2 The sub-Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

5.3 The sub-Committee shall provide assurance to the Board via the Clinical Governance Committee on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

## **6. AUTHORITY**

6.1 The sub-Committee is authorised by the Clinical Governance Committee to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

Document Control:		
Document: H&S Sub Committee Terms of Reference	Version: 3.0	Version Date: 26/03/2019
Author: Craig Webster, H&S Manager	Page 2 of 3	Review Date: March 2020

- 6.2 In order to fulfil its remit, the Health and Safety sub-Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.
- 6.3 Delegated authority as detailed in the Board's Standing Orders is set out in the Purpose and Remit of the sub-Committee.

## **7. REPORTING ARRANGEMENTS**

- 7.1 The Health and Safety sub-Committee reports directly to NHS Fife Clinical Governance Committee on its work. Minutes of the sub-Committee are presented to the Clinical Governance Committee by the sub-Committee Chairperson, who provides a report, on an exception basis, on any particular issues which the sub-Committee wishes to draw to the Board's attention.
- 7.2 The Health and Safety sub Committee will also bring to the attention of the Staff Governance Committee any issues that are considered to be of relevance to that Committee in terms of the workforce.
- 7.3 The Corporate Risk Register will be scrutinised by the relevant Committees of the Board with a bi-annual update on all changes to the Corporate Risk Register being submitted to the Audit and Risk Committee.

Document Control:		
Document: H&S Sub Committee Terms of Reference	Version: 3.0	Version Date: 26/03/2019
Author: Craig Webster, H&S Manager	Page 3 of 3	Review Date: March 2020

**NHS FIFE**  
**HEALTH & SAFETY SUB COMMITTEE**  
**Annual Workplan 2018-2019**

<b>Standing Items</b>	
<b>Business</b>	<b>Lead</b>
Chairperson's Welcome and Opening Remarks	Chair
Apologies for Absence	Chair
Approval of Previous Minutes	Committee
Actions List Update	Committee
Matters arising not on agenda	Committee
H&S Sub Committee Workplan	Director of Estates
Health & Safety Services Workplan	H&S Manager
NHS Fife Enforcement Activity	H&S Manager
Incident Statistics Report	H&S Manager
RIDDOR Incidents Overview/ Update	H&S Manager

<b>21 September 2018 Meeting</b>	
<b>Business</b>	<b>Lead</b>
Approval of 2018 – 2019 Sub Committee Workplan	Director of Estates
Governance Structures	H&S Manager
Health & Safety Champions Project	H&S Manager
Meetings schedule 2019	Director of Estates

<b>14 December 2018 Meeting</b>	
<b>Business</b>	<b>Lead</b>
Governance Structures Update	H&S Manager
Health & Safety Champions Project Update	H&S Manager
Risk Register	Director of Estates
POLICY GP/H1 NHS Fife Health & Safety Policy	H&S Manager
Health & Social Care Partnership Manual Handling Training Update	H&S Manager
H&S Clinics Update	H&S Manager

<b>29 March 2019 Meeting</b>	
<b>Business</b>	<b>Lead</b>
Review & Approval Terms of Reference	Committee
Annual Statement of Assurance	Committee
Review and Approval 2019 – 2020 Sub Committee Workplan	Director of Estates
Review and Approval 2019 – 2021 H&S Services Workplan	Director of Estates
Manual Handling Team Process review update	H&S Manager
Manual Handling Competency Based Assessor Programme Update	H&S Manager
Violence and Aggression Audit Update	H&S Manager
Health & Safety Training Courses Update	H&S Manager

<b>28 June 2019 Meeting</b>	
<b>Business</b>	<b>Lead</b>
Health & Safety Policies and Procedures Workplan Review	H&S Manager
PROCEDURE GP/C3 Control of Substances Hazardous to Health	H&S Manager
POLICY GP/H5 Health Assessment & Surveillance	H&S Manager
POLICY GP/M1 Manual Handling	H&S Manager
PROCEDURE GP/W2 Work at Height	H&S Manager
PROCEDURE GP/N1 Noise at Work	H&S Manager
PROCEDURE GP/L6 Lone Worker	H&S Manager

<b>27 September 2019 Meeting</b>	
<b>Business</b>	<b>Lead</b>
Draft Governance/ Management Arrangements Policy	H&S Manager
POLICY SUMS-01 - Safe Use of Medical Sharps: Management and Use	H&S Manager
PROCEDURE GP/D1-1 Display Screen Equipment Risk Assessment	H&S Manager
PROCEDURE GP/E8-9 Work Environment	H&S Manager
PROCEDURE GP/G1-1 Glove Selection	H&S Manager
PROCEDURE GP/ M3-3 Liquid Nitrogen	H&S Manager
PROCEDURE SUMS-01 - Safe Use of Medical Sharps: Training and Information	H&S Manager
Management Systems Workbook Update	H&S Manager

<b>13 December 2019 Meeting</b>	
<b>Business</b>	<b>Lead</b>
PROCEDURE GP/V1 Control of Vibration at Work	H&S Manager
Ligature Assessment Review Update	H&S Manager
Health & Safety Audit Process Update	H&S Manager
Manual Handling Training Review Update	H&S Manager
Violence and Aggression Risk Assessment Update	H&S Manager
Violence and Aggression Training Update	H&S Manager
Respiratory Protection Audit Update	H&S Manager

Workplan Approved:

Review Date: March 2019

<b>DATE OF MEETING:</b>	3 <sup>rd</sup> July 2019
<b>TITLE OF REPORT:</b>	NHSF H&S TORs and work plan
<b>EXECUTIVE LEAD:</b>	Andy Fairgrieve, Director of Estates , Facilities & Capital Services
<b>REPORTING OFFICER:</b>	Craig Webster H&S Manager

Purpose of the Report (delete as appropriate)		
For Information		

SBAR REPORT	
<b><u>Situation</u></b>	
NHSF's Clinical Governance Committee has requested a review of NHSF's Health & Safety Sub Committee's Terms of Reference and Workplan for 2018 – 2019.	
<b><u>Background</u></b>	
These documents are being submitted by request to NHS Fife Clinical Governance Committee as part of annual review process.	
<b><u>Assessment</u></b>	
<p>The Terms of Reference for the Health &amp; Safety Sub Committee were revised in March 2019 to take into account changes in Management Structures and Director Level Personnel within NHS Fife. The revised Terms of Reference were agreed by the members of the H&amp;S Sub Committee at the March 2019 meeting.</p> <p>The Workplan for the H&amp;S Sub Committee is a working document and, as such both progress against activity and revisions to the workplan are reviewed as a standing item at each meeting.</p>	
<b><u>Recommendation</u></b>	
Committee is requested to note the content of the Terms of reference and Work plan.	
Objectives: (must be completed)	
Ensure NHSF complies with current legislation and best practice	H&S policy in place, management structure set up including staff side engagement .

Further Information:	
Evidence Base:	Meeting mins taken with actions
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	LPF, APF, NHSF H&S SC .

Impact: (must be completed)	
<b>Financial / Value For Money</b>	N/A
<b>Risk / Legal:</b>	Compliance with current legislation
<b>Quality / Patient Care:</b>	Patient , staff and visitor Safe
<b>Workforce:</b>	Staff side engaged in H&S issues
<b>Equality:</b>	Staff , patients are treated fair and consistently

## Clinical Governance Committee

<b>DATE OF MEETING:</b>	3 July 2019
<b>TITLE OF REPORT:</b>	NHS Fife Annual Operational Plan 2019/20
<b>EXECUTIVE LEAD:</b>	Carol Potter, Director of Finance & Performance
<b>REPORTING OFFICER:</b>	Susan Fraser, Associate Director Planning & Performance

### Purpose of the Report (delete as appropriate)

**For Information**

## SBAR REPORT

### Situation

The Annual Operational Plan (AOP), introduced by Scottish Government Health & Social Care Directorates (SGHSCD) last year, is intended to support NHS Boards and their partners to deliver safe and accessible treatment and care.

This year it represents the agreement that sets out how NHS Boards will deliver expected levels of operational performance to provide the foundations for delivering the Cabinet Secretary's priorities on waiting times improvement; investment in mental health; and greater progress and pace in the integration of Health and Social Care. The AOP for 2019/20 also requires NHS Boards to lay out their plans to meet the standards for Healthcare Associated Infection (HAI).

### Background

The Annual Operational Plan 2019/20 outlines plans for delivery of NHS Fife's local priorities identified through key planning assumptions for performance, strategic planning, financial and workforce planning. The draft AOP was submitted to SGHSD on 29 March 2019 and a meeting held with representatives from Scottish Government on 9 May 2019 to provide formal feedback. The AOP was discussed and considered in detail at the Finance, Performance & Resources Committee on 14 May 2019 and approved by the Board at its meeting on 29 May.

The Board has agreed that, in future years, the Clinical Governance Committee will consider the draft AOP in the same manner as FP&R, and this item has been added to the Committee's workplan for May going forward.

### Assessment

The 2019/20 Annual Operational Plan is attached for information. This key document outlines plans for delivery of NHS Fife's local priorities identified through key planning assumptions for performance, strategic planning, financial and workforce planning. There are four local key priorities for NHS Fife during 2019/20 which underpins all aspects of the Board's strategic planning:

1. Acute Services Transformation Programme
2. Joining Up Care - Community Redesign

### 3. Mental Health Redesign

### 4. Medicines Efficiencies

The financial assumptions set out in the AOP reflect the Financial Plan and Capital Programme as approved by the NHS Board on 27 March 2019.

The attached AOP incorporates comments from the Finance, Performance & Resources Committee and amendments following the AOP meeting with the Scottish Government on 9 May.

It should be noted that feedback from SG colleagues at the meeting was very positive, with the Chief Executive and Board being commended on the extent to which NHS Fife was one of the top performing boards in Scotland for both performance and finance.

### **Recommendations**

Clinical Governance Committee members are asked to:

- **note the Board's approval** of the Annual Operational Plan 2019/20.

### **Objectives: (must be completed)**

Healthcare Standard(s):	All
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HB Strategic Objectives:	All
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### **Further Information:**

Evidence Base:	N/A
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Glossary of Terms:	N/A
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Parties / Committees consulted prior to Board:	EDG; FP&R Committee; SGHSCD
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### **Impact: (must be completed)**

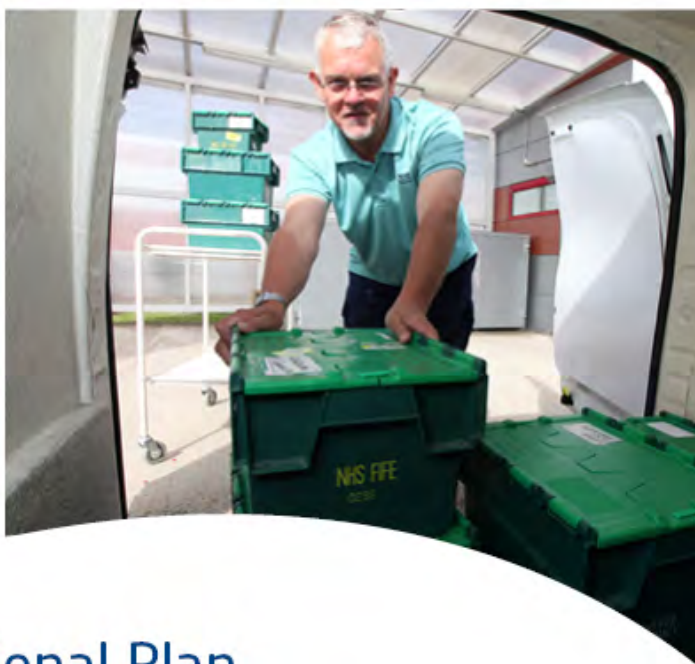
<b>Financial / Value For Money</b>	The AOP will fully address the associated financial challenges
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<b>Risk / Legal:</b>	NHS Fife has a duty to produce an annual AOP as part of its contract with the Scottish Government
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<b>Quality / Patient Care:</b>	Included in the AOP
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<b>Workforce:</b>	Included in the AOP
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<b>Equality:</b>	N/A
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## Annual Operational Plan 2019-20



# Table of Contents

<b>Executive Summary .....</b>	<b>1</b>
<b>1. Introduction .....</b>	<b>1</b>
<b>2. Strategic Planning .....</b>	<b>1</b>
2.1. National Planning .....	1
2.2. Regional Planning .....	2
2.3. Local Planning and Transformation Programme .....	4
2.3.1. Acute Services Transformation Programme .....	5
2.3.2. Joining Up Care Transformation Programme - Community Redesign .....	5
2.3.3. Mental Health Redesign .....	6
2.3.4. Medicines Efficiencies .....	6
<b>3. Quality &amp; Safety .....</b>	<b>8</b>
<b>4. Performance .....</b>	<b>10</b>
4.1. LDP Standards .....	10
4.1.1. Governance .....	10
4.1.2. 4-Hour Emergency Access .....	12
4.1.3. Cancer Waiting Times .....	13
4.1.4. Elective Treatment Waiting Times .....	14
4.1.5. CAMHS Waiting Times .....	16
4.1.6. Psychological Therapies Waiting Times .....	18
4.1.7. HAI .....	20
4.1.8. Sickness Absence .....	21
4.2. Partnership Working .....	22
4.2.1. Delayed Discharges .....	22
4.2.2. Prevent Avoidable Admissions and Reduce Bed Days .....	23
4.3. Public Health .....	24
<b>5. Financial Planning .....</b>	<b>24</b>
5.1. Funding Assumptions .....	24
5.2. Additional Expenditure Commitments .....	25
5.3. Updated Analysis of Projected Financial Outlook 2019/20 .....	26
5.4. Balancing the position .....	26
5.5. Beyond 2019/20 .....	27
5.6. Risks and Assumptions .....	28
5.7. Capital Investment .....	28
<b>6. Workforce Planning .....</b>	<b>29</b>
<b>7. Summary .....</b>	<b>30</b>

## Executive Summary

This is NHS Fife's second Annual Operational Plan (AOP), produced in line with guidance received from the Scottish Government's NHS Scotland Director of Delivery and Resilience on 25 February 2019.

The 2019/20 AOP outlines plans for delivery of NHS Fife's local priorities identified through key planning assumptions for performance, strategic planning, financial and workforce planning.

**There are four local key priorities for NHS Fife during 2019/20 which underpins all aspects of the Board's strategic planning:**

- 1. Acute Services Transformation Programme**
- 2. Joining Up Care - Community Redesign**
- 3. Mental Health Redesign**
- 4. Medicines Efficiencies**

The key planning assumptions which support these local priorities are:

- |                             |   |
|-----------------------------|---|
| <b>Planning</b>             | <ul style="list-style-type: none"><li>• Planning of services locally will continue to be whole system and will include regional planning where appropriate</li><li>• NHS Fife will continue to be well represented at Director and Clinical level in the East Region programme of work</li><li>• The Transformation Programme including the use of digital technology will remain the focus of delivery of the Clinical Strategy 2016-21</li></ul>  |
| <b>Quality &amp; Safety</b> | <ul style="list-style-type: none"><li>• NHS Fife will move towards an approach of continual self assessment in line with the national Quality of Care approach</li><li>• Key clinical priorities for 2019/20 have been identified and will continue to be monitored</li></ul>   |
| <b>Performance</b>          | <ul style="list-style-type: none"><li>• Where performance standards are met in 2018/19, this will be sustained into 2019/20</li><li>• Trajectories have been agreed to improve performance towards defined target where performance standards have not been met in 2018/19</li><li>• Performance will be enhanced through the commitment to and delivery of the Waiting Times Improvement Plan and the associated Quality Improvement Access Collaborative</li></ul>  |
| <b>Financial Planning</b>   | <ul style="list-style-type: none"><li>• The financial plan for 2018/19 has been developed around a confirmed overall baseline income uplift of 2.6% additional recurring funding plus 0.3% NRAC parity funding.</li><li>• Assumption of at least £6.7m funding from Scottish Government to support a move toward achievement of access targets in 2019/20</li><li>• The baseline funding assumption includes continuation of at least £2.5m Additional Departmental Expenditure Limit (ADEL) funding</li><li>• The baseline budget currently assumes recurring funding of £3m from the Pharmaceutical Price Regulation Scheme (PPRS).</li><li>• Expenditure commitments reflect assumptions per the Corporate Finance Network as well as locally agreed developments. Cost pressures are <u>not</u> included, nor does the plan take account of any risk share of social care</li></ul> |

costs, through the accounting for the Integration Joint Board.

- The budget position for 2019/20 is broadly balanced in year (£2.65m gap) although this increases to £17.3m, prior to any remedial action, when unachieved legacy savings are taken into account.
- The financial challenge for our acute services is most significant (£10.2m or 5.6% including the 'set aside' services).
- By comparison the health budgets delegated and managed by the Health & Social Care Partnership have a £6.5m or 1.7% efficiency target; this takes account of a notional budget uplift of 2.5%, thus delivering on the Scottish Government expectations of a real terms increase for integration authorities.

#### **Workforce Planning**

- NHS Fife's Workforce Strategy will support the delivery of the Clinical Strategy and enable the transformational programme to be realised.
- By working with the Integration Joint Board and Fife Council, the revised planning arrangements will ensure connectivity between the Acute Services and Health and Social Care Partnership Workforce Plan.

We believe this plan will deliver and support our ambition for NHS Fife to be a strongly performing board delivering quality person-centred and clinically excellent care.

## 1. Introduction

This is NHS Fife's second Annual Operational Plan (AOP), produced in line with guidance received from the Scottish Government's NHS Scotland Director of Delivery and Resilience on 25 February 2019.

The AOP will cover strategic planning of services (national, regional and local), quality and safety, performance, financial planning and workforce planning for 2019/20. Planning will reflect national, regional and local principles and priorities including the Clinical Strategy (published in 2016) – our vision for delivery of services to 2021.

The AOP will also report on NHS Fife's ongoing transformation programme which is aligned with the Clinical Strategy strategic objectives. This programme is ambitious and requires commitment from all disciplines across NHS Fife and through the use of Quality Improvement methodology the aim is to improve services to patients and help staff and patients redesign services to meet their needs.

## 2. Strategic Planning

### 2.1. National Planning

The AOP is founded on the principles set out in the Scottish Government's Health & Social Care Delivery Plan published in December 2016. It builds on the previous NHS Fife AOP and the national planning priorities described below:

- Focus on prevention, early intervention and supported self-management with minimal hospital stay
- Enhance integration to help people live better for longer at home or in a homely setting
- Evolve models of care incorporating new approaches, treatments and technologies
- With investment there must also be reform
- Develop collaborative models at pace
- Ensure quality, safety and person centred care are maintained

It also recognises that plans must be delivered in the context of:

- Better Care – working with people to provide the care they need at the right time and place with their input. Help people to anticipate their needs and plan accordingly and develop capacity in our community to support the changing needs of the population.
- Better Health – we need to move away from a 'fix and treat' model to one based on anticipation, prevention and self- management. Join with our public and third sector partners to tackle the causes of ill health and health inequalities.
- Better Value – our approach must shift to one of seeking value – i.e. the best outcomes for our investment. A critical factor in this is developing community resource to reduce demand in hospitals and therefore beds. By reducing demand for beds we will be able to use the resource more effectively in our communities. We need to use data and a quality improvement approach to ensure we get and maintain value in terms of outcomes.
- Health & Social Care Integration – through more integrated working create capacity in the community which will reduce hospital demand and in turn delayed discharges and improve the adult social care sector.

- National Clinical Strategy - This provides strong themes around strengthening community care and capacity, reducing avoidable secondary care demand and ensuring services are delivered in the most appropriate and effective place in terms of experience, outcomes and value. Of equal significance is the concept of 'realistic medicine' – a more pragmatic approach which helps people make more informed choices based on outcomes and what matters to them.
- Public Health Improvement - Scotland has significant issues with social and economic determinants that impact on health and wellbeing and which we need to influence through comprehensive and sustained initiatives alongside our partners.
- NHS Board Governance – Boards are currently in the process of rolling out the new NHS Scotland Blueprint for Good Governance. This seeks to embed best practice in corporate governance throughout all Boards and ensure the delivery of a consistent, effective and transparent governance approach across NHS Scotland. NHS Fife is fully involved in this work, both nationally and at local level.
- Cross Cutting actions – in addition there are a number of other initiatives such as 'Getting it Right for Every Child' which looks to capitalise on early life interventions having the greatest impact for health, education and economic issues. Other cross cutting issues includes digital transformation and application, resilient workforce planning and a robust approach to public and staff engagement and communication.
- Scottish Government Medium Term Health & Social Care Financial Framework – published in October 2018, this provides a pillar for wider planning across health and social care. Clarity on the financial outlook is essential to address the challenges facing the system. The framework highlights that investment, whilst necessary, must be matched with reform, to drive further improvement.

## 2.2. Regional Planning

Across the region, we are collaborating in a way that adds value over and above the work of individual Boards.

In the south east of Scotland there has been a successful history of collaborative regional working, resulting in a wide range of services that are planned and delivered regionally, drawing on the benefits and opportunities in the interests of delivery for patient benefit.

In 2017, following the publication of the National Health and Social Care Delivery Plan, the region augmented its programme of work to include a wider range of services, assessing potential opportunities in supporting delivery of the national Delivery Plan and in pursuit of delivering against 5 agreed regional objectives:

- Shift the balance of care and investment from hospital care to primary and community care settings;
- Shift the emphasis of our system upstream from treatment of illness to prevention of ill health;
- Improve access to care and treatment in both unscheduled and elective care;
- Improve the quality of care and patient experience;
- Deliver recurring cash savings each year of 5 to 7% required to deliver financial balance and to respond to demographic change.

A number of key priorities for 2019/20 are highlighted below:

**Laboratory Medicine** - deliver an integrated laboratory medicine service for the region which delivers high quality, equitable, affordable, sustainable and accessible services for patients creating a 'One Laboratory Medicine Team' approach across the region through:

Review of workforce and seek solutions through regional working.

Look at options for reorganising services to ensure all appropriate testing maximises current estate and technological capability (automation, robotics, digital and artificial intelligence) and reduces duplication and variation in support of laboratory quality.

Use a single information platform to deliver benefit through integration of procurement process and consideration of single managed service contracts where applicable.

**Ophthalmology** - Through the newly established East Region Ophthalmology Network Board the focus in 2019/20 will be on outpatient service optimisation, theatre productivity and developing a regional model which will support sustainability and mitigate workforce risks, utilising community based services to shift the balance of care from acute to community.

**Regional Trauma Network** - implementation of the Scottish Government commitment to deliver a trauma network for Scotland which will direct patients to the most appropriate level of care for their injury, save more lives and improve patient outcomes from point of injury to rehabilitation. The region is working towards establishment of a Major Trauma Centre at the Royal Infirmary of Edinburgh in 2021/22 with supporting Trauma Units and integrated rehabilitation and repatriation systems which will support improved outcomes, recovery and care as local as possible where appropriate.

**East Region Partnership for the Prevention and Reversal of Type 2 Diabetes** – as part of our commitment to prevention and upstream intervention at the regional population level, the 3 East Region Health Boards, 6 IJBs and 6 Councils have committed to developing a multi-agency approach to tackling Type 2 diabetes in the region – a largely preventable disease which incurs significant personal, financial and social consequences. Equitable and consistent weight management services are being implemented across the region, with the focus in 2019/20 on developing an approach to reversing and preventing Type 2 Diabetes through evidence based, community delivered programmes

**Radiology** - Radiology services in the East Region, like other parts of the UK remain fragile with insufficient radiologists or radiology trainees to meet current and expected future demand. During 2019/20 we will look at developing our regional approach in light of recent developments with national connectivity, emerging collaboration on interventional radiology services and future national radiology programme deliverables.

**Regional Approach to Innovation and Digital Developments** - The East Region is building a coordinated, regional approach to Innovation drawing on the experience, relationships and networks developed through NHS Lothian's experience as an Innovation Test Bed pilot site. Opportunities to exploit the commissioning and adoption of new technologies will be maximised with a focus on addressing the challenges of managing demand and patient expectation along with availability of workforce.

**Cancer Services** – Opportunities present during 2019/20 and beyond to develop a more regional approach to addressing access and workforce challenges using the existing well

established regional cancer network arrangements and collaboration on the development of the new regional cancer centre.

In addition to the clinical services noted above, work continues on a regional model for payroll and procurement services as well as ongoing discussions in relation to a number of HR related functions.

### **2.3. Local Planning and Transformation Programme**

The NHS Fife Clinical Strategy (2016-21) was produced in 2016 to provide strategic direction for the future delivery of clinical services for the people of Fife and is closely aligned with the Health and Social Care Partnerships Strategic Plan. The recommendations of the Clinical Strategy will help shape the delivery of healthcare in Fife over the next 3 years.

These recommendations were developed into a transformation programme that included programmes of work from both our Acute Services and the Fife Health & Social Care Partnership (H&SCP). As we move into 2019/20, this will be an exciting period for transformation in Fife as it becomes more established and moves from planning and testing to delivery.

The four key priorities to be delivered are:

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

The Primary Care Implementation Plan will also be described in this section as it forms a critical part of the wider transformation programme in Fife.

Leadership for these transformation programmes will be driven by the Chief Operating Officer and General Managers in Acute Services and the Director of Health and Social Care and Divisional General Managers in Health and Social Care Partnership. The pace and concerted focus required to deliver on the transformational change agenda is critical to supporting longer term planning and sustainability of services, in terms of both finance and workforce issues.

The cross cutting nature of services delivered by NHS Fife and the H&SCP necessitates strong clinical and corporate governance. A refreshed approach to the Joint Strategic Transformation Group (JSTG), providing system wide oversight of the Transformation Programme workplan is intended to improve governance arrangements and promote integration of health and social care services. This Group will be chaired by the Chief Executive, with a detailed action plan and deliverables, with reporting and assurance provided to the NHS Board through the standing Committees. This approach will seek to ensure greater progress and pace in all aspects of the integration of health and care across Fife.

One critical enabler identified that will enrich the transformation work to be undertaken is a digital strategy that will enable better use of existing resources and provide alternative ways of caring for patients. The Technology Enabled Care national programme provides opportunities to test and spread nationally evidenced-based technological solutions to support clinical services in Fife. NHS Fife is leading the way in the testing of state of the

art technology such as SNAP40 in Community Services by keeping patients safely at home with the aim to built technology solutions in the day to day delivery of services.

### 2.3.1. Acute Services Transformation Programme

The focus of the Acute Services Transformation Programme (ASTP) for 2019/20 will be the development of four key strategic themes and we expect these to cover improvements in 7-Day Working, Patient Administration & Outpatients improvement work, Acute & Front Door improvement, and Ward Improvements. The existing Site Optimisation Programme has been completed and a formal closure report will be issued in due course. The other elements of the improvement plan, where appropriate, will be incorporated into the four new key themes as outlined above, and will include potential improvements which were highlighted in the annual Service Review process, or included as part of the national programmes such as the Waiting Time Improvement Plan.

Service Reviews of all areas within the Acute Division were held during January and February 2018 and these provided both an overview of and improved understanding of current service provision, together with outline proposals for future improvement and how these proposals aligned with the recommendations of the Clinical Strategy.

The Waiting Times Improvement Plan, published on 23th October 2018, has outlined the expected steps and timescales required to reduce the length of time people are waiting for key areas of healthcare including New Outpatients and TTG as well as for Diagnostics and Cancer Waiting Times.

A local plan on improved waiting times is currently being finalised and where required this work will be incorporated in to the Outpatient Improvement programme. The projected improvement in waiting times is now based on receiving a smaller amount of additional funding, and therefore the key deliverables have been amended to reflect what can now be achieved within NHS Fife and is set out in this plan.

One of the major developments in 2018/19 for NHS Fife was the invitation to produce and submit an outline business case for a specialist Orthopaedic Centre. This acknowledges the outstanding Orthopaedic Service in NHS Fife, a service which has been commended for its excellence in care by the British Orthopaedic Society and its work is renowned across Scotland, consistently performing within the upper quartile in national performance figures. This standing and reputation of the Orthopaedic team has helped support NHS Fife's plans for a new specialist Orthopaedic Centre which will bring together all orthopaedic service into one facility, allowing them to continue their improvement journey across all orthopaedic patient care pathways.

### 2.3.2. Joining Up Care Transformation Programme - Community Redesign

This programme has been running for 2 years with the most significant work being the care approach to patients who regularly access emergency services and have complex multiple chronic conditions – these patients have been cohorted together under High Health Gain (HHG) individuals and managed in the community.

In addition to the HHG work, locality huddles have been established in each of the 7 localities. This is a multi-disciplinary meeting held fortnightly where complex cases are brought for discussion and a health and care plan for individuals are produced. The patients discussed at these huddles include but are not limited to HHG patients. The case conference approach is evolving with HHG individuals now being identified at the front door so intervention is more immediate.

Community Hubs are the next element of the development of community services. The inaugural facility in Queen Margaret Hospital will provide services which focus on patients on the frailty pathway. Patients are referred by Acute, Community, Locality Huddles and HHG case management services. By taking an integrated approach, patients can be treated holistically, which can also include good links with Mental Health. Plans are in place to rollout the Community Hub Model with configuration in line with the Community Hospital redesign at locality level.

Community Hospital and Intermediate Care bed redesign is the last element in the Joining Up Care programme to redesign and develop integrated community service delivery. Following extensive engagement an option appraisal was undertaken between September and December 2018. This identified options for community hospital and intermediate care bed redesign that are currently being developed and will propose the transformation of bed based care within the Health and Social Care Partnership. These will be presented to the Integrated Joint Board for consideration in summer 2019.

Underpinning all of the transformation work is the comprehensive consultation on the Joining up Care Transformation Programme which took place from June to September 2018. The feedback from this engagement work and the principles of equality and care close to home continue to be the foundations of the transformational work of Joining Up Care.

### 2.3.3. Mental Health Redesign

The whole system redesign process is reviewing and looking to rationalise inpatient sites as appropriate, supported by developing community alternatives. Following completion of the refreshed local Mental Health Strategy for Fife, there will be a review of all voluntary sector funded organisations to ensure that community priorities are informed by the new refreshed strategy.

Consideration is at an early stage with housing colleagues regarding purpose built community resources to meet the needs of Learning Disabilities clients with complex needs to avoid placements outwith Fife or in hospital for children and young people. The aim of this work is to develop a single multi-disciplinary team to ensure children and young people receive the right support, at the right time, in the right place/setting.

Key strategic intentions include the 'Our Minds Matter' which ensures an integrated approach across schools, third sector, social work and school nurses to children and young people's emotional health and well-being. This is supported by CAMHS primary mental health workers.

### 2.3.4. Medicines Efficiencies

The Medicines Efficiencies Programme has been running for 3 years and there has been significant work to deliver medicines efficiencies in the region of a total of £10 million across acute and primary care, with an additional projected £3.5M during 2018/19.

The three priority areas being focussed on are: Formulary Compliance, Reducing Medicines Waste and Realistic Prescribing.

### 2.3.5. Primary Care Implementation Plan

The General Medical Services (GMS) contract 2018 refocuses the GP role as expert medical generalists and will require some tasks to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient

care. GPs will retain a professional role in these services in their capacity as expert medical generalists and clinical leaders. Workforce availability and phased funding will be the biggest challenge for full implementation. The national Memorandum of Understanding states agreed priorities for implementation.

The following are the priorities and the plan for each of these priorities:

#### Vaccination services

Immunisations for school age children have progressed. In the next year we will be working on a proposal of how to implement flu and travel.

#### Pharmacotherapy services

We have pharmacotherapy in all practices across Fife. Over the next two years we will be working on consistency of level of service and full annual leave cover.

#### Community treatment and care services (including phlebotomy service)

Progress so far has included the Fife wide implementation of a phlebotomy service in the first year. Scoping for community treatment room requirements is ongoing

#### In hours urgent care services

Advanced Nurse Practitioners (ANPs) in training have been appointed to work in care homes across Fife to roll out the successful pilot model in Kirkcaldy which is reducing admissions to acute as well as relieving GP workload. Over the next year we will be working on a Fife wide model for managing all urgent care within primary care.

#### Multidisciplinary Team

We have community links workers, mental health nurses, MSK physiotherapists appointed to work in some GP clusters. Over the next two years we plan to roll this out across all the GP Clusters.

#### Premises &IT

Fife has achieved a solution to the IT challenges of NHS professionals working across different practices and will be implemented over the next year. Scoping of accommodation requirement for extended primary care team is ongoing. Applications for the sustainability loans will be verified, to ensure that the premises involved in the bids meet the requirements of the national code of practice.

### 3. Quality & Safety

Our aim is to provide high quality care that is safe, effective and person-centred. In order to do that we will continually seek opportunities to improve safety, reduce harm, improve reliability of care and drive person centred care to ensure patients, carers and families have a positive experience.

NHS Fife, in line with the national Quality of Care approach, will move towards an approach of continual self assessment. This will allow reflection and review of current practice to identify areas for improvement in service delivery and of outcomes for people using the service.

There will be particular focus on domain 2: Impact on patients, service users, carers and families, domain 5: Safe, effective and person-centred care delivery and domain 9: Quality Improvement focused leadership

NHS Fife has identified key priorities for 2019/20, which will be the indicators that will be used for the purposes of self-evaluation and for quality assurance of service provision. The key priorities are:

1. In-patients who stated they received the best possible care
2. Participation Standard
3. Your Care Experience
4. Deteriorating Patient
5. All Falls including those falls with harm
6. Pressure Ulcer Care
7. Healthcare Associated Infection/SABs
8. Surgical Site Infection (SSI) Caesarean Section
9. Medicines safety

#### Governance

NHS Fife monitors and reports progress and performance against the identified measures via the Quality Report, which is issued bi-monthly. The report is scrutinised by the Executive Directors Group and is reported through the Clinical Governance Committee.

The measures which are nationally set include the following,

1. To reduce HSMR by 10% December 2018
2. To reduce falls with harm by 20% by December 2017
3. To reduce all falls by 25% by December 2017
4. To reduce the pressure ulcer rate by 50% by December 2017
5. Achieve a maximum rate of SAB (including MRSA) of 0.24/1000 AOB
6. 90% or more of respondents from an inpatient survey "Your care experience" stated they received the best possible care
7. To achieve level 4 for Patient Focus activity and maintain level 3 for governance arrangements
8. Stage 1 - to equip staff to deal with complaints promptly at the point of contact  
Stage 2 – to provide a comprehensive response in a timely manner to improve the way we share learning from complaints

During 2019/20 these need to be reviewed to redefine and reset local ambition for new trajectories.

The ambition of NHS Fife is to ensure quality improvement focussed leadership is present across all services and programmes. A QI strategy is currently being developed to facilitate this.

## 4. Performance

### 4.1. LDP Standards

#### 4.1.1. Governance

NHS Fife monitors and reports performance against the LDP Standards via the Integrated Performance Report, which is issued monthly. The report is scrutinised by the Executive Directors Group and (bi-monthly) by the Clinical Governance, Staff Governance and Finance, Performance & Resources Committees, and a summary of the report, including commentary from each committee, is considered at each Board Meeting.

Mental Health services are managed by the Health & Social Care Partnership, and performance is further scrutinised via the Integration Joint Board Committee structure.

The following table summarises performance against key waiting times and other measures in the suite of LDP Standards, and trajectories for improving or sustaining performance during 2019/20. Where possible, aspirational performance levels at the end of financial years 2020/21 and 2021/22 are also included.

The key measures not meeting the LDP standards are:

- Elective Treatment Waiting Times (including Patient TTG, Outpatients and Diagnostics)
- Cancer 62-Day RTT
- Mental Health Waiting Times (CAMHS and Psychological Therapies)
- HAI (SAB)
- Sickness Absence

The AOP also includes information around how NHS Fife plans to sustain performance against the 4-Hour Emergency Access Standard over the next 3 years.

LDP Standards: Key Measures and Improvement Trajectories

LDP Standard / Key Measure	Original Standard		Performance at December 2018 *	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
Cancer 62-Day RTT	95.0%	Quarterly	86.7%	82.0%	86.0%	90.0%	90.0%	95.0%	95.0%
Cancer 31-Day DTT	95.0%	Quarterly	95.4%	92.0%	94.0%	95.0%	95.0%	95.0%	95.0%
Patient TTG **Waiting at month end	100.0%	Quarterly	68.8%						
12-Week Breaches: Total	0		384	409	423	296	150	34	0
12-Week Breaches: ENT	0		19	10	0	0	0	0	0
12-Week Breaches: General Surgery	0		26	55	85	40	0	0	0
12-Week Breaches: Gynaecology	0		19	34	40	28	14	0	0
12-Week Breaches: Ophthalmology	0		159	10	10	10	10	0	0
12-Week Breaches: Oral Max Surgery	0		10	30	30	20	0	0	0
12-Week Breaches: Surgical Paediatrics	0		N/A	20	10	0	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		73	70	70	50	40	30	0
12-Week Breaches: Urology	0		64	170	170	140	80	0	0
12-Week Breaches: Cardiology	0		8	10	8	8	6	4	0
Outpatient Waiting Times **	95.0%	Month End	92.2%						
12-Week Breaches: Total	0		1,032	416	311	291	102	0	0
12-Week Breaches: Cardiology	0			30	20	10	0	0	0
12-Week Breaches: Dermatology	0		72	30	20	10	0	0	0
12-Week Breaches: ENT	0		74	10	0	0	0	0	0
12-Week Breaches: Breast	0		81	0	0	0	0	0	0
12-Week Breaches: Gynaecology	0		23	66	81	156	72	0	0
12-Week Breaches: General Surgery	0			10	10	0	0	0	0
12-Week Breaches: Orthodontics	0			0	0	0	0	0	0
12-Week Breaches: Clinical Oncology	0			0	0	0	0	0	0
12-Week Breaches: Medicine for the Elderly	0			0	0	0	0	0	0
12-Week Breaches: Pain	0			0	0	0	0	0	0
12-Week Breaches: Haematology	0			20	20	15	10	0	0
12-Week Breaches: Surgical Paediatrics	0		35	15	0	0	0	0	0
12-Week Breaches: Gastroenterology	0		65	30	20	20	0	0	0
12-Week Breaches: Neurology	0		80	120	50	30	0	0	0
12-Week Breaches: Ophthalmology	0		287	10	10	10	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		109	55	60	40	20	0	0
12-Week Breaches: Urology	0		43	20	20	0	0	0	0
Diagnostics Waiting Times **	100.0%	Month End	98.4%						
6-Week Breaches: MRI	0		0	0	0	0	0	0	0
6-Week Breaches: Ultrasound	0		0	0	0	0	0	0	0
6-Week Breaches: CT	0		50	0	0	0	0	0	0
CAMHS Waiting Times	90.0%	Quarterly	82.6%	83.0%	85.0%	87.0%	88.0%	90.0%	90.0%
Psychological Therapies Waiting Times	90.0%	Quarterly	72.0%	72.0%	75.0%	78.0%	82.0%	88.0%	90.0%
Sickness Absence	4.00%	12-Month	5.47%	5.25%	5.15%	5.05%	5.00%	4.75%	4.50%
4-Hour Emergency Access	95.0%	12-Month	95.7%	95.5%	95.7%	95.8%	96.0%	97.0%	97.5%
HAI		12-Month							
Sabs	0.24		0.44	0.40	0.38	0.36	0.34	0.30	0.26
C Diff	0.32		0.19	0.22	0.22	0.22	0.22	0.22	0.22

\* December 2018 performance is approximate, and based on local management information - it is supplied purely for guidance

\*\* Performance for these measures are formally calculated using waiting list and patients treated information; for projections, this is not feasible so breach numbers are specified

### Trajectories and Action Plans

The agreed trajectories and actions being taken to improve or sustain performance against the LDP Standards are detailed below. During 2019/20, where the number of patients waiting are small (<10), every effort will be made to ensure these patients are seen and treated in a more timely manner. We are working with Scottish Government colleagues to identify any non recurring resources to support the actions required to achieve this.

#### 4-Hour Emergency Access

NHS Fife have consistently exceeded the 4-Hour Emergency Access Standard during FY 2018/19, there were some significant challenges during the winter months which saw performance dip at times, which was impacted by increased attendances at A&E by 5% when compared to last year. Over the last 4 years, attendances have increased by 7.5%.

The improvement plan for 4-Hours in the 3-year period from 2019/20 to 2021/22 is expected to show a modest improvement towards the stretch aim of 98%, however remaining above the expected standard, year-on-year, as shown below

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
4-Hour Emergency Access	95.0%	12-Month	95.7%	95.5%	95.7%	95.8%	96.0%	97.0%	97.5%

The key high-level actions for achieving and sustaining performance are shown in the table below.

Planned Actions	Expected Outcomes
<b>2019/20</b>	
Review of MIU service and workforce	Planning of urgent care centre model with H&SCP
Review AU1 Assessment pathway	Currently underway with MDT working on flow of patients presenting in AU1 with view to reducing length of stay and streaming patients
Increase ECAS and OPAT services and capacity	Develop services within the existing infrastructure for ECAS and implementation of OPAT, with view to decreasing LOS within ECD beds
<b>2020/21</b>	
Development of workforce	Ongoing monitoring with Nursing team to assess impact of aging workforce and recruitment challenges. Development of ANP roles within services where impact can reduce pressures on other clinical services.
<b>2021/22</b>	
Development of workforce	Continuation of 2020/21 assessment and outcomes

The national Mental Health Act Action 15 monies are being used to develop innovative solutions to reduce impact on police, GPs and Emergency Departments (EDs). To date, this includes expanding out of hours mental health services, introducing peer support approaches in the evenings and at weekends, further expanding access to mental health services via third sector partners. Progress is reported to the Scottish Government quarterly.

#### 4.1.2. Cancer Waiting Times

NHS Fife have generally exceeded the 31-Day DTT Standard during FY 2018/19, there were some challenging months, most notably in Q2 and Q3, with Urology and Breast specialties being particularly affected. In contrast, performance against the 62-Day Referral to Treatment (RTT) Standard remained under 90%, with ongoing issues in both Lung and Urology.

In response to the Scottish Government Waiting Times Improvement Plan (October 2018), we will continue to aim for full achievement of the 62-Day RTT performance standard at 92% by the end of Q2 of 2019/20, rising to 95% by the end of FY 2020/21.

We fully expect to continue to deliver and sustain the 31-Day DTT Standard throughout the 3-year period.

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
Cancer 62-Day RTT	95.0%	Quarterly	86.7%	89.0%	92.0%	93.0%	94.0%	95.0%	95.0%
Cancer 31-Day DTT	95.0%	Quarterly	95.4%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

The key actions for achieving this level of performance are shown in the table below.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Focus on current backlog of patients who have breached and not treated to eliminate any long waiters	Minimise time waiting for patients who have not received treatment within performance standard
Review Cancer Governance structure	Improve focus on improvement plans to support sustained delivery of Cancer Waiting Times
Implementation of new Scottish Referral Guidelines for Suspected Cancer	Identification of opportunities to reduce components of the cancer waiting times pathway
Review SOP for the management of patients with suspected/diagnosed with cancer	Ensure clarity for all professionals involved in the management of cancer pathways to ensure delivery of waiting times performance
Ensure appropriate downgrading processes are in place for urgent suspected cancer (USC) referrals	Ensure patients are on the correct expedited pathway
Explore opportunities to collaborate with GP to ensure access to diagnostics to support early diagnosis for USC patients	Avoid unnecessary referrals and facilitate early clinical decision making
Sustain waits for patients referred with USC to receive 1 <sup>st</sup> OPA/test within 14 days of referral	Sustained delivery of good practice to expedite delivery of treatment for cancer

Improvement Action	Expected Outcomes
	patients in line with cancer waiting times
Improve diagnostic pathways for cancer patients (imaging and pathology)	Identification of opportunities to reduce waits in the diagnostic phase of the cancer pathway
Purchase probes for endoscopic ultrasound (EUS) for upper gastrointestinal (UGI) and colorectal investigations	Patients seen closer to home (currently go to NHS Lothian) and reduction in waiting time for diagnostic
Develop a rehabilitation clinic for colorectal cancer surgical patients	Ensure optimal fitness, reduce length of stay and quicker recovery for patients
Complete consultant training in laparoscopic nephrectomy	Improve resilience (currently single handed practitioners delivering) and improve waiting times
Ensure adequate capacity to meet OPA, MDT and surgical demands in the Breast service	Sustained waits and to continue to treat patients within performance standard
Review gynae-onc provision	To strengthen regional working and ensure delivery of cancer waiting times
Continue to explore optimum Head and Neck cancer provision across the Regions	Improvement to cancer pathway
<b>2020/21</b>	
Introduce a one stop endoscopy clinic for colonoscopy +/- EUS	Reducing steps in pathway
<b>2021/22</b>	
Explore opportunities for 7 day CT service for all referral sources	Focus on specific tumour groups to ensure early diagnosis

#### 4.1.3. Elective Treatment Waiting Times

Performance against the Patient Treatment Time Guarantee and 18 Weeks Referral-to-Treatment Standards have remained under sustained pressure during the current Financial Year, in some areas demand has exceeded available capacity which has resulted in lower levels of performance against the standard than that expected. Recruitment to specialist Consultant positions has remained a challenge throughout the year for NHS Fife and this is reflective of the national position across the UK for many specialist areas.

Additional funding from the Scottish Government has alleviated some demand pressures for other aspects of Elective Treatment, namely Outpatients, and Diagnostics Waiting Times, where we have performed within a few % points of the required standard throughout the year for Outpatients whilst at the same time have reduced Diagnostics 6-week breaches.

Within Outpatients, we have additionally focused on eradicating those waits of over 26 weeks, and expect this figure to be very close to zero by year end.

The position for 2019/20 and beyond is of some concern as the funding expected to be provided to NHS Fife from the Scottish Government Waiting Times Improvement Plan (October 2018) is less than had been hoped. In addition, there continues to be issues relating to the availability of capacity in the independent sector and staffing, both locums

and within our own staff groups, to undertake waiting list initiatives which we expect to fall in the next year. None the less, we will continue to work with our teams to improve, or at the very least sustain our current position and work with the Scottish Government team to secure additional funding to enable an improved trajectory to be delivered.

LDP Standards: Key Measures and Improvement Trajectories

LDP Standard / Key Measure	Original Standard		Performance at December 2018 *	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
Cancer 62-Day RTT	95.0%	Quarterly	86.7%	82.0%	86.0%	90.0%	90.0%	95.0%	95.0%
Cancer 31-Day DTT	95.0%	Quarterly	95.4%	92.0%	94.0%	95.0%	95.0%	95.0%	95.0%
Patient TTG **Waiting at month end	100.0%	Quarterly	68.8%						
12-Week Breaches: Total	0		384	409	423	296	150	34	0
12-Week Breaches: ENT	0		19	10	0	0	0	0	0
12-Week Breaches: General Surgery	0		26	55	85	40	0	0	0
12-Week Breaches: Gynaecology	0		19	34	40	28	14	0	0
12-Week Breaches: Ophthalmology	0		159	10	10	10	10	0	0
12-Week Breaches: Oral Max Surgery	0		10	30	30	20	0	0	0
12-Week Breaches: Surgical Paediatrics	0		N/A	20	10	0	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		73	70	70	50	40	30	0
12-Week Breaches: Urology	0		64	170	170	140	80	0	0
12-Week Breaches: Cardiology	0		8	10	8	8	6	4	0
Outpatient Waiting Times **	95.0%	Month End	92.2%						
12-Week Breaches: Total	0		1,032	416	311	291	102	0	0
12-Week Breaches: Cardiology	0			30	20	10	0	0	0
12-Week Breaches: Dermatology	0		72	30	20	10	0	0	0
12-Week Breaches: ENT	0		74	10	0	0	0	0	0
12-Week Breaches: Breast	0		81	0	0	0	0	0	0
12-Week Breaches: Gynaecology	0		23	66	81	156	72	0	0
12-Week Breaches: General Surgery	0			10	10	0	0	0	0
12-Week Breaches: Orthodontics	0			0	0	0	0	0	0
12-Week Breaches: Clinical Oncology	0			0	0	0	0	0	0
12-Week Breaches: Medicine for the Elderly	0			0	0	0	0	0	0
12-Week Breaches: Pain	0			0	0	0	0	0	0
12-Week Breaches: Haematology	0			20	20	15	10	0	0
12-Week Breaches: Surgical Paediatrics	0		35	15	0	0	0	0	0
12-Week Breaches: Gastroenterology	0		65	30	20	20	0	0	0
12-Week Breaches: Neurology	0		80	120	50	30	0	0	0
12-Week Breaches: Ophthalmology	0		287	10	10	10	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		109	55	60	40	20	0	0
12-Week Breaches: Urology	0		43	20	20	0	0	0	0
Diagnostics Waiting Times **	100.0%	Month End	98.4%						
6-Week Breaches: MRI	0		0	0	0	0	0	0	0
6-Week Breaches: Ultrasound	0		0	0	0	0	0	0	0
6-Week Breaches: CT	0		50	0	0	0	0	0	0

\* December 2018 performance is approximate, and based on local management information - it is supplied purely for guidance

\*\* Performance for these measures are formally calculated using waiting list and patients treated information; for projections, this is not feasible so breach numbers are specified

It has been estimated that NHS Fife will require at least £6.7m funding from Scottish Government during 2019/20, to achieve the trajectories set out above for that period, and a significant additional sum to support a move toward achievement of access targets by the end of 2022, as requested through the Waiting Times Improvement Plan. If no additional funding is received over the three year planning cycle, it has been estimated that 12 week breaches would exceed 10,000 patients. Trajectories are based on the number of patients waiting over 12 weeks or 6 weeks at month end and may be adjusted depending on the level of funding received.

The key actions for achieving this level of performance are shown in the following table.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Reduce DNA rates	Increase OP Capacity
Move appropriate day case activity to QMH	Reduction in cancellations at VHK site
Review new technologies and procedures	Increased Efficiency
Appoint to vacant consultant posts	Sustainable services
Develop Outpatient Phlebotomy service	Increased Efficiency and Flow
<b>2020/21</b>	
JAG accreditation (Endoscopy)	Quality and Capacity Improvements
Implement improvements funded by Waiting Times Improvement Plan (WTIP)	Sustainable Services delivered in Fife
<b>2021/22</b>	
Expand the use of virtual clinics	Increase OP Capacity
Implement improvements funded by Waiting Times Improvement Plan (WTIP)	Sustainable Services delivered in Fife

#### 4.1.4. CAMHS Waiting Times

Performance against the CAMHS Waiting Time Standard improved significantly during 2018/19 as a result of various service changes, investment and improvement actions. Although demand for the service remains high, the % of individuals being seen within 18 weeks of referral has increased by almost 20%. The service continues to prioritise the most urgent cases, and performance is affected by any reduction to optimum staffing levels.

None the less, we will continue to work with our teams and partners (a whole system approach has been taken as part of the improvement agenda) to improve, or at the very least sustain our current position. We will also continue to work with the Scottish Government on detailed demand capacity models to secure and evidence additional funding to enable a sustainable improved trajectory is delivered by December 2020.

The plan for the 3-year period from 2019/20 to 2021/22 is to achieve and sustain the Standard, as shown below.

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Dec-20	Dec-21	Mar-22
CAMHS Waiting Times	90.0%	Quarterly	83.9%	71.0%	75.0%	82.0%	100.0%	100.0%	100.0%

The key actions for achieving this are shown in the following table.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System	<p>Increase to PMHW service through Action 15 funding will provide First Contact Appointments to all children and young people who present to GP with issues related to emotional &amp; mental health.</p> <p>Initial assessments will occur within 1-2 weeks of original referral. Outcomes will be onward facilitated referral to universal providers, Referral to Primary Care psychology, additional support from PMHW or referral to CAMHS.</p> <p>This will ensure that appropriate interventions are provided at earliest opportunity by the right service.</p>
Waiting List Additional Staffing Resource	<p>Continuation of additional staffing resource of 15 clinical sessions provided by Child Psychology will specifically target the longest waiting children and young people.</p> <p>This resource will allow substantive staff to focus on those referred who are identified as urgent, priority or about to breach 18 weeks.</p>
Introduction of Substantive Team Leader role in East & West CAMHS Teams	The Team leaders will provide a specific function of allocation of workload and coordination of work in response to waiting times
Introduction of Initial Assessment Appointments	<p>Pilot programme established in West Fife CAMHS in collaboration with MHAIST.</p> <p>Provides initial assessment and formulation for children and young people who have been screened to ensure: Appropriate for CAMHS, alternative signposting where required, they are safe to be placed on a waiting list, less reliance on limited referral information.</p>
<b>2020/21</b>	
Redesign of CAMHS Self Harm Support Service	<p>Introduction of CAMHS Crisis response service.</p> <p>The service will expand on the effective elements of the Self harm service, broadening the age range and referral threshold to encompass all children and young people who present to unscheduled and emergency care environments with urgent mental health needs.</p>
Expanded PMHW First Contact Appointments	The First Contact service provided by CAMHS PMHW will be expanded from the initial pilot providing to GP (subject to evaluation to support this) to include referrals from all

Improvement Action	Expected Outcomes
	services and professionals working with Children and young people with Emotional and mental health issues. Service will be delivered across Fife's 7 localities
Expanded Therapeutic Group Programme	Initial pilot of rolling group programme will be introduced across whole of Fife, providing a tested and equitable therapeutic service. Will result in lower waiting times for common presenting difficulties and reductions to waiting lists through providing alternatives to 1:1 therapy.
Universal & Additional Service Area Training Programme	Continue to expand the programme of bespoke training for children's service providers to increase confidence and competence in managing emotional and mental health issues prior to referral to specialist service
<b>2021/22</b>	
Consolidation of CAMH Service Developments	Ensuring the service changes which were designed to improve access (PMHW, FCA, ICA, Group Programme) are all providing identifiable impact and are an effective use of limited resources
Revision of Universal & Additional Service Area Training Programme	Ensure that programme of training is fit for purpose and impacting on the number of children and young people receiving support within Universal and additional service areas

#### 4.1.5. Psychological Therapies Waiting Times

Performance remained around 70% throughout 2018/19. Despite a 9% increase in the number of people commencing Psychological Therapies (PT), comparing 2018 to 2017, progress towards the Standard was minimal because of the increased demand (12%) in the same period. Additional staff funded through SG made a significant impact but the resource was insufficient to absorb the historic queue. Further additional funding will be required to ensure compliance with the standard of 90% by December 2020 and to revise the trajectory.

System-wide service redesign to redistribute demand within a matched care approach progressed in 2018. The establishment of Community Mental Health Teams (CMHT) across Fife and the launch in November of a website facilitating self-referrals in Primary Care will begin to impact on waits in early 2019. Further redesign is planned for 2019/20.

The plan for the 3-year period from 2019/20 to 2021/22 is to achieve and sustain the Standard, as shown below.

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Dec-20	Dec-21	Mar-22
Psychological Therapies Waiting Times	90.0%	Quarterly	72.0%	73.0%	77.0%	80.0%	90.0%	90.0%	90.0%

The key actions for achieving this are shown in the table below.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Single point of access for Secondary Care patients to be implemented, via CMHT	Improved flow; PT to become integrated into Multi-Disciplinary Team (MDT) approach improving quality of care and reducing waits for PTs delivered in phase-based approach
Implementation, through website, of extended group programme in Primary Care via referral and self-referral for low intensity PT	Self-referrals reduce delays in accessing PT and increase capacity for specialist services; increased group options improves flow
Review of Day Hospitals (DH) and PT skills training for DH and ward staff; improved coordination of PT programme across multiple NHS and 3 <sup>rd</sup> sector providers	Increased capacity for PT; improved flow; improved quality of care
Implementation of mental health triage nurse pilot programme in Primary Care (Action 15 SG)	Improved flow and triage/sign-posting; reduction in inappropriate referrals to specialist services; referral to PT at appropriate tier of service
Implementation of personality Disorder/Complex Trauma pathway	Improved flow and quality of care for people with complex needs who will receive phase-based PT across NHS and 3 <sup>rd</sup> sector providers
<b>2020/21</b>	
Extend delivery of self-referral low intensity therapies through website	Improved flow; reduced waits; person-centred service; increased capacity in specialist services
Extend delivery of group programme in Primary Care	Improved flow; reduced waits; increased capacity in specialist services
Development of brief PT model in Unscheduled Care Service (Action 15 SG)	Improve flow and reduce waits for people with complex needs who require PT within MDT/multi-agency approach
Implementation of new models of case management in CMHT (SCM)	Facilitate further development of phase-based PT for people with complex needs; better flow; reduced waits
<b>2021/22</b>	
Further development of all tiers of PT delivery listed above	Improved efficacy and efficiency; reduced waits; improved flow
Development of cCBT options – including cCBT for long-term conditions as part of anticipated national initiative	Person-centred care; increased capacity for PT
Further development of PT across 3 <sup>rd</sup> sector and of integrated NHS - 3 <sup>rd</sup> sector pathways	Person-centred care; increased capacity for PT; reduced waits

#### 4.1.6. HAI

NHS Fife maintained its performance against the C Diff Infection Rate Standard in 2018/19, achieving one of the lowest rates across all Health Boards. There was a less positive picture for SAB, where the issue of out-of-hospital infections remained a challenge throughout the year. There were also a higher-than-expected number of Vascular Access Device-related infections in VHK during the first half of the year, but an intense improvement programme has improved this situation.

The plan for the 3-year period from 2019/20 to 2021/22 is to sustain the C Diff Infection Rate at its current low level, reduce the SAB Infection Rate towards the Standard and to address the emerging threat of increasing numbers of multi-drug resistant organisms and related bacteraemia.

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
HAI		12-Month							
SAB	0.24		0.44	0.40	0.38	0.36	0.34	0.30	0.26
C Diff	0.32		0.19	0.22	0.22	0.22	0.22	0.22	0.22

The key actions for achieving this are shown in the table below.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Complete work mandated by the Vascular Access Strategy Group	Strategy deliverables achieved Improved systems and processes in place to manage VADs Governance arrangements are robust, are working and provide assurance and data for improvement Reduction in the number of VAD associated SAB
Design a new programme of work focusing on reducing the risk of SAB in diabetic patients	Reduction in the number of cases of SAB in patients with Diabetes Improved clinical outcomes Co-production with improvement focused outcomes across health and social care
Improve the management of recurrent CDI infections	Reduction in the number of recurrent CDI Reduction in the number of CDI overall
Address the increasing number of ECB related to urinary catheter use	Reduce avoidable harm Improve equity and quality of care across the system Reduction in variation with standardised consistent pathways of care Improve governance arrangements for all urinary catheters and ensure these are robust, accessible, consistently applied and measures (process and outcome) reported to provide assurance and data for improvement

Improvement Action	Expected Outcomes
<b>2020/21</b>	
Monitor compliance against the use of Vascular Access Devices and associated policies and procedures	Reduce avoidable harm Improve equity and quality of care across the system Reduction in variation with standardised consistent pathways of care
Further develop improvement work related to diabetic patients and intrinsic risk factors for SAB	Reduction in the number of cases of SAB in patients with Diabetes Improved clinical outcomes Co-production with improvement focused outcomes across health and social care
Monitor recurrent CDI cases and response to treatment	Improved quality of care for patient's/service users/clients with CDI recurrent disease Better understanding of the disease process and response rate
Report on areas of success, areas for further improvement and share learning from Urinary Catheter Improvement Group	Increase knowledge and understanding of what success looks like and what further work is needed to improve outcomes for this specific cohort of patients/service users/clients
<b>2021/22</b>	
Achieve and demonstrate a year on year % reduction in VAD associated SAB to reach LDP Standard	Reduce avoidable harm Improved quality of care
Achieve and demonstrate a year on year % reduction in the number of diabetic patients with associated SAB to reach LDP Standard	Reduce avoidable harm Improved quality of care
Achieve and demonstrate a year on year % reduction in the number of recurrent CDI cases from 2017-2018 rate	Reduce avoidable harm Improved quality of care
Achieve and demonstrate a year on year % reduction in the number of ECB in adults, total Healthcare Associated ECB in adults and total catheter usage in adults in accordance with the awaited LDP Standard	Reduce avoidable harm Improved quality of care

#### 4.1.7. Sickness Absence

Sickness Absence rates throughout NHS Fife improved in 2018/19, but remained above the LDP Standard, a common picture across all Health Boards.

The plan for the 3-year period from 2019/20 to 2021/22 is to continue the improvement in Sickness Absence year-on-year, moving closer to the 4% level.

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
Sickness Absence	4.00%	12-Month	5.47%	5.25%	5.15%	5.05%	5.00%	4.75%	4.50%

The key actions for achieving this are shown in the table below.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Targeted managerial, HR, OH and Well@Work input to support the management of sickness absence	0.25% reduction in overall NHS Fife sickness absence rates, which in turn will lead to a reduction in costs of covering for sickness absence
Early Occupational Health intervention for staff absent from work due to a Mental Health related reason for absence and improved staff mental wellbeing	5% reduction in sickness absence rates in respect of staff absent from work due to a MH related absence, which in turn will lead to a reduction in costs of covering for sickness absence
<b>2020/21</b>	
Consolidation of above and contribution of additional OH input to support management of sickness absence from OH Occupational Therapist and additional Consultant sessions	0.25% reduction in overall NHS Fife sickness absence rates, which in turn will lead to a reduction in costs of covering for sickness absence
Access to Tableau allowing services to interrogate their own data on sickness absence, by utilising current databases e.g. SSTS, Allocate etc	Improved and sustained performance in reduction in sickness absence rates through quicker access to data and identification of hot spots
<b>2021/22</b>	
Consolidation of above contributing to sustained improvement in attendance levels and a healthier workforce	0.25% reduction in overall NHS Fife sickness absence rates, which in turn will lead to a reduction in costs of covering for sickness absence
Sustained reduction in staff absent from work due to a Mental Health related reason for absence and improved staff mental wellbeing	Sustained reduction in sickness absence rates in respect of staff absent from work due to a MH related absence

## 4.2. Partnership Working

### 4.2.1. Delayed Discharges

NHS Fife, working with the Health and Social Care Partnership, has continued to focus on the need to reduce the number of patients in delay and the lengths of such delays. During the current year, and particularly over the winter months, numbers have unfortunately increased due to challenges in securing care packages to allow people to be supported at home. The Health and Social Care Partnership is addressing this issue through actions shown in the table below:

Improvement Action	Expected Outcomes
Increase the number of carers working within the START programme by 50 to provide more capacity within the re-ablement programme	Increased capacity within the START programme Reduce length of stay Reduce occupied beds days for people in delay
Streamline the re-ablement pathway on	Reduce the number of people in delay in

discharge from acute care through the provision of discharge support delivered by intermediate care teams	acute awaiting a care package
Support hospital flow by implementation of the 6 essential actions of daily dynamic discharge across acute and community care, prioritised to areas with poor flow	<p>Reduce length of stay</p> <p>Reduce occupied beds days for people in delay</p> <p>Clear communication to support appropriate patient pathways with pro-active patient, family and carer involvement</p>

#### 4.2.2. Prevent Avoidable Admissions and Reduce Bed Days

The development of Community Health and Wellbeing Hubs has been identified as the flagship transformation programme between NHS Fife and Fife Health and Social Care Partnership, as it delivers key recommendations from the Clinical Strategy and the strategic aims of the H&SC Strategic Plan. It is anticipated that through the development of Community Health and Wellbeing hubs, avoidable admissions could be better prevented with a resultant reduction in occupied bed days.

Community Health and Wellbeing Hubs will offer people access to information and care from a variety of organisations including health, social care, housing and voluntary services; more treatments taking place as close to home as possible; an increased emphasis on prevention and health improvement from a young age, and greater use of new and emerging technologies.

The key actions for achieving this are shown in the following table.

Improvement Action	Expected Outcomes
Develop and test a model to reduce frequent avoidable emergency admissions, focusing on High Health Gain (HHG) Individuals	<p>Earlier pro-active person centred support</p> <p>Increased Anticipatory Care Planning</p> <p>Integrated and co-ordinated care</p> <p>A case management approach</p> <p>Reduce length of stay where HHGIs are admitted to hospital</p>
Develop a single point of access and centralised triage service	<p>Integrated and co-ordinated care</p> <p>Easier access to support</p> <p>Support closer to home when it is needed</p> <p>Access to the right support at the right time</p>
Establish, test and evaluate a hub and spoke model in two locations across Fife and scope a 3-year plan for the development of the community health and well-being hub model in Fife	<p>Earlier pro-active person-centred support</p> <p>Prevent Avoidable Admissions</p> <p>Integrated and co-ordinated care</p> <p>Easier access to support</p> <p>Support closer to home when it is needed</p> <p>Access to the right support at the right time</p>

### **4.3. Public Health**

NHS Fife works closely with its Community Planning partners to implement the Local Outcomes Improvement Plan – the “Plan for Fife” and the national Public Health Priorities. These provide the vehicle for co-ordination and collaboration to reduce inequalities and improve health and wellbeing in Fife. This provides us with a forum to ensure that public and third sector partners are able to work together to support those facing the highest levels of inequality, through addressing what we call the social and economic determinants of health. The focus of the Fife Partnership’s work needs to continue on education, employment, housing and income as some of the social and economic determinants of health.

There is a lot of work underway already to address issues such as school attendance and educational attainment, to improve employment opportunities, to provide good housing and to increase the levels of income that households have. We have some good examples of local partnership work where we are supporting communities to address immediate issues such as food insecurity - ensuring that families have enough food to eat and that the food they have is healthy. We also have good examples of preventative work in local areas such as community based youth work. This provides children and young people with trusted adults that they can speak to and a safe space to build relationships with their peers - all of which contribute to good health and well-being. These are challenging times for our communities and public and third sectors but we have strong universal services in Fife that we can build on to support families and local communities.

In addition to this, further work on inequalities will take place through our healthcare public health work. This supports the new mental health strategy, the forthcoming primary care strategy and a new diabetes prevention pathway, including Tier 2 weight management services.

Public Health will continue to develop and improve our health protection function, including delivery and changes to our vaccination programmes. There are likely to be changes to population screening programmes in the coming year and this will be a key part of our work, working with regional and national partners within public health.

## **5. Financial Planning**

The financial planning process provides a detailed assessment for 2019/20 and an overview on the financial outlook for the subsequent two financial years to 31 March 2022.

### **5.1. Funding Assumptions**

The financial plan for 2019/20 has been developed using a confirmed baseline funding uplift of 2.6% plus 0.3% NRAC parity funding. In addition the plan incorporates the delivery of a real terms (1.8%) uplift in baseline funding to Integration Authorities for delegated health functions.

In addition to the baseline uplift, Scottish Government announced confirmation of investment in improving patient outcomes (includes waiting times, mental health, and primary care funding of £392m across NHS Scotland. This funding will form a key

component in support of the delivery of the Board's overall balanced financial position for 2019/20, and will continue to support priorities such as securing elective capacity to meet demand; digital, technology and innovation solutions to support redesign e.g. within outpatients; primary care modernisation; and improvements in mental health services.

The anticipated 2018/19 financial outturn position was predicated upon £5m of non recurring Access Support funding from Scottish Government to deliver on elective capacity performance. It has been estimated that NHS Fife will require at least £6.7m funding from Scottish Government during 2019/20, to achieve the trajectories set out in section 4 and a significant additional sum to support a move toward achievement of access targets by the end of 2022, as requested through the Waiting Times Improvement Plan.

The baseline funding assumption includes continuation of at least £2.5m Additional Departmental Expenditure Limit (ADEL) funding.

The New Medicines Fund (NMF) has been supported in previous years through funding received under the Pharmaceutical Price Regulation Scheme (PPRS). This fund has been used to offset the cost of Peer Approved Clinical System medicines (PACS) and specific high cost new medicines. The baseline budget currently assumes a separate recurring funding allocation of £3m.

## **5.2. Additional Expenditure Commitments**

As in previous years, there are a range of expected cost increases, many of which are unavoidable. These are incorporated in the financial planning template to be submitted in parallel with the Annual Operational Plan, and cover the following areas: pay, general supplies, hospital drugs, GP prescribing, service level agreements with other Boards, national development. The underpinning assumptions have been tested through the Corporate Finance Network. The impact of the increase in employer's superannuation contributions is assumed to be fully funded by SGHSCD. Within the financial plan templates it is not currently included in income or expenditure.

The undernoted table provides detail of the projected initial in year budget gap of £2.650m.

**Table 1: Projected Budget Gap**

	£'000
<b>Increase in funding</b>	
Uplift (2.57%)	12,148
ADEL	2,500
NRAC	2,200
PPRS	3,004
<b>Increase in funding</b>	<b>19,852</b>
Estimated Additional Expenditure	
Pay Uplift	9,191
Supplies Uplift	1,328
Prescribing Uplift / New Medicines	7,430
PPP Contractual Uplift	729
Infrastructure (inc depreciation)	1,735
Other Healthcare Providers	2,099
New Local Developments	1,826
Financial Flexibility	(1,836)
<b>Estimated increase in expenditure</b>	<b>22,502</b>
<b>Estimated in year gap</b>	<b>2,650</b>

The initial budget gap reported above does not take into account any non delivery of recurring savings in 2018/19. At January the non delivery of recurring savings totalled £14.683m which forms a baseline carry forward pressure into 2019/20. The impact on the financial gap as illustrated in the table below is to increase the net indicative budget gap to £17.333m, prior to any recovery actions such as efficiency, redesign or sustainability & value initiatives.

### 5.3. Updated Analysis of Projected Financial Outlook 2019/20

	Total	H&SCP - Delegated	Acute Set Aside	Acute Services	Estates & Facilities	Corporate	Strategic
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income	19,852	6,476	713	3,310	2,086	1,578	5,689
Expenditure	22,502	7,213	983	4,622	2225	1,770	5,689
In year gap	2,650	737	270	1,312	139	192	0
Prior year savings recurring shortfall	14,683	5,723	1,391	7,250	265	0	54
<b>Net position</b>	<b>17,333</b>	<b>6,460</b>	<b>1,661</b>	<b>8,562</b>	<b>404</b>	<b>192</b>	<b>54</b>

The gap for the IJB will be the responsibility of the Director of Health & Social Care and Chief Finance Officer, as Section 95 Officer, to manage. The resultant gap across the Health Board has been allocated across Directorates and sub departments.

We enter the second year of our Service Review approach to support strategic financial planning and longer term sustainability. Through this process, all aspects of operational performance, quality/safety, workforce and finance continue to be reviewed and scrutinised.

### 5.4. Balancing the position

Through the Service Review process, individual service managers have been reviewing all aspects of operational performance, quality/safety, workforce and finance, to support the Annual Operational Plan for 2019/20. The output from these discussions is being collated through the Associate Director of Planning & Performance. This process has

been taken forward for Acute Services, Estates & Facilities, Public Health and all Corporate Directorates. It is evident through these discussions that the Acute Services Division faces a significant efficiency target in 2019/20, in the region of c. 6% (including the 'set aside' budgets). To support the identification and delivery of savings, the Chief Operating Officer is establishing a robust process. A further update will be provided through the Board's governance structure in due course. It is recognised that this is an extremely challenging target.

A parallel Service Review process for the Health & Social Care Partnership is being led by the Director of Health & Social Care with a detailed savings programme being considered through the Integration Joint Board governance process. The efficiency target (for the health budgets only) is in the region of 1.5%. Assurance will be required from the IJB on the extent to which the overall programme will deliver a balanced budget for the Health & Social Care Partnership as a whole and the resultant impact on the NHS Fife position.

On the basis of past experience, and as evidenced this year, there is likely to be non recurring financial flexibility identified as the new financial year unfolds. This arises where there is slippage on initiatives or developments and / or where Scottish Government funding is granted but not spent in year on the specified purpose. Any financial flexibility will be prioritised to support any difficulty in the identification and delivery of savings to the quantum required.

The current plan is predicated on at least £5m continued funding in support of elective capacity performance targets. Through the service review process, there were a number of key priorities identified to support delivery of performance targets as well as the financial target. Further clarity is awaited from Scottish Government on the timing and quantum of funding to be allocated to NHS Fife in 2019/20 through the national Waiting Times Improvement Programme and for the CAMHS and Psychological Therapies standards. If no additional funding is received there is a risk to operational performance as well as the ability for services to deliver on a range of planned service redesign projects, which would support longer term financial sustainability.

Notwithstanding the latter point in relation to waiting times funding, there is a degree of cautious optimism and confidence that the £17m gap can be managed to deliver a break even position in year 1 of the 3 year planning cycle. This is entirely predicated on:

- a **robust and ambitious savings programme** across Acute Services and the Health & Social Care Partnership;
- supported by ongoing **effective grip and control** on day to day expenditure and existing cost pressures including those in social care due to the impact of the current risk share methodology within the Integration Scheme; and
- early **identification and control of non recurring financial flexibility**.

## 5.5. Beyond 2019/20

The projected financial outlook for the period to 2022 is detailed in Table 5 below. This excludes the impact of any unmet legacy savings in the current financial year and each year thereafter. The planning assumptions are high level at this point in time, noting that funding from Scottish Government has not been confirmed beyond 2019/20.

Expenditure assumptions reflect known cost increases as discussed and tested through the national Corporate Finance Network.

**Table 2 Projected Financial Outlook 2019/20 to 2021/22**

	2019/20	2020/21	2021/22
	£m	£m	£m
Anticipated Income	19.852	18.757	19.154
Anticipated Expenditure	22.502	25.353	22.669
<b>In year gap</b>	<b>-2.650</b>	<b>-6.596</b>	<b>-3.515</b>

## 5.6. Risks and Assumptions

There are a number of known risks and assumptions supporting the underpinning financial aspects of the Annual Operational Plan, including:

- Availability and quantum of funding and resources to support all access targets including patient treatment time guarantee, outpatients, diagnostics and mental health.
- Treatment of unused allocations in year for both Health Board retained and H&SCP
- Volatility of H&SCP outturn position and any resultant risk sharing arrangement
- Delivery of a breakeven outturn in 2018/19 and the resultant impact on 2019/20
- Ability to manage underlying recurring cost pressures across the system, particularly in medicines
- Extent of the cost increases associated with new secondary care medicines
- Anticipated cost and volume of GP prescribing
- Workforce availability – skill mix and number
- Impact of changing demographics
- Availability of invest to save funding to facilitate change and redesign, either through local financial flexibility or national transformational funding
- Timescales for delivery of planned savings
- Appetite for major service change
- Patient impact assessment

Further details on the financial risk assessment are set out within the separate financial planning template.

## 5.7. Capital Investment

Capital funding for 2019/20 has not yet been formally confirmed however it is anticipated that NHS Fife will receive £2m for the first tranche of the £30m funding associated with the re-provision of Orthopaedic Theatres replacement on the Victoria Hospital site, and formula funding will be broadly in line with the current year's allocation at £7.4m. The draft expenditure plan for 2018/19 is largely consistent with previous years' allocation of funds across the different areas of investment: equipment, eHealth; minor capital; statutory compliance / backlog maintenance.

The capital investment programme for 2020/21 and beyond includes an indicative sum of £11m for the East Central Territory Hub projects currently progressing for Kincardine Health Centre and Lochgelly Health Centre. These are being taken forward by the West Fife management team of the Health & Social Care Partnership and more recently, within the context of the Local Care Programme, led by Scottish Futures Trust. The Initial Agreement was considered by the Scottish Government Capital Investment Group in 2017 and was not approved at that time due to a number of concerns and queries. Further work is underway within the Partnership to address the concerns raised. A revised Initial Agreement will be presented over the coming months. The case for change will require consideration by both the Integration Joint Board (in relation to the clinical service model and revenue affordability) and the NHS Board (in relation to capital affordability and overall approval) prior to onward submission to SGHSCD.

In parallel with discussions and agreement across the East Scotland Region, the investment programme also incorporates the re-provision of orthopaedic theatres from Phase 2 of Victoria Hospital, Kirkcaldy. An Initial Agreement Document was submitted to the Scottish Government Capital Investment Group in December 2018, to deliver a new Orthopaedic Elective Centre for NHS Fife. Confirmation was received in January 2019 that SGHSCD are supportive of the project and in line with the Scottish Capital Investment Manual process, an Outline Business Case will now be progressed.

Not included in the capital investment programme are a number of additional “pipeline” projects. At this point in time, further work is ongoing in relation to these specific projects and, in particular, the requirement to ensure that these are aligned to regional discussions and prioritisation, as well as the aspirations of the Clinical Strategy and Health & Social Care Strategic Plan. These “pipeline” projects include:

- VHK Tower Block Refurbishment
- Mental Health Strategy
- Community Re-design
- Pharmacy Robotics
- Hospital Electronic Prescribing and Medicines Administration (HEPMA)

## **6. Workforce Planning**

Work continues to progress the aims of Parts 1, 2 and 3 of the National Health and Social Care Workforce Plan. The aims are to:

- Support whole system workforce planning
- Enable the NHS, Integration Joint Boards and their commissioning partners in Local Government, in addition to the third and independent sector, to identify, develop, retain and support the workforce they need to deliver safe and sustainable services
- Improve workforce planning for Primary Care in Scotland

It is recognised that improved workforce planning can benefit the sustainability of services at national, regional and local levels.

Implementation of the Board’s Workforce Strategy, being led by the Director of Workforce, will enable the common themes and recommendations emerging from NHS Fife’s transformational programmes to be realised. These themes and recommendations

highlight that a sustainable health workforce, which is motivated, adaptable and highly trained, is crucial to delivering high quality healthcare in the changing health landscape and to meet the NHS Fife vision for health and social care by 2020 and beyond.

Internal workforce planning arrangements now include:

- NHS Fife Strategic Workforce Planning Group
- Health & Social Care Partnership – Workforce & Organisational Development Strategic Implementation Group
- Representation at East Region and National Workforce Planning Groups
- Integrated process in conjunction with Service Planning and Financial Planning within the Board

Work is continuing with the Integration Joint Board and Fife Council to identify the interconnections between workforce planning activity and, where appropriate, build on the joint working currently undertaken to advance common priorities for the future. In addition, the revised planning arrangements will ensure that there is connectivity, where appropriate, between the Health and Social Care Partnership workforce plan and the Acute Services workforce plan.

In support of the overall transformational change programmes within the Board it is recognised that workforce planning is fundamental to achieving and sustaining future models of service delivery. We are continuing to embed a fully integrated approach to service, financial and workforce planning within the Board.

## 7. Summary

The 2019/20 Annual Operational Plan sets out how NHS Fife will deliver expected levels of operational performance in order to provide the national priorities on waiting times improvement, mental health investment, progress and pace on the integration of health and care, and key standards for healthcare associated infection.

**There are four local key priorities for NHS Fife during 2019/20 which underpins all aspects of the Board's operational and strategic plans:**

- 1. Acute Services Transformation Programme**
- 2. Joining Up Care - Community Redesign**
- 3. Mental Health Redesign**
- 4. Medicines Efficiencies**

We believe this plan will deliver and support our ambition for NHS Fife to be a strong performing board delivering quality person-centred and clinically excellent care.

## NHS FIFE

### Annual Statement of Assurance for the Clinical Governance Committee for the Information Governance and Security Group 2018/2019

#### 1. PURPOSE

- 1.1 Information Governance & Security (IG&S) refers to the structures, policies and practice in place to ensure the confidentiality, availability and integrity of the information processed by or on behalf of NHS Fife, and especially patient records, and to enable the ethical and safe use of them for the benefit of individual patients and the public good.
- 1.2 Information Assurance refers to the practice of assuring information and managing risks related to the use, processing, storage, and transmission of information or data and the systems and processes used for those purposes.
- 1.3 It is the key purpose of the IG&S Group to provide the Board with the assurance that information governance mechanisms and security controls are in place and effective throughout the whole of Fife NHS Board's responsibilities, including appropriate and secure management of all types of personal and confidential information, and providing the Board with assurance regarding the quality and integrity of data used by the Board.

#### 2. MEMBERSHIP

During the financial year to 31<sup>st</sup> March 2019, membership of the Information Governance & Security Group comprised:

- **Chair**

- Ms Jann Gardner Chief Operating Officer / SIRO (to January 2019)
- Ms Ellen Ryabov Chief Operating Officer / SIRO (from January 2019)

- **Vice Chair**

- Dr Frances Elliot Medical Director / Caldicott Guardian (to 01/03/2019)
- Dr Chris McKenna Medical Director / Caldicott Guardian (from 01/03/2019)

- **Members**

- Mrs Lesly Donovan General Manager – eHealth & IMT
- Ms Louise Ewing Patient Relations Manager (to April 2018)
- Mrs Heather Fernie Business Manager – H&SC Partnership
- Ms Margaret Guthrie DPO/Information Governance & Security Manager (from June 2018)
- Dr Margaret Hannah Director of Public Health (to August 2018)
- Ms Donna Hughes Patient Relations Manager (from November 2018)
- Mr Michael Kellet Director of Health and Social Care
- Martin Kotlewski / Karen Welsh Fife Council Representative
- Mr Steven McGlashan Microbiology Service Manager
- Ms Kirsty MacGregor Head of Communications
- Ms Joyce Kelly Primary Care Manager
- Ms Dona Milne Director of Public Health (from August 2018)
- Ms Barbara Anne Nelson Director of Workforce
- Ms Kathleen Norris Radiology IM&T Systems Manager

- Mrs Carol Potter	Director of Finance
- Mrs Lesley Selbie	DPO / Information Governance & Security Manager ( <i>to June 2018</i> )
- Ms Michelle Smith	Health Records, Mental Health
- Mr Torfinn Thorbjornsen	Information Services Manager
- Mrs Gail Watt	Health Records, Acute
- Ms Amanda Wood	Research and Development
- Ms Helen Wright	Director of Nursing
- Mr Allan Young	Head of ICT Operations
- <b>NO REPRESENTATIVE</b>	Police Scotland Representative

- 2.1 Officers of the Board will be expected to attend meetings of the group when issues within their responsibility are being considered by the Group:

Mrs J Mercer	Legal Services Manager
Mrs P Cumming	Risk Manager
Mr A Brown	Internal Audit representative
Mr G Taylor	Information Security Manager
Ms M Campbell	Information Governance & Security Advisor
Ms A Johnston	Information Governance & Security Advisor

### 3. MEETINGS

- 3.1 The group met on 4 occasions during the financial year to 31<sup>st</sup> March 2019, on the under noted dates:

- 18<sup>th</sup> April 2018
- 16<sup>th</sup> August 2018
- 23<sup>rd</sup> November 2018
- 1<sup>st</sup> March 2019

- 3.2 All of the meetings held in 2018/19 were quorate.

### 4. BUSINESS

- 4.1 Internal Audit Report B08/19 – Interim Evaluation of Internal Control Framework 2018/19 highlighted that the assurances being provided to the IG&SG in 2018/19 had not been of the quality or level of detail required to allow the group to provide assurance to the Clinical Governance Committee that adequate and effective Information Governance and Security arrangements had been in place for 2018/19. Improvements to the quality and level of detail included in assurances provided to IG&SG are required to allow the group to discharge its remit effectively and efficiently. Improvements to be made include:

- The group's Terms of Reference will be updated to include the assurances required by the group to fulfil its purpose
- The group's workplan for 2019/20:

- will be revised to clearly record the scheduling of reports anticipated by the group to provide assurance against the items in its remit
  - will identify a Lead Officer for each anticipated item
  - will be presented to each meeting of the group to confirm that anticipated items have been considered and reasons for delay or omission will be noted on the workplan and in the minutes.
  - Each item presented to the IG&SG in 2019/20 will be supported by an SBAR explaining the context of the item and indicating what is expected from the group (ie for decision, for assurance, for discussion)
  - A detailed report, stating the Board's current status of compliance with the General Data Protection Regulations (GDPR), the Data Protection Act 2018, the Networks and Information Systems (NIS) Regulations, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework will be considered by the Information Governance and Security Group in August 2019 for submission to the NHS Fife Clinical Governance Committee in September 2019.
- 4.2 Due to the legal requirements of the General Data Protection Regulations (GDPR) and the Network and Information Systems (NIS) regulations which came into force in May 2018, the NHS Fife Information Governance and Information Security Management System (ISMS) Plan was not implemented as the resources were no longer available to support it. This plan will be revisited to ensure that strategy for implementing DL (2015) 17 (ISO 27001 Framework) is consistent and has the required resources for it to be implemented. Good progress had been achieved, however gap analysis will be required to determine the outstanding work to complete this task.
- 4.3 The IG department carried out a 12 point plan to work towards GDPR compliance as per the ICO recommendation. With the requirement of NHS Scotland Boards to provide DPO services to GPs a project has now commenced within the board to implement this requirement.
- 4.4 The principal areas covered at the four IG&S meetings during 2018/19 were:
- NHS Fife ISMS (Information Security Management System);
  - IG Training including the percentage of staff receiving mandatory IG training within the 3-year period;
  - Compliance with timescales for responding to Subject Access Requests and Freedom of Information Requests;
  - Volume of requests for accessing or processing data (including Caldicott Guardian and Data Protection Officer approvals) and timescales for responding to these;
  - Information Security Policies and their review status;
  - Information Governance and Security Risks;
  - Information Governance and Security Incidents;
  - Updates from the Information Commissioner's Office;

4.5 Progress towards the NHS Scotland Information Security Policy Framework (DL 17 2015) was not provided to the group in 2018-19 but will be provided at each meeting in 2019-20.

4.6 Throughout 2018-2019, there were the following incidents to note:

- **Information Commissioners Office (ICO) – Reportable Incidents**

It was necessary to report two incidents to the Information Commissioner's Office –

1. December 2018 – A Subject Access Request was not complied with; it was not answered within the statutory one calendar month time frame and a complaint was made to the ICO.
2. January 2019 - A printing issue meant approximately 15 patients were emailed letters with questionnaires pertaining to other patients attached. The questionnaires held personal identifiable data which has now been removed.

Both incidents were reported to the ICO within the statutory 72 hour timescale and the ICO concluded in both cases that no further action was necessary.

4.7 The Public Sector Cyber Resilience Action Plan requires that NHS Fife achieve the Cyber Essentials Plus standard. The eHealth department commissioned a pre-assessment from Sapphire to determine our level of compliance and provide gap analysis. NHS Fife was assessed against the IASME Cyber-Essentials Standard and is compliant with 37 of the 51 technical questions or 72.5% compliance. A compliance of 100% is required to achieve this standard. The eHealth department created a Cyber Security Team to achieve this standard and be responsible for the NIS regulations.

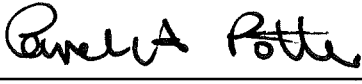
## **5. RISK MANAGEMENT**

5.1 In line with Risk Management arrangements, the Information Governance and Security Group has considered all relevant risks identified against Information Governance in the Corporate Risk Register at meetings held throughout the year. These risks are monitored through the operational and strategic risk management structures of NHS Fife. Progress and appropriate actions were noted.

5.2 A Board Assurance Framework (BAF) section for eHealth – Delivering Digital and Information Governance and Security was prepared in 2018/19 and was approved by the eHealth Board on 24 May 2019.

## 6. CONCLUSION

- 6.1 As Chair of the Information Governance & Security Group from 1 April 2019, having reviewed the business considered by the group during 2018/19, with an understanding of the concerns raised by internal audit in report B08/19 and additional assurances provided to me regarding how these issues are to be addressed in 2019/20, I can provide assurance to the Clinical Governance Committee that there are no material items of concern regarding information governance and security arrangements for 2018/19 and that improvements will be made to these arrangements in 2019/20.
- 6.2 I would pay tribute to the dedication and commitment of fellow members of the Information Governance & Security Group and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Group.

Signed:  \_\_\_\_\_

**Carol Potter**

**Chair - Information Governance & Security Group / Senior Information Risk Owner (SIRO)**

**INFORMATION GOVERNANCE GROUP  
ATTENDANCE RECORD 2018/19**

<b>Membership</b>	<b>27/04/18</b>	<b>16/08/18</b>	<b>23/11/18</b>	<b>01/03/19</b>
Mrs Jann Gardner <i>(to January 2019)</i>	Ms Susan Fraser	Ms Susan Fraser	x	-
Ms Ellen Ryabov <i>(from January 2019)</i>	-	-	-	✓
Mrs Lesly Donovan	✓	✓	Mr Allan Young	✓
Dr Frances Elliot	x	✓	✓	-
Dr Chris McKenna	-	-	-	✓
Ms Louise Ewing <i>(to April 2018)</i>	x	-	-	-
Mrs Heather Fernie	✓	x	✓	✓
Ms Margaret Guthrie <i>(from August 2018)</i>	-	✓	✓	✓
Dr Margaret Hannah <i>(to August 2018)</i>	x	x	-	-
Ms Donna Hughes	-	-	x	x
Mr Michael Kellet	Ms Lesley Gauld	Ms Lesley Gauld	Ms Lesley Gauld	Ms Avril Sweeney
Ms Joyce Kelly <i>(from August 2018)</i>	-	Mr D Gowans	Mr D Gowans	x
Ms Dona Milne <i>(from 03/09/18)</i>	-	-	x	x
Mr Stephen McGlashan	✓	x	x	x
Ms Kirsty MacGregor	-	-	-	✓
Ms Barbara Nelson	Mr Bruce Anderson	Mr Bruce Anderson	Mr Bruce Anderson	x
Ms Kathleen Norris	✓	x	x	x
Ms Lyn Parkinson <i>(to April 2018)</i>	Mr D Gowans	-	-	-
Ms Louise Ewing <i>(to April 2018)</i>	x	-	-	-
Mrs Carol Potter	x	x	x	x
Mrs Lesley Selbie <i>(to June 2018)</i>	✓	-	-	-
Mrs Michelle Smith	x	x	x	x
Mr Torfinn Thorbjornsen	x	Mr Steven Knapman	✓	✓
Mrs Gail Watt	✓	✓	✓	✓

<b>Membership</b>	<b>27/04/18</b>	<b>16/08/18</b>	<b>23/11/18</b>	<b>01/03/19</b>
Ms Amanda Wood	√	√	x	x
Helen Wright	x	x	x	Ms Janette Owens
Allan Young	√	√	√	√
Police Scotland Representative	<b>No Rep</b>	<b>No Rep</b>	<b>No Rep</b>	<b>No Rep</b>
Fife Council Representative	Ms Karen Welsh	Ms Karen Welsh	x	x

<b>In Attendance</b>				
Mr Andy Brown	√	√	√	√
Ms Michelle Campbell (IG&S Advisor)	-	-	√	-
Ms Michelle Campbell (PA - Minute)	√	√	New post	New post
Mrs Pauline Cumming / Ms Yvonne Chapman	√	√	√	√
Ms Jane Mercer	-	√	√	√
Mr Stephen Watt	-	√	-	-
Mr Garry Taylor	√	-	√	√
Dr Seonaid McCallum	-	-	√	-
Mrs Claire Granger (Minute)	-	-	√	-
Ms Claire Neal (PA – Minute)	-	-	-	√

**INFORMATION GOVERNANCE & SECURITY GROUP  
SCHEDULE OF BUSINESS CONSIDERED 2018/19**

**27/04/18**

- |   |                  |
|---|------------------|
| <b>1. CHAIRPERSON'S WELCOME AND OPENING REMARKS</b>                         | J Gardner        |
| <b>2. APOLOGIES FOR ABSENCE</b>   | For Note         |
| <b>3. MINUTES OF PREVIOUS MEETING HELD ON 07/02/18</b>                      | J Gardner        |
| <b>4. ACTION LIST</b>   | J Gardner        |
| <b>5. IG &amp; SECURITY PLAN UPDATE</b>                                     |                  |
| 5.1 – NHSS GDPR Readiness Report – Draft Consultation                       | L Selbie         |
| 5.2 – NHS Fife GDPR Readiness Checklist                                     | L Selbie         |
| 5.3 – NIS Directive   | G Taylor         |
|   | G Taylor         |
| <b>6. IG TRAINING UPDATE</b>  | For Note         |
| <b>7. SUBJECT ACCESS / FREEDOM OF INFORMATION REQUESTS</b>                  | L Selbie         |
| <b>8. DATA PROTECTION UPDATE(S)</b>   | L Selbie         |
| <b>9. INFORMATION POLICIES UPDATE</b>                                       | For Note/Comment |
| <b>10. INFORMATION RISKS &amp; INCIDENTS</b>                                | For Note/Comment |
| <b>11. ICO UPDATE</b>   |                  |
| <b>12. IGG APPROVALS</b>  |                  |
| a. – IG&S Group Workplan  | L Selbie         |
| b. – IG&S Group Assurance Statement 2017-2018                               | Chair            |
| c. – IG&S Group Terms of Reference  | L Selbie         |
| d. – Virus Protection Policy  | G Taylor         |
| e. – SBAR – Public Sector Action Plan – Cyber Resilience                    | A Young          |
| <b>13. AOCB</b>   | All              |
| <b>14. DATE OF NEXT MEETING:</b>  |                  |
| 16 <sup>th</sup> August, 0930hrs, Conf Room 3, Lynebank (VC/TC available)   |                  |
| 23 <sup>rd</sup> November, 1000hrs, Conf Room 3, Lynebank (VC/TC available) |                  |

**16/08/18**

<b>1. CHAIRPERSON'S WELCOME AND OPENING REMARKS</b>	F Elliot	Verbal
<b>2. APOLOGIES FOR ABSENCE</b>	For Note	-
<b>3. MINUTES OF PREVIOUS MEETING HELD ON 27/04/18</b>	F Elliot	Paper
<b>4. ACTION LIST</b>	F Elliot	Paper
<b>5. INFORMATION GOVERNANCE &amp; SECURITY PLAN UPDATE</b>		
5.1 – NHS Fife GDPR Readiness Checklist	M Guthrie	Paper
<b>6. IG TRAINING UPDATE</b>	B Anderson	Paper
<b>7. SUBJECT ACCESS / FREEDOM OF INFORMATION REQUESTS</b>	For Note	Paper
<b>8. DATA PROTECTION UPDATE(S)</b>	M Guthrie	Verbal
<b>9. INFORMATION POLICIES UPDATE</b>	For Note/Comment	Paper
<b>10. INFORMATION AND SECURITY RISKS / INCIDENTS</b>	For Note/Comment	Paper
<b>11. ICO UPDATE</b>	No Update	N/A
<b>12. APPROVALS</b>	All	Paper
a. – Change Management Procedure		
b. – GP/V2 Virus Protection & Management Policy		
c. – GP-B3 Backup Policy		
<b>13. AOCB</b>	All	-
<b>14. DATE OF NEXT MEETING:</b>		
23 <sup>rd</sup> November, 1000hrs, Conf Room 3, Lynebank (VC/TC available)		
February 2019 - TBC		

**20/11/18**

<b>1. CHAIRPERSON'S WELCOME AND OPENING REMARKS</b>	F Elliot	Verbal
<b>2. APOLOGIES FOR ABSENCE</b>	For Note	-
<b>3. MINUTES OF PREVIOUS MEETING HELD ON 16/08/18</b>	F Elliot	Paper
<b>4. ACTION LIST</b>	F Elliot	Paper
<b>5. INFORMATION GOVERNANCE &amp; SECURITY PLAN UPDATE</b>		
5.1 –GDPR Update	M Guthrie	Paper
<b>6. IG TRAINING UPDATE</b>	B Anderson	Verbal
<b>7. INFORMATION REQUESTS</b>		
a. – FOI Update	For Note	Paper
b. – SAR's – Update on Change in Process	M Guthrie	Verbal
<b>8. DATA PROTECTION UPDATE(S)</b>	M Guthrie	Verbal
<b>9. INFORMATION POLICIES UPDATE</b>	For Note/Comment	Paper
<b>10. INFORMATION AND SECURITY RISKS / INCIDENTS</b>	For Note/Comment	Papers
<b>11. ICO UPDATE</b>	No Update	N/A
<b>12. APPROVALS</b>	All	Paper
12.1 – SBAR – Automatic File Copy, Winscribe	For Note / Comment	Paper
<b>13. AOCB</b>	All	-
<b>14. DATE OF NEXT MEETING:</b>		
February 2019 - TBC		

**01/03/19**

<b>1</b>	<b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b>	Verbal
<b>2</b>	<b>APOLOGIES FOR ABSENCE</b>	-
<b>3</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 23.11.18</b>	Paper
<b>4</b>	<b>ACTION LIST</b>	Paper
<b>5</b>	<b>INFORMATION GOVERNANCE &amp; SECURITY PLAN UPDATE</b>	
	5.1 –GDPR Update	Paper
<b>6</b>	<b>IG TRAINING UPDATE</b>	Paper
<b>7</b>	<b>INFORMATION REQUESTS</b>	
	7.1a – FOI Figures – IJB	Paper
	7.1b – FOI Figures – NHS Fife	Paper
	7.2 – SAR's Figures	Paper
<b>8</b>	<b>DATA PROTECTION UPDATE(S)</b>	Verbal
<b>9</b>	<b>INFORMATION POLICIES UPDATE</b>	Papers
<b>10</b>	<b>INFORMATION AND SECURITY RISKS / INCIDENTS</b>	Papers
	10.1 – Information Security Incidents	
	10.2 – Information Security Risks	
<b>11</b>	<b>ICO UPDATE</b>	N/A
	11.1 – 2 x Data Breach – ICO Response	
<b>13</b>	<b>APPROVALS</b>	Papers
	13.1 – Draft Annual Assurance Statement for CGC - 2018-2019	
	13.2 – Draft Workplan 2019-2020	
	13.3 – Terms of Reference – IG Compliance Working Group	
<b>14</b>	<b>AOCB</b>	-
<b>15</b>	<b>DATE OF NEXT MEETING:</b>	
	28/05/19, 2pm, Training Room 1, VHK	
	28/08/19, 2pm, Training Room 1, VHK	
	28/11/19, 10am, Training Room 1, VHK	



<b>DATE OF REPORT:</b>	03/07/2019
<b>TITLE OF REPORT:</b>	<b>Update on Governance of Transformation Programmes</b>
<b>EXECUTIVE LEAD:</b>	Carol Potter, Director of Finance and Performance
<b>REPORTING OFFICER:</b>	Susan Fraser, Associate Director of Planning and Performance

Purpose of the Report (delete as appropriate)		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>

## SBAR REPORT

### Situation

This paper provides the committee with an update on the review of the Joint Strategic Transformation Group (JSTG) and the development of the remit and workplan of the group.

### Background

The JSTG was established in 2016 to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy. The focus of the group was the 4 key strategic priorities identified in the Annual Operational Plan to be delivered through the transformation programmes taken forward by NHS Fife and H&SCP. The 4 priorities for 2019/20 are:

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

In addition to the 4 strategic priorities, other transformation programmes have also been shared across the organisations including the Primary Care Improvement Plan and Winter Planning. Programme Boards in Acute and H&SCP provide specific direction to the programmes, with the JSTG providing collaborative oversight and strategic guidance.

Following concerns raised about the effectiveness of this group, a review was undertaken at the start of 2019.

### Assessment

The review of the JSTG was carried out and consideration was given to updating the terms of reference and producing a workplan. The Chief Executive now chairs the group and the first meeting was held on 16 April 2019 where the role and remit of the group was discussed with the group members.

It was agreed at the meeting to arrange a follow up workshop to take a stocktake. Each transformation programme will present their programme aims and objectives, progress made and future delivery milestones. Presentations will also be given by other programmes that are aligned to the Clinical Strategy and the H&SCP Strategic Plan including topics such as eHealth and the Primary Care Improvement Plan.

In order to share the work of the transformation programmes, a wider audience of key stakeholders are involved including NHS Fife and Fife IJB executive and non executive board members. The workshop was initially planned to take place in May or June 2019 but due to availability of key members, avoiding other key/statutory meetings and to ensure as full attendance as possible, the agreed date is now 23 July 2019.

A second meeting of the JSTG is planned earlier in July and subsequent meetings will be arranged at more regular intervals.

Feedback from the Transformation Stocktake Workshop will be provided to the next committee meeting.

### **Recommendation**

The Committee is invited to:

- **Note** the progress made in relation to the relaunching of the JSTG, with a view to improving its effectiveness.

### **Objectives: (must be completed)**

Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives

### **Further Information:**

Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Transformation key stakeholders (NHS Fife and H&SCP) Executive Directors

### **Impact: (must be completed)**

<b>Financial / Value For Money</b>	Transformation Programmes support the effective and efficient use of resources.
<b>Risk / Legal:</b>	Risks of not delivering transformation programmes are well documented
<b>Quality / Patient Care:</b>	Purpose of programmes is to improve patient care and experience.
<b>Workforce:</b>	Impact on workforce is well documented in transformation programmes.
<b>Equality:</b>	Changes in services are all impact assessed.

## NHS FIFE CLINICAL GOVERNANCE COMMITTEE

<b>DATE OF MEETING:</b>	03 July 2019
<b>TITLE OF REPORT:</b>	2019 Primary Care Improvement Plan
<b>EXECUTIVE LEAD:</b>	Dr Helen Hellewell, Associate Medical Director
<b>REPORTING OFFICER:</b>	Rachel Wyse, Primary Care Transformation Manager

Purpose of the Report (delete as appropriate)		
	<b>For Discussion</b>	

SBAR REPORT
<p><b><u>Situation</u></b></p> <p>The 2019 Primary Care Improvement Plan is this being brought to the Clinical Governance Committee's attention to highlight the 2018 General Medical Services (GMS) Contract implementation progress in Fife, and plan for Year 1 to 3 (2018-2021).</p> <p>The 2019 Primary Care Improvement Plan was co-produced with Fife LMC/GP Sub Committee. It was signed off with Fife LMC/GP Sub Committee agreement in April 2019, and submitted to Scottish Government in draft, subject to confirmation of the 2018/19 year end financial position. 2018/19 year end financial position was received on 7 June 2019. Final LMC/GP Sub Committee agreement is awaited (as at 19 June 2019).</p>
<p><b><u>Background</u></b></p> <p>The 2018 General Medical Services (GMS) contract refocuses the GP role as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership. All aspects are equally important.</p> <p>The aim is to enable GPs to do the job they train to do and enable patients to have better care. GP and GP practice workload will reduce and refocus under the proposals, as the wider primary care multi-disciplinary team is established and service redesign embedded by the end of the 3 year planned transition period (2018-2021).</p> <p>The contract proposes significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability. Sustainable general practice is critical for better care for patients.</p> <p>A Memorandum of Understanding (MOU), between Integration Authorities, SGPC, NHS Boards and the Scottish Government covers an initial 3 year period 1 April 2018 to March 2021 and sets out agreed principles of service redesign (including patient safety and person-centred care), ring-fenced resources to enable the change to happen, new national and local oversight arrangements and agreed key priorities.</p>

The scope of this programme is to deliver all priorities defined in the General Medical Services Contract (2018) and associated Memorandum of Understanding.

**The MOU specifies 6 Key Points to provide guidance on what success looks like:**

1. GP and GP Practice workload will reduce.
2. New staff will be employed by NHS Boards and attached to practices and clusters.
3. Early priorities will include pharmacy support and vaccinations transfer.
4. Work streams will engage all key stakeholders and involve patient/public and carer representatives to influence/ inform and agree measures for improvements in patient experience
5. Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
6. Transform Primary Care Service to best meet population needs

Responsibility for the delivery of the 2018 GMS Contract in Fife sits with both Fife H&SCP in terms of transformation/service delivery, and NHS Fife in terms of independent GP contractor service agreements, Section 2c managed GP Practices, premises, IT.

**Assessment**

Consultation has taken place across Fife with HSCP, GP Sub Committee representatives, NHS Fife and colleagues involved in Primary Care services delivery across Fife to discuss the development of the Primary Care Improvement Plan. Further discussion with other stakeholders e.g. patients, carers, pharmacy contractors and third and independent sector will be ongoing. There is agreement that the Primary Care Improvement Plan for Fife, has a focus on local priorities and delivery where services are commissioned within the HSCP based on population need and is guided by the priorities identified by 7 individual Fife GP Clusters.

**To date the Primary Care Improvement Programme has implemented:**

- Fife-wide phlebotomy service (identified in the MoU as a priority area)  
\*\*We believe Fife is the only NHS board to implement this.
- Fife-wide pharmacotherapy service (identified in the MoU as a priority area).
- Fife-wide transfer of pre-school/school age/pregnancy immunisations.
- Various successful tests of change eg First Response Mental Health Nurse Triage Service, First Response Musculoskeletal Physiotherapy Service, Advance Nurse Practitioner Care Home Liaison Service.
- Fife-wide GP Practice IT server upgrade/refresh and wifi access to support multidisciplinary team working.  
\*\*We believe Fife is the only NHS board to implement this.

A recent visit from Scottish Government Primary Care Division colleagues was very complimentary of Fife's implementation of a Fife-wide phlebotomy service, wifi access in all GP Premises to support multidisciplinary team working, and our hybrid approach to transferring Flu Vaccinations from GP Practices to NHS Fife/Fife H&SCP, a transformation objective still firmly in the "too difficult to deal with" box for many NHS board areas. Scottish Government colleagues plan to share the Fife approach with other NHS boards.

**There are two significant issues the Clinical Governance Committee need to be aware of in relation to the implementation of the 2018 GMS Contract in Fife:**

1. Primary Care Improvement Fund (PCIF) allocation 2019/20

The 2019/20 (Year 2) forecast PCIF allocation for Fife enables the programme to sustain services and financial commitments approved in 2018/19 (Year 1), but does not facilitate further implementation of the GMS Contract/upscale successful tests of change until 2020/21 (Year 3) funding is received.

2018/19 (Year 1) - £2.5m (actual)

2019/20 (Year 2) - £3.7m (forecast)

2020/21 (Year 3) - £7.4m (forecast)

2021/22 (Year 4) - £10.5m (forecast)

Some NHS boards have pump-primed the GMS Contract implementation in Year 2 on the basis the bulk of funding is coming in year 3.

2. GP Practice Sustainability

One GP Practice has handed back their contract to NHS Fife to date, with a second one due to be handed back on 1 July 2019. A further four GP Practices in West Fife are currently receiving GP sustainability support and are in danger of handing back their contracts to NHS Fife. NHS Fife/Fife HSCP has coped well to date in supporting GP Sustainability Practice by adopting a pragmatic support approach which is proportionate and takes into account the needs of individual GP Practices. However this is not sustainable. The long term ambition of the 2018 GMS Contract is for NHS boards/HSCP to employ GP Practice staff and take over all GP Premises leases. A small NHS Fife Primary Care Team based at Cameron Hospital is responsible for managing the increasing number of Section 2c GP Practices, with no extra resource.

There is a risk patient safety is compromised because of a lack of strategic planning and resource to support Fife GP Practice Sustainability, and the implementation of the 2018 GMS Contract in Fife, potentially resulting in access and health inequalities for Fife citizens, and organisational reputational damage.

A programme risk management workshop was due to take place on 18<sup>th</sup> June 2019 facilitated by Avril Sweeney, H&SCP Risk Compliance Manager. The workshop was cancelled due to a lack of attendance. A new Associate Medical Director is now in post, and a risk SBAR will subsequently be produced proposing/recommending a way forward.

**Recommendation**

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

The Clinical Governance Committee is asked to examine 2019 Primary Care Improvement Plan and consider the implications arising from the models of care agreed by the Fife GP Clinical Quality Group and approved by the Fife GMS Implementation Group (programme board).

Objectives: (must be completed)		
Healthcare Standard(s):		
HSCP Strategic Objectives:	<p>PRIORITY 1</p> <p>PRIORITY 2</p> <p>PRIORITY 3</p> <p>PRIORITY 4</p> <p>PRIORITY 5</p>	<p>Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife</p> <p>Promoting mental health and wellbeing</p> <p>Working with communities, partners and our workforce to effectively transform, integrate and improve our services</p> <p>Living well with long term conditions</p> <p>Managing resources effectively while delivering quality outcomes</p>

Further Information:	
Evidence Base:	<ol style="list-style-type: none"> <li>1. The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018. <a href="https://www.legislation.gov.uk/ssi/2018/66/contents/made">https://www.legislation.gov.uk/ssi/2018/66/contents/made</a></li> <li>2. General Medical Services Contract (2018). <a href="https://www.gov.scot/publications/2018-gms-contract-scotland/">https://www.gov.scot/publications/2018-gms-contract-scotland/</a></li> <li>3. GP Contract Memorandum of Understanding. <a href="https://www2.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract/Memorandum-of-Understanding">https://www2.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract/Memorandum-of-Understanding</a></li> <li>4. Improving General Practice: Sustainability Working Group (2019) <a href="https://www.gov.scot/publications/improving-general-practice-sustainability-group-2019-report/">https://www.gov.scot/publications/improving-general-practice-sustainability-group-2019-report/</a></li> <li>5. National health and social care workforce plan: part three <a href="https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-3-improving-workforce/">https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-3-improving-workforce/</a></li> </ol>
Glossary of Terms:	<p><b>GMS:</b> General Medical Services</p> <p><b>H&amp;SCP:</b> Health and Social Care Partnership</p> <p><b>PCIF:</b> Primary Care Improvement Fund</p> <p><b>PCIP:</b> Primary Care Improvement Plan</p> <p><b>MoU:</b> Memorandum of Understanding</p>
Parties / Committees consulted prior to Health Board Meeting:	<p>IJB – 21 June 2019</p> <p>Clinical &amp; Care Governance – 24 May 2019</p> <p>Finance &amp; Performance – 21 May 2019</p>

Impact: (must be completed)	
Financial / Value For Money	The cost to fully implement the GMS Contract in Fife based on models of care approved by the GP Clinical Quality Group is estimated to be in excess of £17m. The 2021/22

	(Year 4) Primary Care Improvement Fund allocation is estimated to be £10.5m. Given the financial deficit of £6.5m, it is unlikely the GMS Contract will be fully implemented in Fife by 2021. The Primary Care Improvement Plan therefore focuses on implementing MoU objectives within the financial envelop, guided by GP Cluster priorities and demographic need.
<b>Risk / Legal:</b>	A programme risk management workshop was due to take place on 18 <sup>th</sup> June 2019 facilitated by Avril Sweeney, H&SCP Risk Compliance Manager. It was cancelled due to lack of attendance. A new AMD is in post, a risk SBAR will subsequently be produced proposing/recommending a way forward.
<b>Quality / Patient Care:</b>	The programme team in collaboration with Fife GP Clusters and Fife LMC/GP Sub Committee work closely to ensure equity of service provision and deployment of GMS Contract resources based on GP Practice/GP Cluster priorities and demographic need, to ensure equal access for Fife citizens and reducing health inequalities.
<b>Workforce:</b>	<ul style="list-style-type: none"> <li>• The Primary Care Improvement Plan requires some staff previously employed by GP Practices to TUPE over to NHS Fife employment. There is the potential for clinical/staff opposition to the transfer of GP Practice employed staff over to NHS Fife.</li> <li>• The majority of staff appointed to Fife GMS Contract roles are internal candidates, not new staff. This creates pressures elsewhere in the system.</li> <li>• The pipeline/lead time for qualified clinical roles such as Advance Nurse Practitioners and Pharmacotherapy staff is approximately 18 months. Many of the staff appointed to Fife GMS Contract roles are in training, and require GP supervision/mentoring further impacting on GP and GP Practice capacity.</li> </ul>
<b>Equality:</b>	<p>The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, <a href="#">click here</a> EQIA Template <a href="#">click here</a>)</p> <ul style="list-style-type: none"> <li>• Has EQIA Screening been undertaken? No (If yes, please supply copy, if no please state reason)</li> <li>• Has a full EQIA been undertaken? No (If yes please supply copy, if no please state reason)</li> <li>• Please state how this paper supports the Public Sector Equality Duty – <a href="#">further information can be found here</a></li> </ul>

	<ul style="list-style-type: none"><li>• Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – <a href="#">further information can be found here</a></li><li>• Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)</li></ul>
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# **Fife Primary Care Improvement Plan April 2019**

## CONTENTS

<b>1</b>	<b>BACKGROUND</b>	<b>4</b>
<b>2</b>	<b>RATIONALE</b>	<b>4</b>
2.1	National Primary Care Transformation Priorities	4
2.2	Outcomes Evaluation	5
2.3	Interface/Interdependencies	5
2.4	Constraints and Assumptions	6
<b>3</b>	<b>GOVERNANCE, QUALITY &amp; ASSURANCE</b>	<b>6</b>
3.1	Overview	6
3.2	Workstream Sub Groups	7
3.3	GP Clinical Quality Group	7
3.4	General Medical Services (GMS) Implementation Group	7
3.5	HSCP Senior Leadership Team (SLT)	8
3.6	Integration Joint Board (IJB)	8
3.7	NHS Territorial Board (NHS Fife)	9
3.8	Scottish General Practice Committee (GP Sub Committee)	9
3.9	Local Medical Committee	10
3.10	Scottish Government	10
<b>4</b>	<b>FUNDING</b>	<b>10</b>
4.1	National Context: Primary Care Transformation Fund 2015 - 2018	10
4.2	National Context: Primary Care Improvement Fund 2018 - 2021	11
4.2	Local Context: Fife Primary Care Improvement Fund Allocation	12
4.3	GP Premises Sustainability Fund (Funded Separately)	13
<b>5</b>	<b>PLANNING APPROACH</b>	<b>13</b>
5.1	Fife GP Clusters	14
5.2	Cluster Quality Lead (CQL) Role:	15
5.3	Quality Improvement Data & Support	16
5.3.1	Quality Improvement Data	16
5.3.2	Local Intelligence Support Team (LIST)	16
5.3.3	Expert Quality Improvement Support	16
5.4	Fife Locality Planning	16
5.5	Workstream Sub Groups	17
5.5.1	Work Stream Sub Group Chair Responsibilities:	17
5.5.2	Work Stream Sub Group Co-Chair Responsibilities:	17
5.5.3	Finance Business Partners	188
<b>6</b>	<b>RISK MANAGEMENT</b>	<b>18</b>

<b>7</b>	<b>STAKEHOLDERS &amp; COMMUNICATION.....</b>	<b>19</b>
7.1	National Context.....	19
7.2	Local Context.....	20
<b>8</b>	<b>PROGRAMME MANAGEMENT .....</b>	<b>220</b>
8.1	Overview .....	20
8.1.1	Associate Medical Director.....	220
8.1.2	Clinical Directors .....	21
8.1.3	Primary Care Transformation Programme Manager .....	21
8.1.4	Primary Care Manager.....	22
8.1.5	GMS Project Manager.....	22
8.1.6	Service Manager (Pharmacotherapy) .....	23
8.1.7	PA to Primary Care Transformation Programme Manager .....	23
8.1.8	Primary Care Improvement Plan Secretary .....	24
8.2	Corporate Resource.....	24
<b>9</b>	<b>PRIMARY CARE IMPROVEMENT PLAN (PCIP) .....</b>	<b>25</b>
9.1	Development of the Primary Care Improvement Plan .....	25
9.2	Monitoring and Review .....	25
9.2.1	Phase One .....	26
9.2.2	Phase Two .....	26
9.3	Change Control .....	26
9.4	Year 1 (2018/19) progress.....	27
9.4.1	Pharmacotherapy .....	27
9.4.2	Vaccination Transformation .....	28
9.4.3	Multidisciplinary Team Working (MDT) .....	29
9.4.4	Nursing Treatment Room (Including Phlebotomy).....	31
9.4.5	Urgent Care .....	32
9.4.6	Primary Care and Secondary Care Interface.....	32
9.4.7	Premises (Funded Separately) .....	33
9.4.7	Primary Care Improvement Plan Tracker (as at 01.04.19).....	35
	Appendix 1: Fife GP Cluster Structure .....	444
	Appendix 2: Fife GP Cluster Priorities (as at October 2018) .....	50
	Appendix 3: GP Clinical Quality Group Terms of Reference.....	50
	Appendix 4: Work Stream Sub Groups Terms of Reference.....	55
	Appendix 5: Work Stream Sub Group Key Milestones and Deliverables.....	79
	Appendix 6: GMS Implementation Group Terms of Reference .....	80
	Appendix 7: Fife H&SCP Strategic Plan 2016-19.....	LINK 44
	Appendix 8: Fife H&SCP Participation and Engagement Plan .....	LINK 444
	Appendix 9: Fife H&SCP Communication Strategy 2016-19 .....	LINK 444
	Appendix 10: Fife H&SCP Workforce Strategy 2019-2022 .....	LINK 444
	Appendix 11: Primary Care Improvement Fund 3 Year Financial Plan (2018/21) ..	85
	Appendix 12: Work Stream 3 Year Workforce Plan (2018/21) .....	88

## 1 BACKGROUND

The General Medical Services (GMS) contract 2018 refocuses the GP role as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership. All aspects are equally important. The aim is to enable GPs to do the job they train to do and enable patients to have better care.

The funding of general practice in Scotland will be reformed and a phased approach is proposed. In Phase one, starting from April 2018, a new funding formula that better reflects practice workload will be introduced. A new practice income guarantee will operate to ensure practice income stability. The new funding formula will be accompanied by an additional £23 million investment in GMS to improve services for patients where workload is highest.

In addition, the contract offer proposes to introduce a new minimum earnings expectation to ensure no GP partner earns less than £80,430 (including pension contributions) NHS income for a whole-time equivalent post from April 2019.

GP and GP practice workload will reduce and refocus under the proposals, as the wider primary care multi-disciplinary team is established and service redesign embedded. By the end of the 3 year planned transition period, for example, GP pharmacists will deal with acute and repeat prescribing and autonomously provide pharmaceutical care through medication and polypharmacy reviews - all tasks currently requiring GP time.

Engagement with patients, and other professionals delivering primary care, is a key part of the development and delivery of any service redesign.

The contract proposes significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability. Sustainable general practice is critical for better care for patients.

## 2 RATIONALE

### 2.1 National Primary Care Transformation Priorities

This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. These priorities include:

1. vaccination services
2. pharmacotherapy services
3. community treatment and care services
4. urgent care services

5. additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services.
6. Premises.

GPs will retain a professional role in these services in their capacity as expert medical generalists.

## 2.2 Outcomes Evaluation

A Memorandum of Understanding (MOU), between Integration Authorities, Scottish General Practice Committee, NHS Boards and the Scottish Government covers an initial 3 year period 1 April 2018 to March 2021 and sets out agreed principles of service redesign (including patient safety and person-centred care), ring-fenced resources to enable the change to happen, new national and local oversight arrangements and agreed key priorities.

The scope of this programme is to deliver all priorities defined in the General Medical Services Contract (2018) and associated Memorandum of Understanding.

**The MOU specifies 6 Key Points to provide guidance on what success looks like:**

1. GP and GP Practice workload will reduce.
2. New staff will be employed by NHS Boards and attached to practices and clusters.
3. Early priorities will include pharmacy support and vaccinations transfer.
4. Work streams will engage all key stakeholders and involve patient/public and carer representatives to influence/ inform and agree measures for improvements in patient experience.
5. Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
6. Transform Primary Care Service to best meet population needs.

## 2.3 Interface / Interdependencies

The Primary Care Transformation Programme will interface with local, regional and national system wide transformational change programmes. Examples include but are not limited to:

- Fife H&SCP Strategic Plan for Fife 2016-2019
  - Prevention and Early Intervention
  - Integrated and Coordinated Care
  - Improving Mental Health Services
  - Reducing Inequalities
- Fife H&SCP Communication & Engagement Plan
- Fife H&SCP Participation and Engagement Strategy 2016-2019
- Fife H&SCP Workforce Strategy 2019-2022

- NHS Fife eHealth Strategy
- Achieving Pharmaceutical Excellence Plan

Development work is centred in and driven by 7 Fife Localities. There are strong interdependencies between the Primary Care Improvement Plan and four key Health & Social Care Partnership transformational change work streams.

1. Community Health and Wellbeing Hubs.
2. Out of Hours Urgent Care Redesign.
3. Community Hospital and Intermediate Care Bed Redesign.
4. Mental Health Strategy.

## 2.4 Constraints and Assumptions

Anticipated constraints:

- Ability to recruit the workforce required to deliver the Fife Primary Care Improvement Plan.
- Flow of Scottish Government allocated funds in year one and two.
- Total funding envelope given scope of development.
- Availability and suitability of premises from which to deliver newly redesigned services.

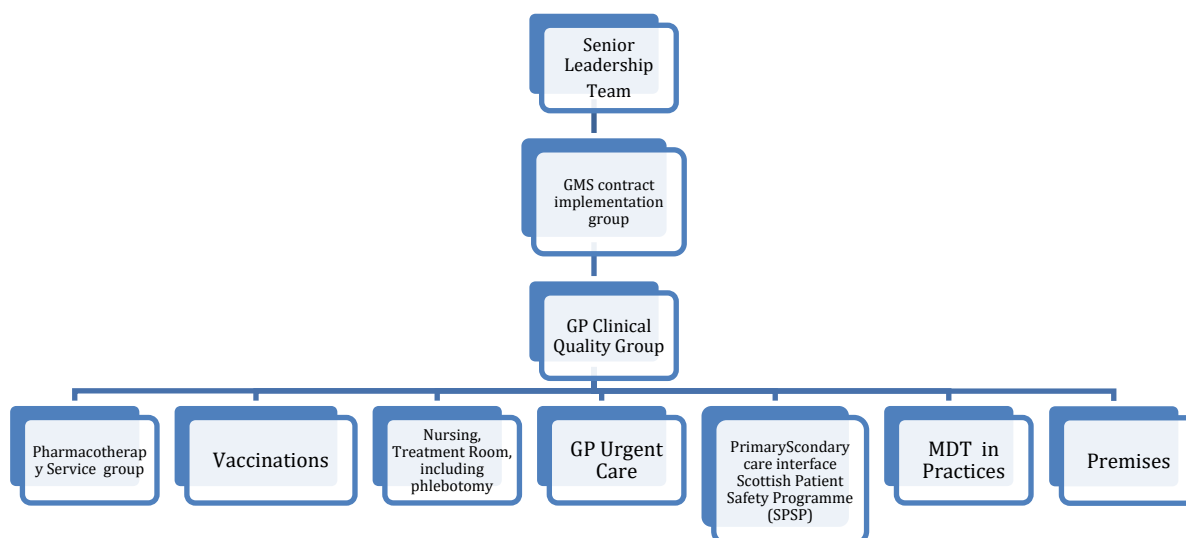
Assumptions:

- Key stakeholders will participate and collaborate fully in the development of new and redesigned services

## 3 GOVERNANCE, QUALITY & ASSURANCE

### 3.1 Overview

The Primary Care Transformation Programme is subject to NHS Fife and Fife Health & Social Care Partnership clinical and care governance and financial governance into which Senior Leadership Team (SLT) reports.



### 3.2 Workstream Sub Groups

Each work stream sub group is responsible for designing a set of performance indicators and measures for each transformation project in alignment with the MOU 6 key indicators of success. Each work stream sub group reports to the GMS Implementation Group and GP Clinical Quality Group at intervals agreed in the work stream project plan. Suggested work stream sub group key milestones and deliverables are available from the programme team, along with a suite of templates to monitor operational risks, communications plan, highlight report and Primary Care Improvement Fund allocations. Work stream sub groups may wish to develop their own. Where it is identified that quality outcomes are not being achieved the following mitigation measures will be adopted:

- Work stream leads to provide a comprehensive SBAR report setting out actions to deliver quality measures.
- Identification of where quality measures are not being achieved reported to the GMS Implementation Group via SBAR exception reporting.

### 3.3 GP Clinical Quality Group

The 'GP Clinical Quality Group' (**Appendix 3**) is responsible for reviewing and advising on the clinical model, quality of care and clinical implications of any new business case/model proposal, with a focus is on whether it is the right clinical thing to do rather than that is it operationally/financially attractive. This group will advise and inform the 'GMS Implementation Group'.

### 3.4 General Medical Services (GMS) Implementation Group

Fife LMC, the HSCP, and NHS Fife agreed that a 'GMS Implementation Group' would be convened to develop the Fife Primary Care Improvement Plan chaired by the Associate Medical Director of the HSCP. The GMS Implementation Group meets regularly.

The group reports to the Senior Leadership Team. Reports will be provided to the Integration Joint Board, NHS Fife and sub-committees as relevant, including Clinical and Care Governance, Finance and Performance and Audit & Risk. (**Appendix 6**).

### 3.5 HSCP Senior Leadership Team (SLT)

The Senior Leadership Team (SLT):

- provide clear goals, strategic guidance, plans and objectives for the organisation within the resources available.
- ensure all plans and actions proposed are in line with the goals, strategic guidance, plans and objectives are measured and monitored.

**In keeping with NHS financial governance, all Primary Care Improvement Fund bids £100k and above must be approved by SLT.**

### 3.6 Integration Joint Board (IJB)

The Memorandum of Understanding (MOU), between Integration Authorities, SGPC, NHS Boards and the Scottish Government defines the Integration Joint Board's responsibilities as:

- Planning, design and commissioning of the primary care functions (including general medical services) delegated to them under the 2014 Act based on an assessment of local population needs, in line with the HSCP Strategic Plan.
- The development of a HSCP Primary Care Improvement Plan, in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective Multi-Disciplinary Team model at both practice and Cluster level, and that reflects local population health care needs.
- Collaboration with NHS Boards on the local arrangements for delivery of the new Scottish GMS contract.
- Section 2c of the National Health Service (Scotland) Act 1978 places a duty on NHS Boards to secure primary medical services to meet the reasonable needs of their NHS Board area. To achieve this, NHS Boards can enter into GMS contracts. HSCPs will give clear direction to NHS Boards under sections 26 and 28 of the 2014 Act in relation to the NHS Board's function to secure primary medical services for their area and directions will have specific reference to both the available workforce and financial resources.
- Ensuring that patient needs identified in care plans are met

**In keeping with NHS financial governance, all Primary Care Improvement Fund bids £500k and above must be supported by the finance and performance committee and approved by the Integration Joint Board.**

### 3.7 NHS Territorial Board (NHS Fife)

The Memorandum of Understanding (MOU), between Integration Authorities, SGPC, NHS Boards and the Scottish Government defines NHS Fife's responsibilities as:

- Contracting for the provision of primary medical services for their respective NHS Board areas.
- Ensure that primary medical services meet the reasonable needs of their Board area as required under Section 2C of the NHS (Scotland) Act 1978.

Delivering primary medical services as directed by HSCP as service commissioners.

- Arrangements for local delivery of the new Scottish GMS contract via HSCPs.
- As employers, NHS Boards will be responsible for the pay, benefits, terms and conditions for those employees engaged in the delivery of the priority areas set out in Section G of the MOU.

### 3.8 Scottish General Practice Committee (GP Sub Committee)

The GP Sub Committee facilitates the provision of combined professional advice to the commissioning and planning processes of Integration Authorities and NHS Boards.

The GP Sub Committee of the Area Medical Committee is responsible for local arrangements to ensure effective collaboration between the GP Sub Committee, NHS Board Medical Directors, and Clinical Quality Leads (CQLs).

The GP Sub Committee is responsible for co-ordinating the agenda for this tripartite collaboration and facilitating combined professional advice to the commissioning and planning processes of the HSCPs and NHS Boards.

The Memorandum of Understanding (MOU), between Integration Authorities, SGPC, NHS Boards and the Scottish Government defines the GP Sub Committee responsibilities as:

- Negotiating, with the Scottish Government, the terms of the GMS contract in Scotland as the negotiating committee of the BMA in Scotland.
- Conducting the poll (and any future poll) of its members on the terms of the GMS contract in Scotland.
- Representing the national view of the GP profession.
- Explaining the new Scottish GMS contract to the profession (including communication with Local Medical Committees (LMC) and GP practices).

- Ensuring that GP practices are supported encouraged and enabled to deliver any obligations placed on them as part of the GMS contract; and, through LMCs and clusters, to contribute effectively to the development of the HSCP Primary Care Improvement Plan.

### 3.9 Local Medical Committee

The arrangements for delivering the new GMS contract will be agreed with the Local Medical Committee.

### 3.10 Scottish Government

The Memorandum of Understanding (MOU), between Integration Authorities, SGPC, NHS Boards and the Scottish Government defines Scottish Government's responsibilities as:

- Setting the legislative framework underpinning the commissioning of primary medical services by HSCPs and delivery by NHS Boards.
- In collaboration with NHS Boards and with HSCPs, shaping the strategic direction and the development of commissioning guidance in respect of primary care that is in line with the aims and objectives set out in National Clinical Strategy and the Health and Social Care Delivery Plan.
- Providing financial resources in support of the new Scottish GMS contract and primary care transformation (including the transfer of services) in line with the Scottish Government spending review process.
- Making arrangements with stakeholders to meet the future GP workforce requirements both in terms of numbers and education and training.
- Agreeing the metrics and milestones against which progress will be measured; with regular progress reporting as part of the existing statutory arrangements for reporting performance against Strategic Plans.

## 4 FUNDING

### 4.1 National Context: Primary Care Transformation Fund 2015 – 2018

In 2015 the Scottish Government announced additional funding of £50 million to be invested into primary care between 2015-2018 to address immediate workload and recruitment issues, as well as putting in place long-term, sustainable change within primary care. The fund was known as the **'Primary Care Transformation Fund'**. **£20.5 million** was allocated to GP practices over the 3 year period to prototype the new vision for the GP contract, including those wishing to use new ways of working to address current demand. The remaining funding was provided by Scottish Government directly to the following services:

- Pharmacist Independent Prescribers  
**£16.2 million** will be allocated to recruit up to 140 new Pharmacists, with advanced clinical skills training, who will work directly with GP practices to support the care of patients with long-term conditions and also free up GP time to spend with other patients.
- GP Recruitment and Retention Programme  
**£2.5 million** will be invested in a programme of work to explore with key stakeholders, the issues surrounding GP recruitment and retention. The three-year programme will examine and take forward proposals to increase the number of medical students choosing to go into GP training, as well as encouraging those wanting to work in rural and economically deprived areas. The Scottish Government will also continue its support for the Enhanced Returners Programme to support GPs wishing to return to the profession.
- Digital Services Development Fund  
**£6 million** will be allocated to support and accelerate the use of digital service by GP practices, including funding the development of online appointment booking and webGP.
- Pachymeters for Optometrists  
**£1.5 million** will be spent purchasing pachymeters for all optometrists in Scotland, enabling them to screen for patients suspected of developing glaucoma. This will further enhance the role of optometrists and help patients be treated in primary care who would previously have had to go to hospital.
- Leadership Programme for GPs  
**£1.05 million** will be used to further develop work already underway between the Royal College of GPs, NHS Education for Scotland and the Scottish Social Services Council to develop a local leadership development and networking programme. This will equip GPs with the necessary skills to play a leading role in the development of local integration work.
- Active and Independent Living Fund  
**£750,000** will be allocated to create three Allied Health Professional regional improvement advisors to support changes to frontline service so that AHPs can better support active and independent living.
- Scottish School of Primary Care  
**£1.25 million** will be invested in the Scottish School of Primary Care – a virtual school which encourages and co-ordinates a cohesive programme of research and training of primary care in Scotland.

## 4.2 National Context: Primary Care Improvement Fund 2018 – 2021

The '**Primary Care Transformation Fund**' ceased in 2018 and any projects started under this fund require (where deemed appropriate) to be funded from the new '**Primary Care Improvement Fund**' 2018-2021.

Where appropriate, financial resources will be allocated to HSCPs through their NHS Board partners in line with the Scottish Government's National Resource Allocation formula (based on population need and taking account of geography and of life circumstances, including deprivation).

Allocations by Territorial Board 2018-19				
	2018-19 Target share	2018-19 NRAC Share	2017-18 Allocation now in 18-19 Baseline	2018-19 Allocation
NHS Ayrshire and Arran	7.41%	£3,389,685	£569,300	£2,820,385
NHS Borders	2.10%	£962,647	£161,300	£801,347
NHS Dumfries and Galloway	2.98%	£1,363,090	£229,100	£1,133,990
NHS Fife	6.81%	£3,113,646	£521,800	£2,591,846
NHS Forth Valley	5.42%	£2,479,354	£415,000	£2,064,354
NHS Grampian	9.87%	£4,516,701	£755,400	£3,761,301
NHS Greater Glasgow & Clyde	22.34%	£10,219,379	£1,718,200	£8,501,179
NHS Highland	6.44%	£2,947,380	£494,100	£2,453,280
NHS Lanarkshire	12.35%	£5,648,985	£947,700	£4,701,285
NHS Lothian	14.80%	£6,772,970	£1,132,000	£5,640,970
NHS Orkney	0.48%	£220,754	£75,000	£145,754
NHS Shetland	0.49%	£224,204	£76,200	£148,004
NHS Tayside	7.85%	£3,590,567	£601,900	£2,988,667
NHS Western Isles	0.66%	£300,639	£103,000	£197,639
<b>Total</b>	<b>100.00%</b>	<b>£45,750,000</b>	<b>£7,800,000</b>	<b>£37,950,000</b>

*\*Pharmacists in GP Practices funding was a recurring allocation in 2017-18 and will be included in Boards' 2018-19 baseline funding.*

The resources and any associated outcomes and deliverables (aligned to the Scottish Government's National Performance Framework and the six Primary Care Outcomes) will be set out in an annual funding letter as part of the Scottish Government's budget setting process. The Primary Care Improvement Fund is ring fenced by NHS boards and no savings can be taken from this fund.

## 4.2 Local Context: Fife Primary Care Improvement Fund Allocation

Resources will be spent for the purposes set out in the MOU and in line with the Primary Care Improvement Plan to enable the transition to be managed and implemented effectively. The Primary Care Improvement Plan must demonstrate how the funding will flow/be used to enable the redistribution of work from GPs to others and to optimise the role and functionality of the wider Multi-disciplinary Team (MDT). 7 work streams sub groups have been set up by the Fife GMS Implementation Group as a mechanism to scope, prioritise and agreed the funding for each project.

The 2018-2019 Primary Care Improvement Fund Allocation for Fife Health & Social Care Partnership was **£2,520,000**. Funds were allocated as follows based on work stream sub group bids and GMS Implementation Group approval:

<b>Fife Primary Care Improvement Fund Allocation</b>	<b>2018-2019</b>
Mental Health	£507,000
Primary Care Training (Frailty DN)	£100,000
Local Area Co-ordinators	£120,000
Frailty Register	£50,000
Pharmacy in GP Practices	£277,000
Engagement GP Programme	£197,000
Vaccination Programme	£436,000
Admin	£75,000
Pharmacotherapy	£250,000
Nursing	£216,000
GP Urgent Care	£126,000
Multi-disciplinary Team Working - (Musculoskeletal Physio Therapy)	£62,000
Vaccination Programme	£94,000
<b>Total</b>	<b>£2,510,000</b>

For the Primary Care Improvement Fund 3 year financial plan, see **Appendix 11**.

For the 3 year work stream workforce plan, see **Appendix 12**.

#### 4.3 GP Premises Sustainability Fund (Funded Separately)

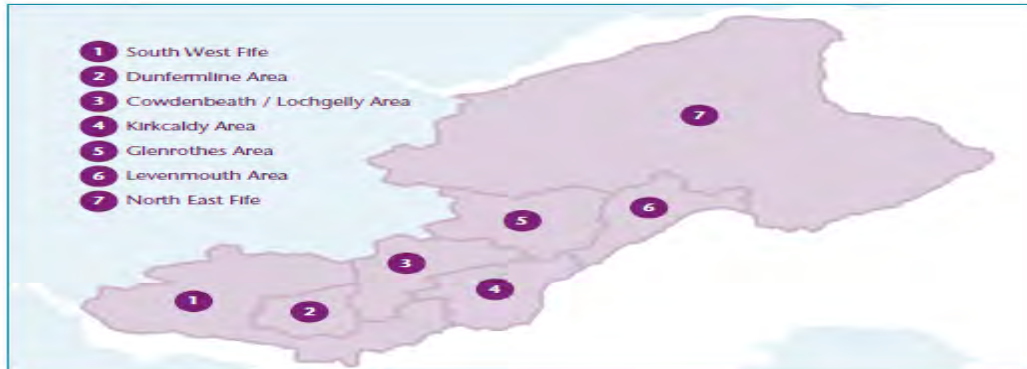
A new GP Premises Sustainability Fund has been established, investing an additional £30 million over the next three years. The investment will support a long term shift that gradually moves towards a model which does not presume GPs own their own premises. A new National Code of Practice for GP premises sets out how the Scottish Government will achieve a significant transfer away from GPs of the risk of providing premises. By 2023, interest free secured loans – “GP Sustainability Loans” – will be made available to every GP contractor who owns their own premises. NHS Boards will gradually take on the responsibility from GP contractors for negotiating and entering into leases for GP practice premises.

## 5 PLANNING APPROACH

Consultation has taken place across Fife with HSCP, GP Sub Committee representatives, NHS Fife and colleagues involved in Primary Care services delivery across Fife to discuss the development of the Primary Care Improvement Plan. Further discussion with other stakeholders eg patients, carers, pharmacy contractors and third and independent sector will be ongoing. There is agreement that the Primary Care Improvement Plan for Fife, has a focus on local priorities and delivery where services are commissioned within the HSCP based on population need.

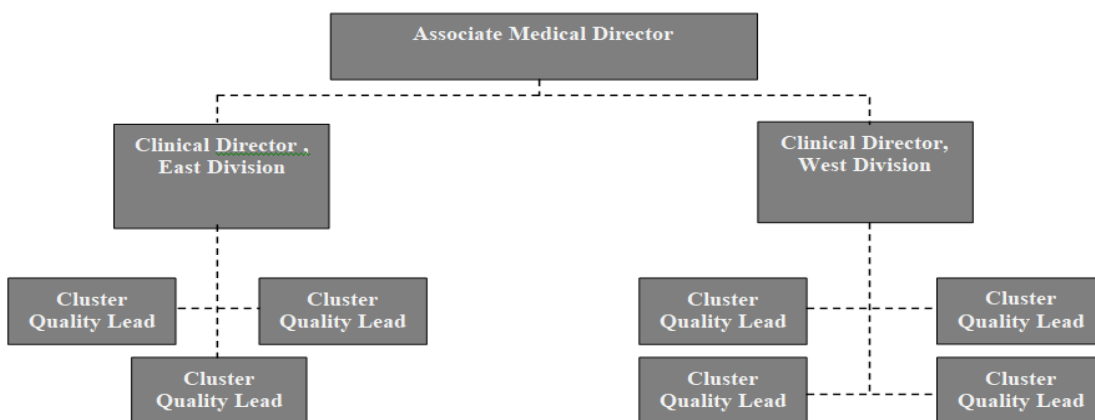
## 5.1 Fife GP Clusters

7 localities have been identified in Fife, and GP Clusters have developed in these localities.



A list of General Practice cluster members is available in **Appendix 1** and priorities in **Appendix 2**.

GP clusters are professional groupings of general practices that meet regularly, with each practice represented by their Practice Quality Leads (PQL). Each GP cluster has a Cluster Quality Lead (CQL) who performs a co-ordinating role and liaises with locality and professional structures. This requires supporting measures such as the existing contractual provision for protected time. It also requires: infrastructure to support leadership; data provision and analysis; and facilitation and improvement activity within local governance structures. All CQLs in Fife co-chair a GMS sub group, and all except one are LMC and GP Sub Committee members.



Each GP Practice has identified one of their GPs as a Practice Quality Lead (PQL) who represents their practice at regular Cluster Quality meetings.

From each Cluster, a Cluster Quality Lead (CQL) has been appointed and employed by NHS Fife to work with the HSCP and to lead the cluster. This new clinical leadership role is an essential part of involving GP Practices at the heart of Locality developments which is a requirement of the Public Bodies Joint Working (Scotland) Act (2014)5.

## 5.2 Cluster Quality Lead (CQL) Role:

- provide medical leadership and foster good working relationships with the Practice Quality Leads within the cluster, other Cluster Leads across Fife and with the Clinical Directors of the Health and Social Care Partnership Divisions. Provide medical leadership through engagement, for the implementation of local and national strategies including the National Clinical Strategy, Fife Clinical Strategy and the Health and Social Care Partnership Strategic Plan. To act as an ambassador for the cluster.
- the CQL will have an intrinsic and extrinsic role.
- engagement with quality initiatives locally and nationally and patient safety in general practice.
- attend and actively contribute to the minimum of six Cluster Leads meetings per year with the Clinical Directors and the Associate Medical Director and 6 cluster meetings with practice quality leads per year.
- engage with localities as appropriate and with secondary care in the development of community services.
- ensure regular meetings with the Practice Quality Leads, the wider Primary Care Team and locality as appropriate to ensure there is engagement and implementation of quality improvement initiatives and local and national strategies.
- maximise the efficient use of the prescribing resource by working with Prescribing Advisors and engage with appropriate actions relating to prescribing and seek to evidence change.

GP practices engage in GP clusters, in quality improvement activities, including providing comparative data and sharing best practice.

- GP clusters will work with the wider system, in particular HSCPs, to achieve whole system quality improvement for patients. Cluster quality improvement planning will be supported by training in quality improvement if required.
- GP practices will participate in a cluster quality peer review process, whereby their quality improvement activity and quality data will be reviewed by their local GP cluster. The Healthcare Improvement Scotland Quality of Care Approach will involve an increased emphasis on local systems of assurance. Service providers will use the quality framework domains to evaluate the quality of care they provide and identify areas for local improvement work. As GP clusters mature, practices and clusters will be expected to take part in the peer-led values driven assurance process. The methodology for this will be negotiated by the Scottish Government and SGPC.

- GP practices will participate in assessment of capacity using the third available appointment method. Support will be provided to allow this to be undertaken electronically.
- GP practices, through cluster working, will be involved in discussions about, and provide advice on, sustainability issues using activity, demand and workforce data. GP practices will provide agreed information on consultation rates, consultation types, health care professional being consulted and complexity within consultations. This will be done using SPIRE electronic extraction unless the practice wishes to collect the information itself.

### 5.3 Quality Improvement Data & Support

#### 5.3.1 Quality Improvement Data

The new quality arrangements will be supported by new technologies, such as the Scottish Primary Care Information Resource (SPIRE). Practices will not be contractually required to use SPIRE and may choose not to use it at all. In those circumstances, practices must still provide the information required by the national and local datasets.

#### 5.3.2 Local Intelligence Support Team (LIST)

The *Local Intelligence Support Team* (LIST) provides support through the HSCPs to GP clusters. This support involves on-site expert analytical advice to provide local decision-makers with meaningful and actionable intelligence, leading to improved outcomes for service users. The LIST Team are co-located with Fife Health and Social Care Partnership at Rothesay House, Glenrothes.

#### 5.3.3 Expert Quality Improvement Support

*Healthcare Improvement Scotland* will work in support of HSCPs where required to ensure that GP clusters have the support they need to engage effectively in quality improvement activity.

### 5.4 Fife Locality Planning

The purpose of H&SC Locality Planning is for key service providers across different sectors at all levels (clinical and non-clinical), to plan, commission and deliver services in a way that puts people who use services and those who deliver services at the heart of decision making, meeting the needs of local communities and thus improving health and wellbeing outcomes.

- to inform the strategic commissioning process with a collective view of what needs to be made available in respect of their locality, with a focus on local priorities, early intervention and addressing inequalities.
- driving proposals to the Strategic Planning Group on ways to improve the delivery of services for the locality.

- develop and deliver responses to actions agreed within locality plans. Each locality will develop a 3 year health and social care locality plan.
- a Cluster Quality Lead (CQL) representative sits on each of the 7 locality planning groups to support co-production of redesigned services.

## 5.5 Workstream Sub Groups

Seven work stream sub groups were established to define requirements and develop the implementation plans required for their workstream to enable delivery within the timeframe required ensuring engagement with key stakeholders.

Each work stream group is chaired by a lead and co-chaired by a GP Cluster Quality Lead.

### 5.5.1 Work Stream Sub Group Chair Responsibilities:

- chairing the sub group Project Team;
- manage the risks, including the development of contingency plans;
- prepare and report to the GP Clinical Quality and GMS Implementation Groups through SBAR Reports.

### 5.5.2 Work Stream Sub Group Co-Chair Responsibilities:

- be a clinical champion for change and innovation.
- identify key stakeholders and engage them throughout the project.
- negotiate and secure clinical stakeholder agreement to the approach and methodology.
- engage and reflect the views of the multi-professional team in the ongoing development of the project.
- identify need for further interventions to promote clinical engagement.
- act as a role model for continuous improvement and development.
- work with colleagues in the Programme Team to promote a cohesive approach in taking forward this project.
- advise on and support the collection of relevant data to undertake analysis.
- provide expert clinical advice on the interpretation of the data.
- share learning from the work.

- support the development of the spread and sustainability strategy for the changes proposed.
- provide ownership of project locally and provide regular reports on progress, risks and issues.

### 5.5.3 Finance Business Partners

Through a Finance Business Partnering approach, the East and West Division Business Partners provide sound financial information and evidence on which managers can base informed and effective decisions. The Business Partnering approach is supported by an Analytical Support Team, who are responsible for providing a comprehensive financial management service and deliver accurate, timely and insightful financial information and analysis.

#### Responsibilities include:

- Support the delivery of the Primary Care Transformation Programme for Fife HSCP by making annual/longer-term financial plans which set out our financial situation into the future.
- Managing the budget setting process.
- Producing regular reports on the financial performance of the programme, and individual work streams.
- Working with managers to forecast financial performance.
- Providing a financial perspective on operational decisions made by managers, including SBARs.
- Ensuring robust financial controls exist to safeguard the future of the programme.

## 6 RISK MANAGEMENT

The Primary Care Transformation Programme is subject to NHS Fife and Fife Health and Social Partnership risk management strategies and policies.

Programme issues are raised by work stream sub group leads/co-chairs to the GP Clinical Quality Group. The GP Clinical Quality Group will assess whether the issue is appropriate for escalation to the GMS Implementation Group for consideration as a programme risk. The GMS Implementation Group will consider whether a programme risk is sufficiently serious enough to escalate to the HSCP Senior Leadership Team.

A programme issue log and risk register will be developed in collaboration with:

- HSCP Risk Compliance Manager.
- Workstream Chairs and Co-Chairs.
- GP Clinical Quality Group.
- GMS Implementation Group.

## 7 STAKEHOLDERS & COMMUNICATION

The Primary Care Transformation Programme is subject to the Fife Health and Social Care Partnership Communication and Public Engagement strategy and supporting policies.

### 7.1 National Context

HSCPs must collaborate with NHS Boards as partners in the development and delivery of their Strategic Plan (and the associated Primary Care Improvement Plan). Local and Regional Planning arrangements will need to recognise the statutory role of the HSCP as service commissioners; and the partnership role of NHS Boards as NHS employers and parties to the GMS contracts for the delivery of primary medical services in their Board area.

In addition to this, HSCPs have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their Strategic Plans and take decisions on the size and shape of local health and social care services on a collective basis based on dialogue with the local communities and service users. In relation to the development of the Primary Care Improvement Plan that would include (but not be limited to):

- Patients, their families and carers.
- Local communities.
- SAS and NHS 24.
- Primary care professionals (through, for example, GP subcommittees of the Area Medical Committee and Local Medical Committees).
- Primary care providers.
- Primary care staff who are not healthcare professionals.
- Third sector bodies carrying out activities related to the provision of primary care.

### 7.2 Local Context

The Communications Manager is currently producing a HSCP Communications Strategy. Cluster Quality Leads (CQLs) sit on, and often chair the seven HSCP Locality Planning Groups to ensure locality engagement, and joint planning. The Primary Care Improvement Plan will develop further details of programme stakeholder and communications objectives.

It is an anticipated programme communication objectives will focus on three key objectives:

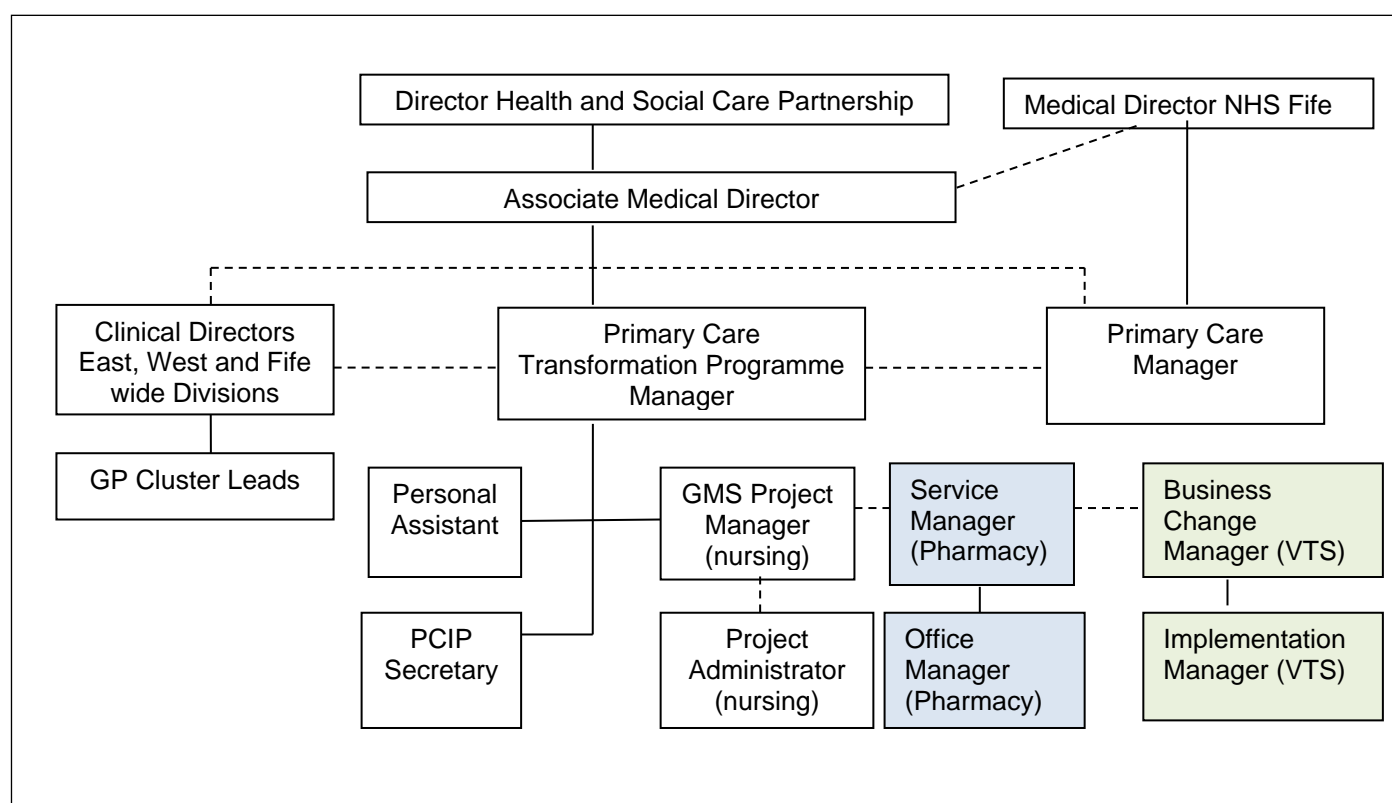
1. Stakeholder communication around planning.
2. Message Management to ensure stakeholders have a shared understanding of the overall programme vision, aims and key milestones.
3. Partnership working and engagement with stakeholders and the wider public around communication methods

Fife Health & Social Care Partnership Participation and Engagement Strategy outlines the principles and approach that it has adopted in Fife to ensure that our participation and engagement activities meet local expectations, national standards and the needs of everyone in Fife who has an interest in the development and delivery of health and social care services. This strategy is supplemented by our Consultation and Engagement Good Practice Guidelines, which aim to ensure a consistent approach to consultation that is good quality, supportive and effective so that individuals, groups, communities and organisations have opportunities to be fully engaged in an informed way

Let's Connect is our new campaign to promote our programme of change. This Let's Connect site is a one-stop-shop to keep on the pulse of what is going on across the Partnership's Change programme.

## 8 PROGRAMME MANAGEMENT

### 8.1 Overview



#### 8.1.1 Associate Medical Director

- lead on the Primary Care Transformation Programme.
- provide professional advice to the Director of Health and Social Care, and the Health and Social Care Partnership Management Team, and leadership and professional support to all medical staff within the Partnership. S/he will:

- share corporate leadership responsibility with the Partnership's Leadership Team for the strategic planning, operational delivery and quality and effectiveness of the Partnership's Management Team; taking a lead on specific projects or areas of work as necessary.
- act as the professional lead for all medical staff working within the Health and Social Care Partnership services and provide highly visible clinical leadership across the Partnership clinical sites.
- provide expert professional advice on key service and medical staffing issues.
- work with the Director of Health and Social Care and Board Medical Director to ensure that there are robust clinical and care governance systems in place in the Partnership.
- work with the Associate Director of Nursing, the Professional Lead for Social Work, Lead for Pharmacy and the Allied Health Professions to develop a culture which embeds Clinical and Care Quality and Governance and monitors its effectiveness.
- support the Director of Public Health in Caldicott Guardianship issues as they pertain to the Partnership.

### 8.1.2 Clinical Directors

- provide professional leadership and support to all medical staff within the Fife Health and Social Care Partnership.
- lead and promote a culture in which staff evaluate quality of care and achieve high standards and drive forward quality improvement, feel able to challenge and raise concerns of patient safety, and develop a culture of openness and transparency where everyone strives to learn and make improvements at individual, system and organisational level.
- ensure patient safety by overseeing specific patient pathways.
- ensure there are robust clinical and care governance systems in place to ensure effective assurance in delivering safe and effective care.
- monitor the effectiveness of clinical services within the Fife Health and Social Care Partnership.
- ensure parity of the structure and system across Fife and appropriate skill mix.

### 8.1.3 Primary Care Transformation Programme Manager

- support, lead and facilitate the implementation of the Fife Primary Care Improvement Plan and recommendations from the national

Transforming programmes including Primary Care working strategically and collaboratively across Fife.

- support the HSCP Associate Medical Director Lead and NHS Fife Board Medical Director in delivering the strategic development and implementation of the new GMS contract.
- work closely and collaboratively with the Primary Care Manager who operationally manages the independent Primary Care Contractor provision in NHS Fife.
- direct the strategic planning of primary care services to ensure a coherent, joint approach to service developments and redesign around general practice to ensure that services meet the needs of residents in Fife in line with statutory requirements and to achieve national and local strategic objectives, in particular the new GMS contract with good awareness of financial and human resource limits.
- provide leadership to foster strong clinical engagement and a positive and coherent approach across all of general practice and work closely with the primary care services manager to foster good working relationships with independent contractors.
- promote a coherent approach across all of primary care services to strengthen the involvement of patients, carers, local communities and key stakeholders.
- strengthen partnership working arrangements with multi-agency colleagues and provide leadership and direction to the development and review of the Primary Care improvement Plan with the HSCP Associate Medical Director in line with the GMS contract. Deputise for the Associate Medical Director as required.
- ensure local and national activities remain closely aligned with the overarching strategic policies.

#### **8.1.4 Primary Care Manager**

Primary Care Services are predominantly provided by independent general practice, dental and optometry contractors. The primary care manager in NHS Fife manages all areas pertinent to independent health contractors. In addition there is close working with directly employed primary care staff managed by the HSCP. With the new GMS contract, this is likely to expand.

#### **8.1.5 GMS Project Manager**

- Enable the implementation of the GMS contract in Fife.

- Lead communication and engagement with General Practice and managed services to ensure the future nursing model is co-produced.
- Lead the development of the necessary pathways and protocols required to enable the balance between standardisation (required for due governance) and the flexibility (required to ensure this is adding value to General Practice).
- Support development of the required workforce plan to meet the needs of General Practice in Fife including scoping future requirements.
- Implementation of the training and education plan to ensure the new workforce.
- Develop a detailed project plan for the redesign of clinical services/ workforce, support the implementation and monitor milestones.

#### **8.1.6 Service Manager (Pharmacotherapy)**

- provide a full clinical support service, including project management, business management, budget management, human resources and administrative services management, to the lead pharmacists for the Primary Care Pharmacy service in strategic and operational planning.
- take lead responsibility for specific projects as identified by the lead pharmacists from time to time, and represent the pharmacy department on these at a variety of levels in NHS Fife and in relation to partner agencies.
- take operational lead responsibility on Clinical Governance and health and safety within the on behalf of the lead pharmacists in order to ensure the department meets its clinical governance and health and safety standards and the requirements of NHS Fife.
- participate as a key member of the Pharmacy Clinical Services leadership team in order to implement the strategic aims of the service.
- provide line management for the administrative assistants working in East and West Divisions.

#### **8.1.7 PA to Primary Care Transformation Programme Manager**

- secretarial / administrative support the Primary Care Transformation Programme Manager.
- to plan, provide and manage the implementation of the Primary Care Improvement Plan and GP Quality Group meetings.
- to cross cover with and support the Associate Medical Director's PA and other PAs as appropriate and work closely with the Primary Care Improvement Plan Secretary.

### 8.1.8 Primary Care Improvement Plan Secretary

- provide all aspects of secretarial and administrative support to the work stream sub groups.
- support the Associate Medical Director's PA and the Primary Care Transformation Programme Manager's PA with the Primary Care Improvement Plan and associated groups and meetings.

## 8.2 Corporate Resource

The following corporate resources contribute to the planning and delivery of the Fife Primary Care Transformation Programme and GMS Contract Implementation.

Role	Key Contact	Designation
Communications Management	Hazel Williamson	HSCP: Communications Manager
Data & Quality Improvement	Alasdair Smith	NSS ISD Manager
Finance	Jacqueline Watson	NHS Fife: Management Accountant
Information Management and / eHealth	David Gowans Allan Young	NHS Fife: GP IT Advisor NHS Fife: eHealth Head of IT Operations
Workforce and Organisational Development	Rhona Waugh	NHS Fife: Head of Human Resources
Strategic Planning & Development	Fiona McKay	HSCP: Head of Strategic Planning
Corporate/Strategy Risk Management	Avril Sweeney	HSCP: Risk Compliance Manager
Locality Planning	Tracey Harley	HSCP: Locality Planning Coordinator
Premises	Jim Rotherham	NHS Fife: Facilities Manager
Public Health	Dr Neil Hamlet	NHS Fife: Consultant in Public Health
GP Cluster Support	Fay Richmond Ann Jackson	HSCP: Clinical Services Manager (West) HSCP: SPCC Project Manager (East)

## 9 PRIMARY CARE IMPROVEMENT PLAN (PCIP)

### 9.1 Development of the Primary Care Improvement Plan

This Primary Care Improvement Plan sets out the current position in Fife and identifies the future strategic developments that are required to support a sustainable service for the citizens of Fife. It takes into account the current position both in Scotland and locally as well as the national literature and intelligence. This framework sets out our plans for the next three years and beyond. It is a working document that will be reviewed and updated every six months and any changes to the plan agreed with the Fife GP sub-committee. Fife HSCP, NHS Fife and Fife GP subcommittee have committed to working collaboratively and have all contributed to this plan.

This framework fits with the Scottish Government's 20:20 Vision, new GMS contract, Memorandum of Understanding, NHS Fife's Clinical Strategy and the Fife Health and Social Care Strategic Plan which all aim to deliver joined up, integrated health and social care services for the people of Fife.

There was agreement with the LMC, the HSCP, and NHS Fife that a GP Contract Implementation Group would be convened to develop the Primary Care Improvement Plan. This requires to be agreed with the LMC and then onward submission to Scottish Government by July 2018.

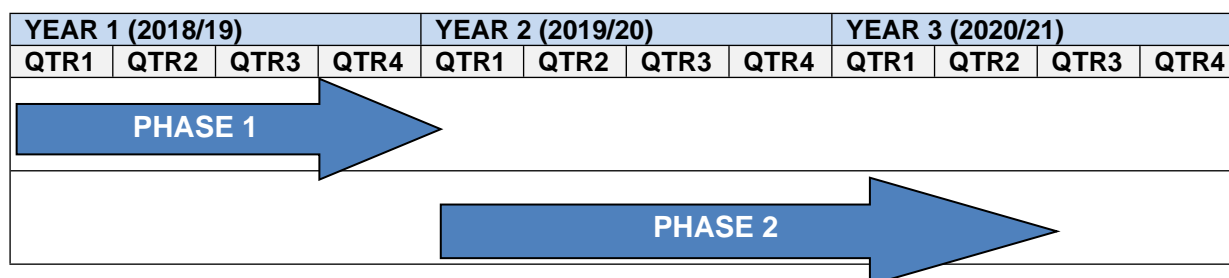
The Primary Care Improvement Plan for Fife aims to support general practitioners and their teams empower citizens to live healthy lives and to deliver holistic community based health care which enable people to access a range of high quality health and care services in their community.

The Integration Joint Board will hold the Associate Medical Director to account for delivery of the milestones set out in the Plan, in line with their responsibility to ensure delivery of Strategic Plans, and through regular reporting to Integration Joint Board.

Key partners and stakeholders will be fully engaged in the preparation, publication and review of the plans. (See section 7: Stakeholders and Communication).

### 9.2 Monitoring and Review

The Primary Care Improvement Plan will have two phases.



### 9.2.1 Phase One

#### Phase one will focus on:

- Developing a high level understanding of transformation processes;
- Identifying opportunities for early implementation of MOU priorities;
- Gathering appropriate data to undertake a detailed analysis;
- Completing the analysis, and agreeing 3 year plans with each of the 6 work stream sub groups.

This phase of the programme will be managed by the Primary Care Transformation Programme Manager.

### 9.2.2 Phase Two

#### Phase two will focus on:

- Undertaking the specific work stream sub group activities identified by phase one analysis and 3 year plan, to the agreed timescales; evaluating the outcomes and impact of the work stream sub group transformation projects.

This phase will be project managed by each work stream sub group with the support of LIS team and Finance Business Partners.

Throughout each phase, both the effectiveness of changes made and the financial impacts of those changes will be evaluated by the work stream sub groups and reported to the Primary Care Transformation Programme Manager via a 'highlight Report'.

#### Primary Care Transformation Programme Manager will:

- Produce a consolidated Gantt chart to identify project deliverables of all work streams.
- Produce a Project Plan template to assist with consistency of planning and evaluation for individual work streams.
- Produce a monthly performance report to the GMS Implementation Group reviewing delivery against the Primary Care Improvement Plan, exception reporting and interdependencies.
- Produce a consolidated risk register identifying high level operational and strategic risks for the monthly GMS Implementation Group.

## 9.3 Change Control

Change may be driven by internal and/or external sources, including:

- External – political, economic, social, technological, environmental or legal factors.
- External Government – eg Government policy, Ministers etc.
- External stakeholders – changes in the views, priorities or experiences, or changes in the type or number of stakeholders.
- Internal to the organisations which interface with the Programme – strategic and structural, including leadership and sponsorship.
- Internal to the Programme – especially staffing, but also including changes to the solution / model of care.
- The level of significance to raise a change request will be agreed by the GMS Implementation Group. Significant change requests linked to management of risk will be presented to the GMS Implementation Group for agreement.
- A change log will be maintained by the Primary Care Transformation Programme Manager and presented to the GMS Implementation Group at each stage review.
- Change control/exception reporting will be submitted by work stream sub groups to the GP Clinical Quality Group and GMS Implementation Group via an 'SBAR' template.

## 9.4 Year 1 (2018/19) Progress

### 9.4.1 Pharmacotherapy

As part of the GMS contract, a new three tiered pharmacotherapy service will be implemented in a phased approach across all GP practices over 3 years. Level one activities are at a generalist level of pharmacy practice focused on a range of acute and repeat prescribing and medication management activities (basic clinical). Level two (advanced) and level three (specialist) describe a more advanced clinical pharmacy practice and experience which are essential to ensure provision of a clinical/ patient facing role for the pharmacy team.

#### **Pharmacists and pharmacy technicians will take on responsibility for:**

- Core elements of the service, including: acute and repeat prescribing, medicines reconciliation, monitoring high risk medicines.
- Additional elements of the service, including: medication and polypharmacy reviews and specialist clinics (eg chronic pain).

By April 2021, every GP practice will benefit from the pharmacotherapy service.

The Scottish Practice Pharmacy and Prescribing Advisers' Association (SP<sub>3</sub>AA) has established a GP practice pharmacy sub group to lead and advise the

Directors of Pharmacy and the National Pharmacotherapy Implementation Group on the operational implementation of the service across boards.

The group will focus on the following key areas to be addressed:

- Governance arrangements/ service specification.
- Workforce modelling.
- Models of practice and evaluation.
- Priorities for phased introduction of the Pharmacotherapy service.

#### Current position

The Fife pharmacotherapy sub group have recruited a 0.6 (WTE) Pharmacy Technician; 5.9 (WTE) Practice Pharmacists and 0.6 (WTE) Senior Practice Pharmacists. There is currently still a vacancy for 0.6 (WTE) Senior Practice Pharmacist, 0.7 (WTE) practice pharmacist and a 1(WTE) Service Manager. The proposed priorities for the group (dependant on workforce and funding availability) are as follows:

#### **Proposed priorities in year 1-2**

- Safe, efficient repeat prescribing systems and transfer to serial prescribing.
- Up skilling of practice admin staff to undertake the admin aspects of the Pharmacotherapy service.
- Acute/special prescription requests.
- Medication/polypharmacy reviews, including face to face patient consultations
- Review of Immediate Discharge Letters and hospital out- Patient requests.
- Care Home reviews.
- Formulary adherence and audits.
- Medication queries.
- Compliance reviews.
- Review of high risk medicines monitoring processes.

#### **Proposed priorities for year 2-3**

- High risk medicines monitoring.
- Repeat prescribing/re-authorisation of repeat prescriptions.

### **9.4.2 Vaccination Transformation**

The Vaccinations Transformation Programme is reviewing and transforming how we deliver vaccinations in Scotland. Delivery will move away from the current position of GP practices being the preferred provider of vaccinations on the basis of national agreements. It is expected that HSCPs and NHS Boards to have all of the following vaccination programmes up and running by the end of the 3-year transition period - in April 2021:

1. pre-school programme.
2. school based programme.
3. travel vaccinations and travel health advice.
4. influenza programme.
5. at risk and age group programmes (shingles, pneumococcal, hepatitis B).

It is expected that each of the vaccination programmes will make meaningful progress over the first two years of transformation to demonstrate commitment to the change:

Transition to the new model will be planned to ensure that it can operate safely and sustainably, and changes will be made only in line with an agreed process within the work stream sub group 3 year delivery plan.

#### Current position

The transfer of the 0-5 year infant programme is almost complete. The vaccinations transformation sub group has undertaken a scoping exercise to understand the workforce and funding requirements to transfer influenza vaccinations out of General Practice and into centralised delivery. An options appraisal was submitted to the GMS Implementation Group in March 2019. The transfer of the influenza programme requires a pragmatic approach, and transfer will be planned in line with future allocations of the Fife Primary Care Improvement Fund, and GP Cluster priorities. GP Practices will continue to deliver influenza vaccinations for 2019/20.

### **9.4.3 Multidisciplinary Team Working (MDT)**

Additional professional roles will provide services for groups of patients with specific needs that can be delivered by clinicians other than GPs, serving as first point of contact in the practice setting as part of the wider multi-disciplinary team. These include (but are not limited to) physiotherapy services, community mental health services and community links worker services.

Musculoskeletal problems frequently cause repeat appointments and are a significant cause of sickness absence in Scotland. The majority of a GP's musculoskeletal caseload can be seen safely and effectively by a physiotherapist without a GP referral. Under the new contract, HSCPs will develop models to embed a musculoskeletal service within practice teams to support practice workload. In order to provide a realistic alternative for patients, access times must be comparable to those of general practice. Priority for the service, such as focusing on elderly care, will be determined by local needs.

Community clinical mental health professionals (eg nurses, occupational therapists), based in general practice, will work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input by mental health workers funded through Action 15 monies.

A Community Links Worker (CLW) is a non-clinical practitioner based in or aligned to a GP practice or cluster who works directly with patients to help them navigate and engage with wider services. They often serve a socio-economically deprived community or assist patients who need support because of for example, the complexity of their conditions. As part of the Primary Care Improvement Plan, HSCPs will develop CLW roles in line with the Scottish Government's manifesto commitment to deliver 250 CLWs over the life of the Parliament. The roles of the CLWs will be consistent with assessed local need and priorities and function as part of the local models of care and support.

Local priorities will be outlined in the MDT work stream sub group 3 year delivery plan.

### Current position

- **MSK Physio**  
Two Physiotherapists were recruited and allocated to Levenmouth GP Cluster in year 1 (2018/19). Three for year 2 (2019/20), two have been recruited and one to go out to advert.
- **Mental Health Triage.**

The Fife Mental Health Care Home Liaison Service was established in 2017 as part of a suite of service developments funded jointly by the Scottish Government's Primary Care Mental Health Services Fund and Primary Care Transformation Fund.

A total of £507,601 was allocated from the PCTF, which supplemented a sum of £188,650 from within the existing Mental Health Service budget to provide a Mental Health Care Home Liaison Service across Fife.

The breakdown of spend from the PCTF is as follows:

1.0 WTE Consultant Psychiatrist  
1.0 WTE Band 7 Nursing  
4.0 WTE Band 5 Nursing  
1.0 WTE Band 4 Administrative Support Assistant  
Travel/Equipment/Stationery/Other

The breakdown of spend from the Mental Health Services Fund:

1.0 Consultant Psychiatrist  
1.0 WTE Band 6 Nursing  
2.0 WTE Band 5 Nursing  
Travel/other

In year 1 (2018/19) of the Primary Care Improvement Plan, the mental health care home liaison service was reviewed and there is a plan to reconfigure the service to be more integrated with primary care and the care home ANPs. This is to be delivered in the first half of year 2 with the monies being reinvested for the primary care improvement plan. In 2018/19 three mental health triage nurses and one nurse team leader were recruited and allocated between Cowdenbeath and Glenrothes GP

Clusters. It is recommended three additional mental health triage nurses are recruited and allocated to further GP Clusters in year 2 (2019/20) subject to confirmation of the Fife PCIF allocation for 2019/20 by Scottish Government.

- Community Link Workers

Three Local Area Coordinators (LACs) were appointed in 2017/18 under Primary Care Transformation Funds. The LACs were allocated to Levenmouth, Glenrothes, Kirkcaldy and Cowdenbeath/Lochgelly GP Clusters. The Multi-disciplinary Team Working sub group are currently working collaboratively to understand existing models of delivery across Fife Health and Social Care, and the wider Health and Social Care landscape and consider reconfiguration and redesign.

#### 9.4.4 Nursing Treatment Room (Including Phlebotomy)

There will be a three year transition period to allow the responsibility for providing community treatment and care services to pass from GP practices to HSCPs. By April 2021, these services will be commissioned by HSCPs, and delivered in collaboration with NHS Boards that will employ and manage appropriate nursing and healthcare assistant staff. Phlebotomy will be delivered as a priority in the first stage of the Nursing Treatment Room work stream sub group 3 year delivery plan.

Community treatment and care services include many non-GP services that patients may need, including (but not limited to):

- management of minor injuries and dressings.
- phlebotomy.
- ear syringing.
- suture removal.
- chronic disease monitoring and related data collection.

In some areas, (for reasons of premises, practicality or geography) the NHS Board may operate these services from separate facilities. The principles agreed by the parties to the MOU will ensure that patient safety, person-centred care and sustainability remain at the heart of these services as they develop, wherever they are delivered.

Patients should be able to conveniently and confidently access community treatment and care services. In some circumstances it may be appropriate for certain GP practices, such as small remote and rural GP practices, to locally agree to deliver these services. If GP practices locally agree to deliver community treatment and care services, then support will be provided in the form of either expenses for the required practice employed staff capacity, or the deployment of NHS Board employed staff.

It is expected that community care and treatment services will be available for use by primary and secondary care. For example, pre-hospital clinic bloods could be carried out for a requesting consultant without having to involve the GP practice staff. The consultant's name would be on the test result to avoid unnecessary GP involvement.

### Current position

Seventeen Phlebotomists were appointed in year 1 (2018/19) and a centralised Phlebotomy service was subsequently rolled out to every GP Practice in Fife. This was a year 1 Scottish Government priority, and Fife appears to be unique in this significant achievement.

The service is currently recruiting to six part time posts across Fife to ensure that all GP Practices receive the phlebotomy support that has been allocated. The community treatment work stream will embark on a scoping exercise, supported by the LIS team in year 2.

## **9.4.5 Urgent Care**

Urgent care redesign focuses on In hours urgent and unscheduled care, and developing the roles of other clinical and nonclinical professions, working in the practice, to support physical and mental health. The Scottish Government and SGPC have agreed that an area of GP workload that needs to be addressed is urgent unscheduled care, including the provision of advanced practitioner resource as first response for home visits. Relevant support includes advanced practitioner resource, such as a nurse or a specialist paramedic, for GP clusters and GP practices, serving as first response for home visits.

### Current position

Three Advanced Nurse Practitioners (ANPs) were appointed in year 1 (2018/19), with nine additional trainee ANPs commencing in March 2019. One ANP has been allocated to each GP Cluster in Fife, with one additional ANP allocated to Levenmouth GP Cluster and North East Fife GP Cluster based on GP Cluster priorities. Initially these ANPs are working in Care Homes across Fife, with a longer term plan to grow and develop the model. The In Hours Urgent Care sub group are currently evaluating the impact of the new model of care. The Urgent Care model will be defined further in year 2.

## **9.4.6 Primary Care and Secondary Care Interface**

Interface working is best achieved through well-functioning primary and secondary care interface groups. These groups will support NHS Boards and HSCTs to reduce GP workload and provide a better patient experience by removing the need for GP involvement when it is not clinically necessary. These include:

- Improved processes for routine follow-up of hospital procedures and results of tests.
- Allow the issuing of fit note certificates by secondary care providers at the time of discharge, where the condition being treated is the cause of a temporary disability.
- More efficient use of the primary care multi-disciplinary team by ensuring secondary care staff request patient visits by the most appropriate professional for their condition eg social care or district nurse.
- Changes to the referral pathway for patients who do not attend (DNA) hospital appointments to remove the need for GP referrals.

## Current position

The Fife Interface Network (FINE) is now established and co-chaired by Dr Glynn McCrickard, GP Quality Lead and Dr Andy Kinnon, Secondary Care Lead. The newly established group will focus on interface challenges, and identify the key priorities to support safe and effective care at point of transition (or when shared care is required).

### **9.4.7 Premises (Funded Separately)**

Practice premises are increasingly perceived as an unwanted liability by potential GP partners; and this has become a barrier to recruitment, retention and retirement.

The Scottish Government and SGPC recognise and support a long-term shift that gradually moves towards a model which does not presume GPs own their practice premises. To this end the Scottish Government and the SGPC have agreed a National Code of Practice for GP Premises (“the Code”) which sets out how the Scottish Government will support a shift, over 25 years, to a new model in which GPs will no longer be expected to provide their own premises. The contract offer proposes that from 1 April 2018, the Code will be introduced and revised Premises Directions will take effect. The Code sets out how the Scottish Government will achieve a significant transfer away from GPs of the risks of providing premises. To enable this transfer of risk, the Scottish Government will make available assistance of up to £30 million by 2021 (£10 million per year from 2018) to GPs with premises related liabilities. This will be through the establishment of a GP Premises Sustainability Fund. This represents a 24% increase in funding for supporting GPs with premises (compared to 2015/16, the latest available figures).

GP contractors who wish to continue to provide their own accommodation will be free to do so. They will continue to be eligible to receive rent re-imbursements under premises directions. NHS Boards will support GP contractors who currently lease premises from private landlords. The Code sets out what GP contractors who lease their premises need to do to ensure that their NHS Board takes over the responsibility of providing their premises.

There are three ways in which NHS Boards can take on the responsibility of providing a GP contractor with practice premises. These are:

- negotiating a new lease for the GP contractor’s current premises, with the NHS Board as the tenant.
- accepting assignation of the GP contractor’s current lease.
- providing alternative accommodation for the GP contractor when its current lease expires.

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

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

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

### Current position

The Premises sub group is currently scoping accommodation requirements across Fife and agreeing priorities with GP Clusters.

#### 9.4.7 Primary Care Improvement Plan Tracker (as at 01.04.19)

YEAR	MoU WORKSTREAM	PRIORITIES	SOURCE	RESPONSIBLE GROUP	LEAD	DUE	RAG LAST PERIOD	RAG THIS PERIOD	STATUS
Year 1	Governance	Fife primary care implementation plan approved by IJB/NHS Fife Board	PCIP	Programme Team	Dr Seonaid McCallum	QTR1	G	G	Closed
Year 1	Governance	GMS implementation group established and meets regularly to lead the implementation of the primary care transformation plan in Fife	PCIP	Programme Team	Dr Seonaid McCallum	QTR1	G	G	Closed
Year 1	Governance	Establish a GMS Quality Group to inform and assure proposed clinical models	PCIP	Programme Team	Dr Seonaid McCallum	QTR1	G	G	Closed
Year 1	Governance	Actively engage with General Practitioners in Fife regarding the implementation of the Primary Care Improvement Plan in Partnership with the LMC, Cluster Quality Leads and GP subcommittee.	PCIP	LMC Quality Lead Sub-committee	Dr John Kennedy and Dr Alan McGovern	QTR1	G	G	Closed
Year 1	Governance	Develop a Risk Register with risk mitigation plans	PCIP	GMS Implementation Group	Dr Seonaid McCallum	QTR2	G	G	Closed
Year 1	Governance	Identify the needs to General Practice and clusters to ensure the priorities for implementation are needs led.	PCIP	Fife Practice Managers Association	Les Elder	QTR2	G	G	Closed
Year 1	Governance	Develop communication and engagement strategy to actively involve General Practice and Cluster Quality Leads	PCIP	Corporate Support	Hazel Williamson	QTR4	G	A	Active

Year 1	Governance	Identify the key elements of implementation that may require a change in service for the population of Fife to support patient/public engagement (Subgroup reports and advice from P.E.N)	PCIP	Corporate Support	Hazel Williamson	QTR4	G	A	Active
Year 1	Governance	Identify the key elements of implementation that may require a change in service for current employees to support staff engagement in partnership with staff side colleagues (Subgroup reports and advice from LPF)	PCIP	Corporate Support	Hazel Williamson	QTR4	G	A	Active
Year 1	Governance	Develop a clear process to support the identification and prioritisation of financial needs associated within implementation of the GMS contract in Fife	PCIP	Corporate Support	Jacqueline Watson	QTR4	G	A	Active
Year 1	Governance	Prioritise available primary care transformation funds to commence recruitment to new posts within the finances available in Year 1 of the transformation programme likely to include a mix of nursing, phlebotomy, pharmacy and AHP based on cluster needs	PCIP	Corporate Support	Jacqueline Watson	QTR4	G	A	Active
Year 1	Governance	Define the workforce additional workforce requirements and develop a recruitment plan spanning 2018-2021 with clear stages and priorities.	PCIP	Workforce Strategy Group	Rhona Waugh	QTR4	G	A	Active
Year 1	Additional Professional Services (MDT, Link Workers, MSK)	The Multi-disciplinary Team subgroup will develop a 3 year implementation plan to support the development of the primary care team including allied health professionals, community mental health and local larea	PCIP	MDT in Practice Group	Dr Lorna Donaldson and Sally O'Brien	QTR3	A	R	Active

		community coordinators/community links workers.							
Year 1	Additional Professional Services (MDT, Link Workers, MSK)	Define the workforce requirements and recruitment plan for physiotherapy service to meet the needs of General Practice in Fife by 2021	PCIP	MDT in Practice Group	Dr Lorna Donaldson and Grant Syme	QTR3	G	A	Active
Year 1	Additional Professional Services (MDT, Link Workers, MSK)	Define the advanced practice strategy in Fife for Nurses, Midwives and AHPs.	PCIP	MDT in Practice Group	Dr Lorna Donaldson and Ken Quinn	QTR4	G	A	Active
Year 1	Additional Professional Services (MDT, Link Workers, MSK)	Define a clear career pathway aligned to the national career framework that support NMAHP/Pharmacy career development within Primary Care	PCIP	MDT in Practice Group	Dr Lorna Donaldson and Ken Quinn	QTR4	G	A	Active
Year 1	Additional Professional Services (MDT, Link Workers, MSK)	Clarify educational and practice experience requirements for the future workforce to support succession planning and upskilling (i.e. start training staff now for future posts)	PCIP	MDT in Practice Group	Dr Lorna Donaldson and Ken Quinn	QTR4	G	A	Active
Year 1	Community Treatment & Care Services	The multi-professional Nursing group will develop a three year implementation plan to inform how community treatment can best be provided to local communities, including minor injuries and dressings, phlebotomy, ear syringing,	PCIP	Nursing Group	Dr Helen Hellewell and Nicky Connor	QTR3	G	A	Active

		suture removal, chronic disease monitoring and phlebotomy. The group will also support Advanced Nurse Practice and links with other nursing transformation work including District Nursing.							
Year 1	Community Treatment & Care Services	Define the workforce requirements and recruitment plan for community care and treatment room service to meet the needs of General Practice in Fife by 2021	PCIP	Nursing Group	Dr Helen Hellewell and Nicky Connor	QTR3	A	R	Active
Year 1	Community Treatment & Care Services	Define the workforce requirements and recruitment plan for phlebotomy service to meet the needs of General Practice in Fife by 2021	PCIP	Nursing Group	Dr Helen Hellewell and Nicky Connor	QTR3	G	A	Active
Year 1	Community Treatment & Care Services	Define the advanced practice strategy in Fife for Nurses, Midwives and AHPs.	PCIP	Nursing Group	Dr Helen Hellewell and Nicky Connor	QTR4	G	A	Active
Year 1	Community Treatment & Care Services	Clarify educational and practice experience requirements for the future workforce to support succession planning and upskilling (i.e. start training staff now for future posts)	PCIP	Nursing Group	Dr Helen Hellewell and Nicky Connor	QTR4	G	A	Active
Year 1	Community Treatment & Care Services	Define a clear career pathway aligned to the national career framework that support NMAHP/Pharmacy career development within Primary Care	PCIP	Nursing Group	Dr Helen Hellewell and Nicky Connor	QTR4	G	A	Active
Year 1	Pharmacotherapy Services	The pharmacotherapy group will develop a three year implementation plan to ensure that pharmacy support delivers core tasks (acute prescribing, repeats, discharge letters, medication	PCIP	Pharmacotherapy Group	Dr Alison Austin and Andrea Smith	QTR3	G	A	Active

		compliance reviews); advanced tasks (medication review, resolving high risk medication problems); and specialist tasks (polypharmacy reviews, specialist clinics							
Year 1	Pharmacotherapy Services	Define the workforce requirements and recruitment plan for pharmacy service to meet the needs of General Practice in Fife by 2021	PCIP	Pharmacotherapy Group	Dr Alison Austin and Andrea Smith	QTR4	G	A	Active
Year 1	Pharmacotherapy Services	Clarify educational and practice experience requirements for the future workforce to support succession planning and upskilling (i.e. start training staff now for future posts)	PCIP	Pharmacotherapy Group	Dr Alison Austin and Andrea Smith	QTR4	G	A	Active
Year 1	Pharmacotherapy Services	Define a clear career pathway aligned to the national career framework that support NMAHP/Pharmacy career development within Primary Care	PCIP	Pharmacotherapy Group	Dr Alison Austin and Andrea Smith	QTR4	G	A	Active
Year 1	Premises	The Premises group will support and lead work to reduce the risks associated for independent contractors through reviewing GP Owned Premises, GP Leased Premises.	PCIP	Premises Group	Dr Moontarin Ansar and Joyce Kelly	QTR3	A	R	Active
Year 1	Premises	Engage with General Practice to understand the current opportunity and challenge in relation to premises and accommodation	PCIP	Premises Group	Dr Moontarin Ansar and Joyce Kelly	QTR3	A	R	Active
Year 1	Premises	Identify where services can be delivered on a practice basis and where a cluster based approach may be required	PCIP	Premises Group	Dr Moontarin Ansar and Joyce Kelly	QTR3	A	R	Active
Year 1	Premises	Identify where services may need to	PCIP	Premises Group	Dr Moontarin Ansar	QTR4	G	A	Active

		be delivered via local hospitals or community centres to meet practice requirements			and Joyce Kelly				
Year 1	Premises	Financial Plan for any additional costs associated with premises	PCIP	Premises Group	Dr Moontarin Ansar and Joyce Kelly	QTR4	G	A	Active
Year 1	Primary & Secondary Care Interface, SPSP	Establish multi-professional working group and implementation plan to support quality care at the point of interface between Secondary and Primary Care	PCIP	Interface Working Group	Dr Glyn McCrickard and Dr Andy Kinnon	QTR2	G	A	Closed
Year 1	Primary & Secondary Care Interface, SPSP	The Primary Care Interface sub group will identify the key priorities for implementation to support safe and effective care at point of transition or when shared care is required.	PCIP	Interface Working Group	Dr Glyn McCrickard and Dr Andy Kinnon	QTR3	A	R	Active
Year 1	Urgent Care Services	In hours urgent care sub group reviews evaluation of Glenrothes pilot and plans future models of care with costings	PCIP	In Hours Urgent Care Group	Dr Sharon Mullan	QTR4	G	A	Active
Year 1	Vaccination Transformation Programme	The vaccination subgroup will develop and lead the implementation of major transformation of immunisations programme to support this transferring from a General Practice Delivered service to a HSCP delivered service.	PCIP	Vaccinations Group	Dr Sarah Lim and Fiona Duff	QTR3	G	A	Active
Year 1	Vaccination Transformation Programme	Define the workforce requirements and implementation plan to support the transfer of vaccination services from General Practice to the HSCP	PCIP	Vaccinations Group	Dr Sarah Lim and Fiona Duff	QTR3	G	A	Active
Year 2	Governance	Additional recruitment of staff identified through the needs assessment and implementation plans to enable improved coverage across Fife and embed a successful	PCIP	Workforce Strategy Group	Rhona Waugh	QTR1	G	G	Not Started

		model of community teams to support General Practice in Fife.							
Year 2	Governance	Define the e-health strategy to support primary care including General practice and associated support services (e.g. community nursing, MDT)	PCIP	eHealth Board	David Gowans	QTR1	G	G	Not Started
Year 2	Governance	Clarify the hardware requirements for any additional IT "kit" e.g. laptops and outline implementation plan by 2021	PCIP	Primary Care IT Group	David Gowans	QTR1	G	G	Not Started
Year 2	Governance	Identify any software requirements to support cluster working including access to clinical records at point of care delivery	PCIP	Primary Care IT Group	David Gowans	QTR1	G	G	Not Started
Year 2	Additional Professional Services (MDT, Link Workers, MSK)	Coordinating with action 15, new community mental health workers are funded to support GPs whose patients' mental health needs can be managed by primary care within local communities	PCIP	MDT in Practice Group	Sally O'Brien	QTR1	G	G	Not Started
Year 2	Additional Professional Services (MDT, Link Workers, MSK)	The role of rural community link workers/Local Area Coordinators (LAC) will be assessed in the context of existing pilot projects designed to connect patients to different forms of community support and a decision taken about how best to embed these arrangements	PCIP	MDT in Practice Group	Dr Lorna Donaldson	QTR1	G	G	Not Started
Year 2	Additional Professional Services (MDT, Link Workers, MSK)	A review of whether the provision of citizens advice with LAC in GP surgeries would benefit patient outcomes and if found to be helpful, embed this	PCIP	MDT in Practice Group	Dr Lorna Donaldson	QTR1	G	G	Not Started
Year 2	Additional	Define the workforce requirements	PCIP	MDT in Practice	Dr Lorna	QTR1	G	G	Not

	Professional Services (MDT, Link Workers, MSK)	and plan to develop community link workers /citizen advice or Local Area Co- ordinations aligned to General Practice in Fife by 2021 including pilot projects where applicable.		Group	Donaldson				Started
Year 2	Additional Professional Services (MDT, Link Workers, MSK)	Develop orientation programmes for new staff to support integration to the primary care team and organisational development support availability given transformational change in way of working	PCIP	MDT in Practice Group	Dr Lorna Donaldson and Ken Quinn	QTR1	G	G	Not Started
Year 2	Additional Professional Services (MDT, Link Workers, MSK)	Engagement with Higher education to support pre- registration experience within General practice	PCIP	MDT in Practice Group	Dr Lorna Donaldson and Ken Quinn	QTR2	G	G	Not Started
Year 2	Community Treatment & Care Services	Increased community treatment & care and phlebotomy staff	PCIP	Nursing Group	Dr Helen Hellewell and Nicky Connor	QTR1	G	G	Not Started
Year 2	Community Treatment & Care Services	Develop orientation programmes for new staff to support integration to the primary care team and organisational development support availability given transformational change in way of working	PCIP	Nursing Group	Dr Helen Hellewell and Nicky Connor	QTR1	G	G	Not Started
Year 2	Community Treatment & Care Services	Engagement with Higher education to support pre- registration experience within General practice	PCIP	Nursing Group	Dr Helen Hellewell and Nicky Connor	QTR2	G	G	Not Started
Year 2	Pharmacotherapy Services	Develop orientation programmes for new staff to support integration to the primary care team and organisational development support availability given transformational change in way of working	PCIP	Pharmacotherapy Group	Dr Alison Austin and Andrea Smith	QTR2	G	G	Active
Year 2	Pharmacotherapy	Engagement with Higher education to	PCIP	Pharmacotherapy	Dr Alison Austin	QTR1	G	G	Not

	Services	support pre- registration experience within General practice		Group	and Andrea Smith				Started
Year 2	Urgent Care Services	Work is undertaken with the Scottish Ambulance Service to embed paramedics within local in hours urgent care systems. A review of in hours urgent care pilots across Scotland and embed good practice. Coordination with out of hours urgent care.	PCIP	In Hours Urgent Care Group	Dr Sharon Mullan	QTR1	G	G	Active
Year 3	Governance	Continue with recruitment to support the full implementation of the workforce requirements associated with all agreed subgroup implementation plans	PCIP	Workforce Strategy Group	Rhona Waugh	QTR1	G	G	Not Started
Year 3	Governance	Continue with the delivery of the implementation plans for all subgroups to support full implementation of the primary care improvement plan in Fife.	PCIP	Programme Team	Rachel Wyse	QTR1	G	G	Not Started
Year 3	Vaccination Transformation Programme	Detailed flu vaccination transformation plan is fully implemented taking into account local circumstances	PCIP	Vaccinations Group	Dr Sarah Lim and Fiona Duff	QTR3	G	G	Not Started

## APPENDICES

**Appendix 1: Fife GP Cluster Structure**

**Appendix 2: Fife GP Cluster Priorities (as at October 2018)**

**Appendix 3: GP Clinical Quality Group Terms of Reference and Meeting Dates**

**Appendix 4: Work Stream Sub Groups Terms of Reference**

- Pharmacy Service
- Primary Care Nursing Services
- Vaccinations
- In Hours Urgent Care
- Practice Based MDT Working
- Premises
- Primary/Secondary Care Interface &
- Primary Care SPSP

**Appendix 5: Work Stream Sub Group Key Milestones and Deliverables**

**Appendix 6: GMS Implementation Group Terms of Reference**

**Appendix 7: Fife H&SCP Strategic Plan 2016-19 - [Appendix 7 H&SCP Strategic Plan 2016-19.pdf](#)**

**Appendix 8: Fife H&SCP Participation and Engagement Plan - [Appendix 8 HSCP Public Involvement Strategy.pdf](#)**

**Appendix 9: Fife H&SCP Communication Strategy 2016-19 - [Appendix 9 Fife H&SC Communication Strategy 2016-19.pdf](#)**

**Appendix 10: Fife H&SCP Workforce Strategy 2019-2022 - [Appendix 10 Workforce & Organisational Development Strategy 2016-19.pdf](#)**

**Appendix 11: Primary Care Improvement Fund 3 Year Financial Plan (2018/21)**

**Appendix 12: Work Stream 3 Year Workforce Plan (2018/21)**

## REFERENCES

1. The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018. <https://www.legislation.gov.uk/ssi/2018/66/contents/made>
2. General Medical Services Contract (2018). <https://www.gov.scot/publications/2018-gms-contract-scotland>
3. GP Contract Memorandum of Understanding. <https://www2.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract/Memorandum-of-Understanding>
4. National Code of Practice for GP Premises. <https://www.gov.scot/publications/national-code-practice-gp-premises/>
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9. Fife Health & Social Care Partnership – Locality Planning. <https://www.fifehealthandsocialcare.org/publications/>
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11. Local Intelligence Support Team (LIST). <https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Local-Intelligence-Support-Team/GP-Clusters/>

<b>Title</b>	<b>PCIP: Project Initiation Document (PID)</b>
<b>Prepared By</b>	<b>Primary Care Transformation Programme Manager</b>
<b>Approved By</b>	<b>Associate Medical Director</b>
<b>Date Effective From</b>	<b>01.04.2019</b>
<b>Version Number</b>	<b>1.6</b>
<b>Review Frequency</b>	<b>Annually</b>
<b>Next Review Date</b>	<b>01.04.2020</b>
<b>Contact</b>	<b>Rachel Wyse : <a href="mailto:r.wyse@nhs.net">r.wyse@nhs.net</a></b>

**Revision History:**

<b>Version</b>	<b>Date</b>	<b>Summary of Changes</b>	<b>Initials</b>	<b>Changes Marked</b>
1.1	05.04.2019	Draft Document	RW	SM changes
1.2	10.04.2019	Draft Document	RW	SM changes
1.3	11.04.2019	Draft Document	RW	SM changes
1.4	12.04.2019	Draft Document	RW	Workforce appendix
1.5	18.04.2019	Draft Document	RW	Governance points feedback
1.6	03.06.2019	Draft Document	RW	Governance points feedback

**Approvals:** This document requires the following signed approvals.

<b>Name/Title</b>	<b>Date</b>	<b>Version</b>
<i>Dr Seonaid McCallum, Associate Medical Director</i>	08.04.2019	1.4
<i>Dr Phil Duthie, GP Sub Committee</i>	16.04.2019	1.4
<i>GMS Implementation Group (Programme Board)</i>	16.04.2019	1.4
<i>Senior Leadership Team</i>	15.04.2019	1.4
<i>HSCP Finance and Performance Committee</i>	21.05.2019	1.5
<i>Integration Joint Board</i>	21.06.2019	1.6

**Distribution:** This document has been distributed to

<b>Name:</b>	<b>Title/Division:</b>	<b>Date of Issue:</b>	<b>Version:</b>

## APPENDIX 1

### West Division Clusters

CLUSTER	PRACTICE NAME	PRACTICE CODE
<b>ONE</b>	Wallsgreen Medical Practice Cardenden	F2025-4
	Cowdenbeath Surgery	F2030-5
	Crossgates Medical Practice	F2035-8
	Kelty Medical Practice	F2080-3
	Meadows Lochgelly	F2138-4
	Benarty Medical Practice	F2142-1
	Lochgelly Medical Practice	F2143-5
	Dr Thompson	F2144-0
<b>CQL</b>	<b>Dr Sara Lim</b>	<b>F2138-4</b>

CLUSTER	PRACTICE NAME	PRACTICE CODE
<b>TWO</b>	Valleyfield Health Centre	F2072-9
	Inverkeithing Medical Group	F2075-2
	Charleston Surgery	F2130-8
	Inzievar Medical Practice	F2165-1
	Drs Boggan and Halford	F2166-6
	Park Road Practice	F2176-0
<b>CQL</b>	<b>Dr Lorna Donaldson</b>	<b>F2075-2</b>

CLUSTER	PRACTICE NAME	PRACTICE CODE
<b>THREE</b>	Nethertown Surgery	F2045-1
	New Park Medical Practice	F2046-6
	Hospital Hill Surgery	F2047-1
	Millhill Surgery	F2048-5
	Bellyeoman Practice	F2049-0
	Linburn Road Health Centre	F2050-2
	Primrose Lane Medical Centre	F2175-5
<b>CQL</b>	<b>Dr Alison Austin</b>	<b>F2045-1</b>

CLUSTER	PRACTICE NAME	PRACTICE CODE
<b>FOUR</b>	Burntisland Medical Group	F2015-1
	Links Practice, Burntisland	F2017-0
	Kinghorn Medical Practice	F2090-7
	Nicol Street Surgery	F2095-0
	Dr Anderson and Partners	F2096-4
	Bennochty Medical Practice	F2097-9
	St Brycedale Surgery	F2098-3
	Path House Medical Practice	F2099-8
	Dr Flynn and Partners	F2100-7
	Dr Mitchell and Partners	F2101-1
	Dr McGlone	F2102-6
<b>CQL</b>	<b>Dr Glyn McCrickard</b>	<b>F2100-7</b>

## East Division Clusters

### Glenrothes Cluster

	PRACTICE NAME	PRACTICE CODE
	Lomond Practice, Glenrothes	F2060-6
	North Glen Medical Practice, Glenrothes	F2061-1
	The Glenwood Practice, Glenrothes	F2063-0
	Cos Lane Medical Practice, Glenrothes	F2065-9
	Roths Medical Practice, Glenrothes	F2066-3
	Leslie Medical Practice	F2115-3
	Markinch Medical Practice	F2145-4
<b>CQL</b>	<b>Dr Helen Hellewell</b>	

### Levenmouth Cluster

	PRACTICE NAME	PRACTICE CODE
	Muiredge Surgery, Buckhaven	F2010-8
	Kennoway Medical Group	F2085-6
	Dr McLaren & Partners, Leven	F2125-7
	Dr Page & Partners, Leven	F2127-6
	Methilhaven Surgery	F2150-5
	Airlie Practice, Methil	F2152-4
<b>CQL</b>	<b>Dr Sharon Mullan</b>	<b>F2085-6</b>

## North East Fife Cluster

	PRACTICE NAME	PRACTICE CODE
	Anstruther Medical Practice	F2000-4
	Auchtermuchty Practice	F2005-7
	Eden Villa Practice, Cupar	F2040-9
	Bank Street Medical Practice, Cupar	F2041-3
	Howe of Fife Surgery, Ladybank	F2110-1
	Pitcairn Practice Leuchars & Balmullo	F2120-4
	Newburgh Surgery	F2155-8
	Tayview Medical Practice	F2160-9
	Pittenweem Surgery	F2173-6
	Blackfriars Medical Practice, St Andrews	F2182-5
	Pipeland Medical Practice, St Andrews	F2183-0
<b>CQL</b>	<b>Dr John Kennedy</b>	<b>F2120-4</b>

## CLUSTER PRIORITIES

	LEVENMOUTH S Mullan	N E FIFE M Ansar	GLENROTHES H Hellewell	KIRKCALDY G McCrickard	DUNFERMLINE A Austin	COWDENBEATH S Lim	WEST FIFE F Henderson
1.	ANP Homes & Practice	CPN or Mental Health Support	CPN or Mental Health Support	Pharmacist 1.25 per 500 ptnts	Pharmacist 1.25 per 5000 ptnts	CPN	CPN Counselling Services
2.	Physiotherapist	ANP Homes	Physiotherapist	CPN or Mental Health Support	CPN or Mental Health Support	ANP	Physiotherapy Triage
3.	Mental Health Support	Pharmacists	Paramedics / Hse Visits	Treatment Room Nurse	Physiotherapist	Physiotherapist	ANP
4.	Pharmacist (not technician)	Paramedic Support	Pharmacist	Podiatry	ANP Homes & Hse Visits		Pharmacy
5.	Phlebotomist	Social Work	ANP Care Homes	Physiotherapist	Phlebotomist		Paramedic Practitioners
6.	Social Worker/Link	Phlebotomist	Phlebotomist	Social Worker/Link	Social Worker/Link		Social Wrk based In Practice
Also	T/R Nurse (Dr Page) Additional Admin Time	Shared Patient Transport Protected Learning Time					Increased Resources For H@H Frail/elderly Training admin Staff re workflow Management/signposting

**General Medical Service Contract (2018) Implementation  
Clinical Quality Group  
Draft Terms of Reference (June 2018)**

**1. Background**

A strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.

The General Medical Services Contract 2018 came into force on 1 April 2018. This is underpinned by the Memorandum of Understanding detailing priorities for implementing the new GMS contract and also NHS Scotland Workforce Plan Part 3 – Improving Workforce Planning for Primary Care in Scotland.

Within Fife a co-ordinated Primary Care Improvement Plan is being produced that will be endorsed by NHS Fife, Fife Health and Social Care Partnership and the GP Sub-committee.

Implementation in Fife will be led via the Primary Care Transformation General Medical Council Contract (2018) group underpinned by subgroups for all priority areas.

**2. Purpose of Group**

The GP Clinical Quality group is responsible for:

- Advising the GMS Implementation Group regarding clinical quality aspects of the implementation.
- Quality assuring that proposed plans are clinically focused.

**Remit**

Through multi-professional membership the GP Clinical Quality group will:

- Review implementation plans developed by subgroups to assure that any changes are clinically sound, evidence based (where evidence available) and will provide safe patient care rather than the emphasis on changes being operationally/ financially attractive.
- Provide assurance that implementation plans are in line with the priority areas for the GMS contract to enable service design between 2018-2021.
- Identify any clinical risks and advise subgroups regarding mitigation or support escalation.
- Scrutiny, constructive challenge and advice on matters relating to clinical and care governance and use data where appropriate.

- Support linkages connections in plans across all sub-groups to reduce any risk of duplication and share good practice.
- Review plans in line with the key elements of clinical governance including clinical effectiveness, audit/evaluation; education/training; patient/service user engagement and risk management.
- Develop and advise on the quality measurements that should guide implementation plans.

### 3. Membership

The GP quality group will be chaired by the Associate Medical Director and supported by a multi-professional group across General Practice, Health and Social Care Partnership and NHS Fife:

- HSCP Associate Medical Director (Chair)
- 7 Cluster Quality Leads (At Least One From East And West At Each Meeting )
- 3 Clinical Directors
- GP Sub-Committee Rep
- Heads Of Nursing Rep
- Pharmacy Rep
- AHP Rep
- SPSP Lead
- East And West Practice Manager Rep
- Primary Care Manager
- Primary Care Transformation Programme Manager (When In Post)
- ISD Manager

Additional members will be required to attend as requested for specific areas as implementation progresses including HSCP Head of Strategic Planning, Performance and Commissioning, 3rd sector, Volunteer rep, Estates, Tech programme manager, staff side and patient representative.

### 4. Quorum

To be quorate the meeting requires to have present: Chair (or a designated deputy chair); 4 General Practitioners (including at least one from East and one from West division) and 2 additional members

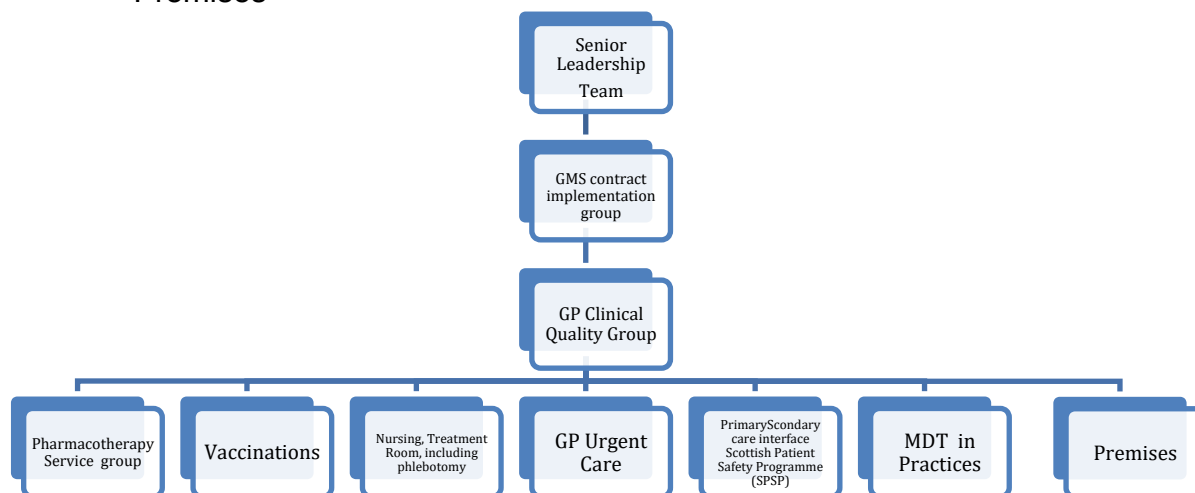
### 5. Frequency of meetings

The group will meet on a 6 weekly basis or more frequently where deemed required order to ensure the remit is fulfilled.

### 6. Subgroup Structure

The GP Quality Group will provide clinical quality advice to the specific subgroups for

- Pharmacotherapy Services
- Vaccinations
- Nursing: Community care and treatment (& phlebotomy);
- In hours GP urgent Care
- Primary/Secondary interface/ primary care SPSP
- Multidisciplinary Team (including MSK, mental health and local area coordinators)
- Premises



## 7. Reporting Arrangements

The GP quality group will:

- Report to the GMS Implementation Group
- Support the development of reports for the clinical and care governance committee Close working with staff wide regarding any changes and workforce implications is key and reports will be provided to the Local Partnership Forum
- Participation and Engagement with Patients will be supported through engagement with the Patient Engagement Network
- Briefings will be provided to GP Sub-committee.

Ratified on:

## **GP CLINICAL QUALITY GROUP MEETING DATES FOR 2019**

All meetings will be held at 9-10.30am in MR1, Glenwood Health Centre

Tuesday 5<sup>th</sup> February

Tuesday 5<sup>th</sup> March

Tuesday 2<sup>nd</sup> April

Tuesday 7<sup>th</sup> May

Tuesday 4<sup>th</sup> June

Tuesday 2<sup>nd</sup> July

Tuesday 6<sup>th</sup> August

Tuesday 3<sup>rd</sup> September

Tuesday 1<sup>st</sup> October

Tuesday 5<sup>th</sup> November

Tuesday 3<sup>rd</sup> December

## APPENDIX 4

### NHS Fife Pharmacotherapy Service Implementation Group (draft)

#### Remit

To oversee the local delivery of the Pharmacotherapy Service over a three year period until 2021, to support workforce and workload planning and ensures a governance framework in place to help standardise the service across practices.

The implementation group will report to the GP Clinical Quality Group which reports into the GMS Implementation group.

#### Terms of reference

In the first instance the group will consider the following objectives:

- To agree the remit and terms of reference of the pharmacotherapy group
- To develop and agree a three year project plan to support implementation of the service
- To consider and advise on:
  - The phased implementation of the service
  - The resources required to implement the service
  - Roles, responsibilities of pharmacists and pharmacy technicians
  - Governance, supervision, education and training, clinical accountability, professionalism, support and integration
  - Workforce planning to ensure sustainability
  - Models of practice that accommodate individual GP practice requirements
  - Professional indemnity arrangements
- To consider any associated implementation implications including transitional arrangements and assuring liability arrangements
- To develop a communications plan to keep key stakeholders informed of implementation
- To liaise with GP prescribing forums, GP prescribing leads and GP cluster Quality leads regarding implementation of the contract.

#### Membership

HSCP Lead Pharmacist  
 Clinical Director - one from East/West  
 GP Cluster Leads (East and West)  
 Lead Pharmacists (East and West) or deputy  
 Lead Pharmacy Technician (East or West)  
 GP Prescribing Leads (East and West)  
 Practice Managers (East and West)  
 Pharmacy Champion /Community Pharmacy Fife Representative  
 LMC Representation  
 Primary Care Department

**Timescale** - The implementation group will meet 6 weekly during 2018. V3 15/5/18

**Fife Primary Care Transformation  
General Medical Service Contract (2018) Implementation Group  
Draft Terms of Reference (May 2018)**

**1. Background**

A strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.

The 2018 Scottish General Medical Services (GMS) Contract has been developed to re-invigorate general practice and to re-energise its core values. It aims to create a dynamic and positive career for doctors and ensure that patients continue to have accessible, high quality general medical services.

The General Medical Services Contract 2018 came into force on 1 April 2018. This is underpinned by the Memorandum of Understanding detailing priorities for implementing the new SMS contract and also NHS Scotland Workforce Plan Part 3 – Improving Workforce Planning for Primary Care in Scotland.

Within Fife a co-ordinated Primary Care Improvement Plan is being produced that will be endorsed by NHS Fife, Fife Health and Social Care Partnership and Fife Local Medical Committee (LMC) and GP Sub-committee.

Implementation in Fife will be led via the SMS Contract Implementation Group underpinned by a GP Clinical Quality Group and working subgroups for all priority areas.

**1. Purpose of Group**

The Primary Care Transformation General Medical Services Contract Implementation Group is responsible for the implementation of the General Medical Services Contract in Fife in line with the requirements set out in the Memorandum of Understanding (MoU) via the writing and development of Fife primary care improvement plan.

**2. Remit**

The Primary Care Transformation General Medical Services Contract Implementation Group will support:

- **Patient Care** by championing the benefit that the new contract offers to enhance patient care including: maintaining and improving access (contact); introducing a wider range of health professionals to support the expert medical generalist (comprehensiveness); enabling more time with the GP for patients when it is really needed (continuity); and providing more information and support for patients (co-ordination).

- **General Practitioners** through the development of the role of General Practitioners as Expert Medical Generalists and clinical leaders within the primary care team supporting complex care, undifferentiated presentations, urgent care, whole system activity and quality improvement.
- **Improving the infrastructure** including premises and e-health.
- **Enabling a manageable workload** through valuing and building the contribution of the primary care multi-disciplinary team; improving primary/secondary care interface working and reducing contractual complexity in line with the MoU.
- **Enable Service Redesign Between 2018-2021** with focus on: vaccinations services; pharmacotherapy service; community treatment and care services (including Phlebotomy); urgent care services; and Multi-disciplinary team (including musculoskeletal physiotherapy services, community mental health services and community link worker service).
- **Scrutiny, prioritisation and constructive challenge** to enable the achievement of the projects aligned to the implementation group through effective management of programme and associated resources.
- **Governance and Best Value** by ensuring that all recommendations for business decisions, which have a financial or workforce impact, have been through a thorough assurance process, including feedback from the GP Clinical quality group, in relation to clinical quality assessment; equality impact assessment, financial impact and staff governance.
- **Manage Risk** through shared clinical and managerial oversight of implementation plans to identify risks, develop mitigation plans or escalate risk as required.
- **Minutes** to be shared with the Local Medical Committee.

### 3. Membership

The GMS Implementation group will be chaired by the Associate Medical Director and supported by a multi-professional group across General Practice, Health and Social Care Partnership and NHS Fife:

- HSCP Associate Medical Director (Chair)
- HSCP Associate Director Of Nursing
- HSCP Clinical Directors
- HSCP Lead Pharmacist
- HSCP Chief Finance Officer
- Associate Director AHPs
- Chair Of Practice Managers Group
- Primary Care Manager

- Primary Care Transformation Programme Manager (Title And Remit Not Yet Confirmed)
- GP-Sub Office Bearers
- HSCP Divisional General Managers (Or Deputy)
- Head Of Human Resources
- NHS Fife Rep
- ISD Manager
- Public Health Consultant
- Staff Side Representation
- Practice and Professional Development (as and when required)

Additional members will be required to attend as requested by the Implementation Group for specific areas as implementation progresses including HSCP Head of Strategic Planning, Performance and Commissioning, 3rd sector, Volunteer rep, Estates, Tech programme manager.

#### 4. Quorum

To be quorate the meeting requires to have present: Chair (or a designated deputy chair); General Practitioner; 4 additional members

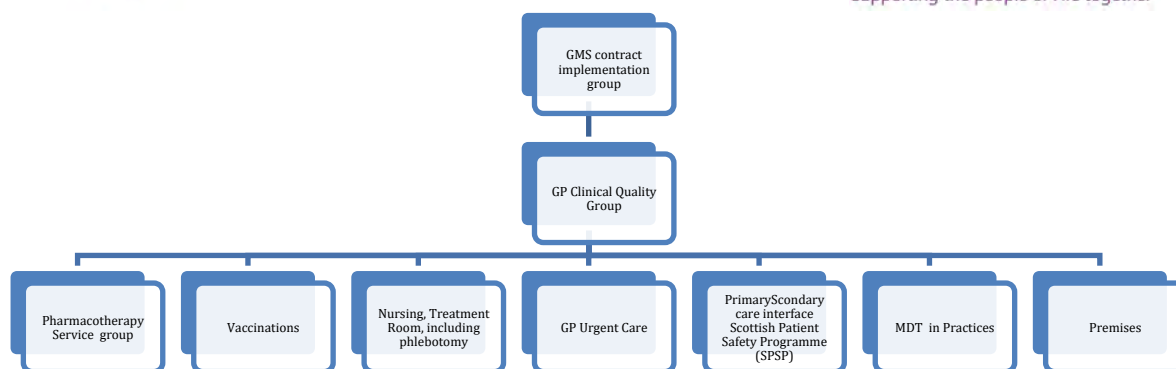
#### 5. Frequency of meetings

The group will meet on a 6 weekly basis or more frequently where deemed required order to ensure the remit is fulfilled.

#### 6. Subgroup Structure

The GMS contact implementation group will be supported by GP Clinical Quality Group and a range of topic specific working subgroups as outlined below which will:

- By co-chaired by a subject expert and GP Cluster Quality Lead to enable multi-professional engagement and expertise on priority areas (pharmacotherapy; vaccinations; community care and treatment (& phlebotomy); GP urgent Care; Primary/Secondary care interface; Multidisciplinary Team, Premises.
- Define requirements and develop the implementation plans required to enable delivery within the timeframe required ensuring engagement with key stakeholders
- Engage with the GP Clinical Quality group to ensure the quality aspects of the implementation in particular ensuring that the focus is on whether it is the right clinical thing to do rather than that is it operationally/financially attractive.
- Make recommendations on implementation and escalate any risks for implementation to the GMS implementation group.



## 7. Reporting Arrangements

- The GMS Contract Implementation Group reports to the Senior Leadership Team.
- All projects and work streams progress to the group at an agreed frequency (which may vary depending on the group and stage of implementation).
- Clinical models will be discussed at the GP clinical subgroup who will make recommendations to the GP implementation Group.
- Reports will be provided to the Integration Joint Board and Sub-committees as relevant including Clinical and Care Governance, finance and performance and audit and risk.

## 8. Engagement

- Briefings will be provided to GP Sub-committee and Local Medical Committee.
- Close working with staff wide regarding any changes and workforce implications is key and reports will be provided to the Local Partnership Forum.
- Participation and Engagement with Patients will be supported through engagement with the Patient Engagement Network.

Ratified on:

## **AREA IMMUNISATION STEERING GROUP (AISG)**

### **TERMS OF REFERENCE**

#### **1. ROLE**

- 1.1 To provide a multi-professional forum to provide strategic oversight and governance within NHS Fife and Fife Health and Social Care Partnership on all aspects of immunisation.
- 1.2 To discuss and recommend standards and good practice for NHS Fife and Fife Health and Social Care Partnership in accordance with national guidelines and policy.
- 1.3 Ensure risk appraisal in relation to service provision within NHS Fife and Fife Health and Social Care Partnership.

#### **2. REMIT**

- 2.1 Maintain an oversight of the delivery, quality and effectiveness of immunisation programmes, including routine childhood and adult immunisation schedules, BCG, hepatitis B, and staff seasonal influenza. These programmes may be supplemented by other programmes as determined.
- 2.2 Maintain a robust governance framework to support immunisation activities, covering:
  - Scrutiny of immunisation uptake rates, inequalities and vaccine-preventable disease surveillance
  - Audit and quality assurance activities
  - Risk reporting / management and adverse incident management
  - Operating policies and standards
  - Education & training activity and standards
  - Improvement and Engagement activities
  - Workforce planning and business continuity
  - Financial review
- 2.3 Liaise with the Scottish Government Health Department (SGHD) and Health Protection Scotland (HPS) in matters relating to implementation of immunisation policy.
- 2.4 Review and monitor annual work plans developed by the Major Changes Implementation Group (MCIP) for the purposes of strategic oversight, risk appraisal and governance within NHS Fife on all aspects of immunisation.
- 2.5 Provide assurance to the Board.

2.6 Report on progress annually.

### **3. REPORTING ARRANGEMENTS**

3.1 The AISG will receive minutes from:

- Major Changes Immunisation Programme (MCIP).

3.2 Minutes of AISG meetings will be submitted to the Public Health Assurance Committee (which has input from the H&SCP Senior Leadership Team), the Primary Medical Services Monitoring Group, and the Child Health Management Group.

3.3 An annual integrated Immunisation Report will be submitted to the Public Health Assurance Committee for scrutiny, and thereafter to the NHS Fife Clinical Governance Committee. The report will also be submitted to the Clinical and Care Governance Committee for information and cross-assurance.

### **4. MEMBERSHIP**

- Dona Milne, Director of Public Health, Executive Lead for Immunisation (Chair);
- Esther Curnock, Consultant in Public Health Medicine
- Lynn Burnett, NHS Fife Immunisation Coordinator;
- Fiona Duff, Immunisation Project Lead,
- NHS Fife Vaccine Transformation Programme Business Change Manager;
- William John, Public Health Pharmacist (tbc);
- Mary Paris, Business Manager, Children's Services;
- Nicky Connor, Associate Nurse Director;
- Joyce Kelly, Primary Care Manager;
- Lynne Garvey, Senior Manager, Community Children's Services;
- Fiona Robertson, Management Accountant;
- Aileen Lawrie, Head of Midwifery/Nursing, Planned Care

### **5. METHOD OF DELIVERY**

5.1 Meetings of the AISG will be held bi-annually/ 2 times per annum.

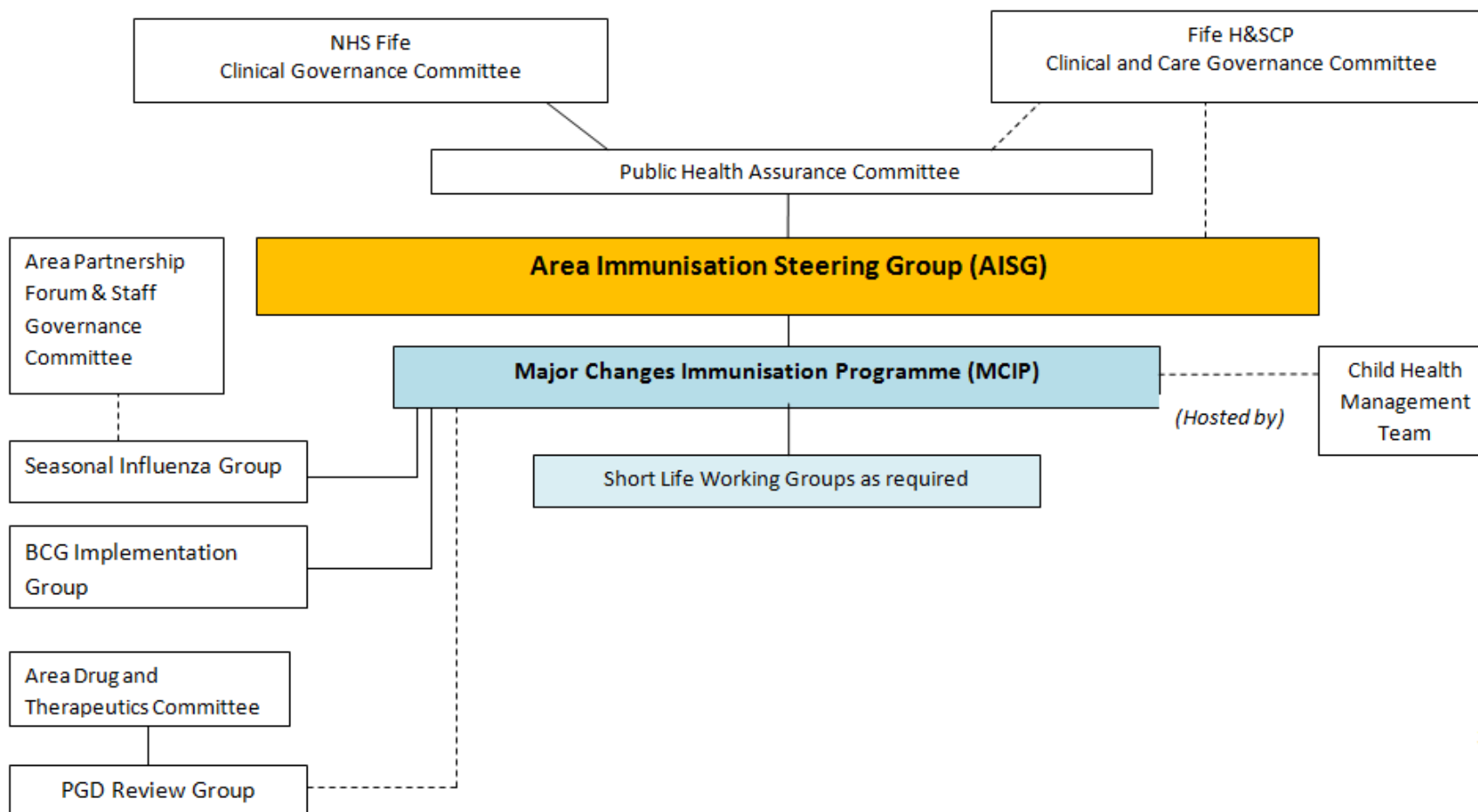
5.2 Administrative support will be provided by the Department of Public Health.

5.3 Members are asked that in any instance where they may be unable to attend that a depute is nominated.

5.4 Operational oversight will be led by the Major Changes Implementation Group (MCIP) which will meet bi-monthly, additional sub-groups will be established as required to ensure delivery of the annual work plan.



Solid line = Direct line of reporting for quality assurance  
Dashed line = Reporting for information & cross-assurance



## **Fife GMS Contract Multi-Disciplinary Team (MDT) Working Group**

### **Terms of Reference (May 2018)**

#### **1 Background**

The General Medical Services Contract 2018 came into force on 1 April 2018. This is underpinned by the Memorandum of Understanding detailing priorities for implementing the new GMS contract and also NHS Scotland Workforce Plan Part 3 – Improving Workforce Planning for Primary Care in Scotland.

NHS Fife, Fife Health and Social Care Partnership and the GP Sub-committee will agree one coordinated Primary Care Improvement Plan produced for Fife underpinned by key subgroups including MDT.

#### **2 Expectations of the GMS contract: MDT Working Group.**

As part of a three year transition plan the management of Mental Health and Musculoskeletal problems will pass from GP practices to HSCP's.

By April 2021, these services will be commissioned by HSCPs, and delivered in collaboration with NHS Boards that will employ and manage appropriate staff. Mental Health will be delivered as a priority in the first stage of the Primary Care Improvement Plans.

Local circumstances and demand will determine where it is most appropriate to safely situate these services. Patients should be able to conveniently and confidently access services.

#### **3 Purpose of Group**

The MDT Working Group:

- Is responsible for the planning, oversight and implementation MDT in line with the requirements set out in the Memorandum of Understanding for the new Scottish General Medical Service Contract.

#### **4 Remit**

The Multi-disciplinary Team Working Group will:

- **Identify and agree the need and requirements** across Fife for MDT.
- **Support priority setting** in line with the needs identified from clusters
- **Develop the brief business plan** to secure Primary Care Transformation Funding to support sustainable MDT service in Fife.
- **Lead the development** of a three year transition plan to enable the management of MDT to pass from GP practices to HSCP by 2021.



- **Agree pathways** to access MDT (as it may be available for use by primary and secondary care).
- **Ensure robust governance** through: effective management of the implementation plan; monitor progress, record and escalate risks; stakeholder identification and any associated communication and engagement strategy and delivery; patient safety and outcomes and cost effectiveness.
- **Support connection** to other transformation work.

## 5 Membership

The MDT Working Group will be co-chaired by Lorna Donaldson (initially Dr Fiona Henderson until resignation Oct 18) & Sally O'Brien, a GP Cluster Quality Lead and Lead Nurse for Mental Health respectively. The membership of the MDT Working Group comprises:

- Dr Lorna Donaldson GP Cluster Quality Lead (co-chair)
- Sally O'Brien (co-chair)
- Frances Baty
- Tracy Gray
- Grant Syme
- Practice Manager Jen Walls

*New attendees from April 2019*

- *Fiona Mackay re LAC's*
- *Ken Quinn (head of nursing)*

Deputies can be nominated where members are not able to attend. Additional members will be required to attend as requested by the Working Group for specific areas as implementation progresses including wider reference too cluster quality group, practice managers, estates, acute, lab interface.

## 6 Quorum

To be quorate the meeting requires to have present:

- One of the Chairs
- 3 additional members

## 7 Frequency of meetings

The MDT Working Group will initially monthly or more frequently where deemed required order to ensure the remit is fulfilled.

## 8 Governance

The MDT working Group will:



- Provide scrutiny and challenge to ensure the achievement of the projects aligned to the implementation group.
- Authorise changes to the delivery plan provided the programme of implementation remains within the scope of these terms of reference.
- Ensure that all recommendations for business decisions, which have a financial impact, have been through a thorough assurance process, including the outcomes of option appraisal where relevant, in relation to clinical quality assessment, equality and diversity assessment, financial impact.
- Effective management of programme and associated resources to deliver agreed outcomes.
- Identify any risks and issues within scope and develop mitigation plans or if required escalate the risk to the GMS Implementation Group.

## 9 Reporting Arrangements

- The MDT Working Group will report to the GP Clinical Quality Group which reports into the GMS implementation group
- Clinical models will be discussed at the GP clinical Quality group
- There will require to be close connections and working with other implementation groups.
- Briefings to cluster quality leads

Ratified on: 12<sup>th</sup> April 2019



## Fife GMS Contract Premises Working Group

### Draft Terms of Reference (May 2019)

#### Contents

#### 1. Background

#### 2. GP Premises

##### 2.1 National GP Premises Sustainability Fund

##### 2.2 National Code of Practice for GP Premises

#### 3. Purpose

#### 4. Remit

##### 4.1 Year 1 Priorities:

#### 5. Membership

#### 6. Frequency & Quorum

#### 7. Governance

#### 7 Reporting Arrangements

##### 7.1 Exception Reporting

#### 8 References



## 1. Background

The General Medical Services (GMS) contract 2018 refocuses the GP role as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership. All aspects are equally important. The aim is to enable GPs to do the job they train to do and enable patients to have better care.

GP and GP practice workload will reduce and refocus under the proposals, as the wider primary care multi-disciplinary team is established and service redesign embedded. By the end of the 3 year planned transition period, for example, GP pharmacists will deal with acute and repeat prescribing and autonomously provide pharmaceutical care through medication and polypharmacy reviews - all tasks currently requiring GP time.

This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. These priorities include:

- 1) vaccination services
- 2) pharmacotherapy services
- 3) community treatment and care services
- 4) urgent care services
- 5) additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services.
- 6) Premises

The contract proposes significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability. Sustainable general practice is critical for better care for patients.

## 2. GP Premises

### 2.1 National GP Premises Sustainability Fund

The GP Premises Sustainability Fund has been established, investing an additional £30 million over the next three years. Scottish Government will support a shift over 25 years to a new model in which GPs will no longer be expected to own their own premises. Health Boards will therefore provide GP



contractors with interest-free secured loans through the Scottish Government's 'GP Premises Sustainability Fund'. In the longer term, GPs will no longer be required to enter into lease agreements with private landlords and NHS boards will gradually take on the responsibility from GP contractors for negotiating and entering into leases with private landlords, and the subsequent obligations for maintaining the premises.

In Summary:

- Comes into effect 1<sup>st</sup> April 2018
- All GP Practices/contractors who own their premises will be eligible to receive a sustainability loan by 2023
- The fund can be used to help GPs with dilapidation claims where they have taken all reasonable steps to reduce the amount payable to the landlord (if the budget allows)
- All GP Practice leases to be transferred to Health Boards by 2043 in 5 year cycles
- Provided via Health Boards, funded by the Scottish Government
- Interest-free, secured against the property
- Loan of 20% of existing-use value of premises
- Health Boards will complete the purchase of the GP owned estate from 2038 onwards. (GP contractors should not expect their Health Board to buy their premises before then).

## 2.2 **NATIONAL CODE OF PRACTICE FOR GP PREMISES**

The National code of Practice for GP Premises sets out how the Scottish Government will achieve a significant transfer away from GPs of the risk of providing premises, and what GP contractors need to do in order to ensure that their NHS Board takes over the responsibility of providing their premises. This falls into three broad categories (with conditions) for Health Boards:

- Negotiating a new lease for the current premises with the NHS as tenant
- Accepting assignation of the current lease
- Providing alternative accommodation when the current lease expires

## 3. **Purpose**

The Premises Working Group Is responsible for the planning, oversight and implementation of the new 'National GP Premises Sustainability Fund' and 'Code of Practice for GP Premises' in Fife with a view to:

- Mitigating risks associated with GPs as independent contractors owning or leasing practice premises
- Facilitating delivery of multi-disciplinary team working in Fife Primary Care in accordance with the Primary Care Improvement Plan.



## 4. Remit

The Premises Working Group will:

- Provide sustainability loans to practices
- Lead the development and implementation of a three year transition plan to enable the management of premises to pass from GP practices to HSCP by 2021
- Scope and identify the accommodation and IT requirements across Fife to support the delivery of the Fife Primary Care Improvement Plan.
- Develop the Premises Group business plan to secure Primary Care Transformation Funding.
- Implement the PCIP accommodation and IT requirements across Fife in consultation and agreement with Fife GP Clusters, Fife Practice Managers and work stream leads/co-chairs.
- Ensure robust governance through: effective management of the implementation plan; monitor progress, record and escalate risks; stakeholder identification and any associated communication and engagement strategy and delivery; patient safety and outcomes and cost effectiveness.
- Inform and support wider Fife HSCP Primary Care Transformation work.

### 4.1 Year 1 Priorities:

- The Premises group will support and lead work to reduce the risks associated for independent contractors through reviewing GP Owned Premises, GP Leased Premises.
- Engage with General Practice to understand the current opportunity and challenge in relation to premises and accommodation.
- Identify where services can be delivered on a practice basis and where a cluster based approach may be required.
- Identify where services may need to be delivered via local hospitals or community centres to meet practice requirements.
- Financial Plan for any additional costs associated with premises.

## 5. Membership

The Premises Working Group will be co-chaired by Joyce Kelly and Dr M Ansar, GP Cluster Quality Lead. The membership of the Premises Working Group comprises:

Name	Role	Remit
Andy Fairgrieve	<b>Chair/Director of Estates</b>	<ul style="list-style-type: none"> <li>• chairing the sub group Project Team;</li> <li>• manage the risks, including the development of contingency plans;</li> <li>• prepare and report to the GP Clinical Quality and GMS Implementation Groups through SBAR Reports.</li> <li>• provide communication links with interdependent work stream for Fife PCIP</li> <li>• subject matter expert for NHS Fife Estates</li> <li>• shared responsibility for the scoping, planning and transfer of all GP Practice leases to NHS Fife by 2043 and access to Estates support and resources.</li> <li>• shared responsibility for the implementation of MDT working in Fife Primary Care.</li> </ul>
Dr Phil Duthie	<b>Co-chair/GP Cluster Quality Lead &amp; GP Sub Committee Representative</b>	<ul style="list-style-type: none"> <li>• be a clinical champion for change and innovation</li> <li>• identify key stakeholders and engage them throughout the project</li> <li>• negotiate and secure clinical stakeholder agreement to the approach and methodology</li> <li>• engage and reflect the views of the multi-professional team in the ongoing development of the project</li> <li>• identify need for further interventions to promote clinical engagement.</li> <li>• act as a role model for continuous improvement and development</li> <li>• work with colleagues in the Programme Team to promote a cohesive approach in taking forward this project</li> <li>• advise on and support the collection of relevant data to undertake analysis</li> <li>• provide expert clinical advice on the interpretation of the data</li> <li>• share learning from the work</li> <li>• support the development of the spread and sustainability strategy for the changes proposed</li> <li>• provide ownership of project locally and provide regular reports on progress, risks and issues.</li> <li>• represents the interests of primary care doctors (General Practitioners, Locums, Out of Hours Doctors, GP Registrars)</li> </ul>
Dr Moontarin Ansar	<b>GP Cluster Quality Lead</b>	<ul style="list-style-type: none"> <li>• subject matter expert for General Practice</li> <li>• be a clinical champion for change and innovation</li> <li>• engage and reflect the views of the multi-professional team in the ongoing development of the project</li> <li>• identify need for further interventions to promote clinical engagement.</li> <li>• act as a role model for continuous improvement and development</li> <li>• advise on and support the collection of relevant data to undertake analysis</li> <li>• provide expert clinical advice on the interpretation of the data</li> <li>• share learning from the work</li> <li>• support the development of the spread and sustainability strategy for the changes proposed</li> </ul>

Joyce Kelly	<b>Primary Care Manager</b>	<ul style="list-style-type: none"> <li>• Subject matter expert for Primary Care Services in Fife</li> <li>• responsible for two way communication/feedback between Premises staff and primary care staff / GP services.</li> </ul>
David Gowans	<b>Primary Care GP IM&amp;T Advisor</b>	<ul style="list-style-type: none"> <li>• subject matter expert for NHS Fife GMS IM&amp;T.</li> <li>• responsible for assessing, planning and delivery of PCIP GMS IM&amp;T requirements and access to GMS IT support and resources.</li> <li>• communicating and liaising with GP Practices, GP Clusters, Practice Managers, MDTs and work streams on PCIP IM&amp;T requirements.</li> <li>• addressing GMS IM&amp;T issues</li> </ul>
Julie Parkinson	<b>Primary Care Premises Lead</b>	<ul style="list-style-type: none"> <li>• subject matter expert for GP Premises</li> <li>• responsible for communication between the Premises Group and Scottish Government National Group</li> </ul>
Carol Potter	<b>Director of Finance</b>	<ul style="list-style-type: none"> <li>• subject matter expert for financial planning.</li> </ul>
Jim Rotheram	<b>Facilities Manager</b>	<ul style="list-style-type: none"> <li>• provide advice and support on accommodation scoping, planning, change/project management and access to facilities support and resources.</li> <li>• responsible for addressing accommodation issues, liaising with GP Practices, GP Clusters, Practice Managers, MDTs and work streams on PCIP accommodation requirements.</li> </ul>
Jacqueline Watson	<b>Primary Care Accountant</b>	<ul style="list-style-type: none"> <li>• responsible for providing finance reports and addressing finance queries and issues, including WTE/headcount actual and forecast.</li> </ul>
Allan Young	<b>Head of IT Operations</b>	<ul style="list-style-type: none"> <li>• provide advice on NHS Fife eHealth Strategy.</li> <li>• responsible for scoping, planning, change/project management of PCIP eHealth requirements and access to eHealth support and resources.</li> </ul>
Linda Logan	<b>Admin Support</b>	<p>In collaboration with the group chair/co-chair:</p> <ul style="list-style-type: none"> <li>• prepare meeting agenda, venue, calendar invites, email distribution list</li> <li>• produce action note/register</li> <li>• complete issue log/risk register</li> <li>• complete HSCP communications and marketing request forms</li> <li>• highlighting any upcoming milestones</li> </ul>

Deputies can be nominated where members are not able to attend. Additional members will be required to attend as requested by the Working Group for specific areas as implementation progresses including wider reference too cluster quality group, practice managers, estates, acute, lab interface.

## 6. Quorum

Meetings will take place on a monthly basis and will last approximately 1.5 hours. Meeting invitations will be circulated 1 week in advance of proposed meeting dates. The Chair will have overall responsibility to decide if the appropriate quorum of membership is available. This will be based on the requirements of the meetings and the attendance of the appropriate resources and knowledge base.

To be quorate the meeting requires to have present:

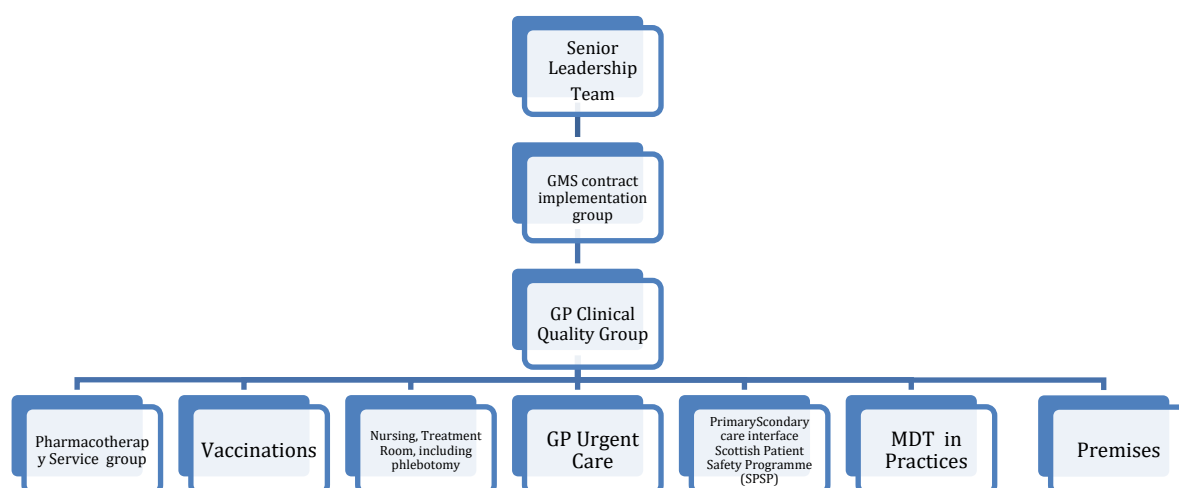
- One of the Chairs
- 3 additional members

Meeting Date	Time	Location

## 7. Governance

The Scottish Government has established a national group responsible for the implementing of the National Code of Practice for GP Premises'. Julie Parkinson, Primary Care Premises Lead sits on this group on behalf of NHS Fife.

The Primary Care Transformation Programme is subject to NHS Fife and Fife Health & Social Care Partnership clinical and care governance and financial governance, into which the HSCP Senior Leadership Team (SLT) reports.



Each work stream sub group is responsible for designing a set of performance indicators and measures for each transformation project in alignment with the MOU 6 key indicators of success.

Each work stream sub group reports to the GMS Implementation Group and GP Clinical Quality Group at intervals agreed in the work stream project plan.

Suggested work stream sub group key milestones and deliverables are available from the programme team, along with a suite of templates to monitor operational risks, communications plan, highlight report and PCIF allocations. Work stream sub groups may wish to develop their own.

## 7 Reporting Arrangements

- The Premises Working Group will report to the GP Clinical Quality Group which reports into the GMS implementation group
- Clinical models will be discussed at the GP clinical Quality group
- There will require to be close connections and working with other implementation groups.
- Briefings to cluster quality leads

### 7.1 **EXCEPTION REPORTING**

Where it is identified that quality outcomes are not being achieved the following mitigation measures will be adopted:

- Work stream leads to provide a comprehensive SBAR report setting out actions to deliver quality measures.
- Identification of where quality measures are not being achieved reported to the GMS Implementation Group via SBAR exception reporting.

The Premises Working Group will:

- Provide scrutiny and challenge to ensure the achievement of the projects aligned to the implementation group.
- Authorise changes to the delivery plan provided the programme of implementation remains within the scope of these terms of reference
- Ensure that all recommendations for business decisions, which have a financial impact, have been through a thorough assurance process, including the outcomes of option appraisal where relevant, in relation to clinical quality assessment, equality and diversity assessment, financial impact.
- Effective management of programme and associated resources to deliver agreed outcomes
- Identify any risks and issues within scope and develop mitigation plans or if required escalate the risk to the GMS Implementation Group

The Premises work stream is accountable to the GMS Implementation Group.

## 8 References

- 1 The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018. <https://www.legislation.gov.uk/ssi/2018/66/contents/made>
- 2 General Medical Services Contract (2018). <https://www.gov.scot/publications/2018-gms-contract-scotland/>
- 3 GP Contract Memorandum of Understanding. <https://www2.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract/Memorandum-of-Understanding>
- 4 National Code of Practice for GP Premises. <https://www.gov.scot/publications/national-code-practice-gp-premises/>
- 5 Achieving Excellence in Pharmaceutical Care – A Strategy for Scotland. The Scottish Government, Pharmacy and Medical Division. September 2017. <https://www.gov.scot/Resource/0052/00523589.pdf>
- 6 A National Clinical Strategy for Scotland. <https://www.gov.scot/publications/national-clinical-strategy-scotland/>
- 7 Health and Social Care Delivery Plan. <https://www.gov.scot/publications/health-social-care-delivery-plan/>
- 8 National Health and Social Care Workforce Plan – Part 3. <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-3-improving-workforce/>
- 9 Fife Health & Social Care Partnership – Locality Planning. <https://www.fifehealthandsocialcare.org/publications/>
- 10 Fife Health & Social Care Partnership – Public Engagement. [http://publications.fifedirect.org.uk/c64\\_PESstrategyFVApproved02.06.2016FINAL.pdf](http://publications.fifedirect.org.uk/c64_PESstrategyFVApproved02.06.2016FINAL.pdf)
- 11 Local Intelligence Support Team (LIST). <https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Local-Intelligence-Support-Team/GP-Clusters/>

## **Fife GMS Contract 2018 “Interface Network” Terms of Reference – March 2019 (v3)**

### **1 Background**

The General Medical Services Contract 2018 for General Practice came into force on 1 April 2018. To implement this locally, NHS Fife, Fife Health & Social Care Partnership and the GP Sub-committee have agreed a coordinated Primary Care Improvement Plan (PCIP). This includes a workstream on the Primary/ Secondary Care Interface and Patient Safety, championed by the Royal College of General Practitioners as an area of national priority for quality improvement.

The primary aim of the workstream was to prevent an adverse impact on the Primary/ Secondary Care interface and on Patient Safety as a result of the contract rollout. The vision was to bring together key stakeholders from across the face of healthcare in Fife into a single forum where issues and concerns could be heard and addressed as they arose throughout the PCIP process.

However, it is apparent that the usefulness of such a group should extend far beyond the PCIP alone. There is therefore the ambition - with the appropriate representation and engagement - to evolve it into a respected and influential network that can address interface and safety issues across health services in Fife on an ongoing basis.

### **2 Name and Functions of the Group**

The group shall be known as ***Fife Interface Network (FIne)***. FIne shall fulfil the following functions:

- 1) To improve patient care and clinician satisfaction around interface working, communication and patient safety across the Fife healthcare system.
- 2) To develop an effective network of Clinicians, Allied Health Professionals and other key stakeholders to achieve whole-system representation, discussion and action.
- 3) To identify and address interface/safety issues arising from PCIP rollout and from the wider healthcare system going forward.
- 4) To pursue robust governance and reporting structures to maximise the impact of the group's work, and to enhance and expand its influence in improving the healthcare system.

### **3 Membership**

FIne shall primarily comprise a core membership consisting of the following:

- ♦ Cluster Quality Lead (Co-Chair)
- ♦ Secondary Care Lead (Co-Chair)
- ♦ Medical Reps - All Specialties

- ♦ Surgical Reps - All Specialties
- ♦ Primary Care Specialty Reps – Rheumatology, Psychiatry, CAMHS/ Community Paeds
- ♦ Diagnostics Reps – Radiology, Labs
- ♦ 3 Lead Pharmacists – Primary Care, Acute and Community
- ♦ Nursing Directorate Rep(s) – Primary and Secondary Care
- ♦ eHealth
- ♦ Patient Rep
- ♦ Admin Support

Deputies can be nominated where members are unavailable. Other representatives will be co-opted to the group for specific topics. Support will also be sought from the IMPACT and Clinical Governance teams and the Primary Care Development Officer to help drive quality improvement.

#### **4 Accountability & Reporting Arrangements**

FINE will report to:

- ♦ Medical Director NHS Fife
- ♦ Associate Medical Director, Fife Health & Social Care Partnership
- ♦ GP Clinical Quality Group (and by extension to the GP Contract Implementation Group)
- ♦ Fife Local Medical Committee

Clinical models will be discussed at the GP Clinical Quality Group and links maintained with other contract implementation sub groups throughout their lifetime.

Any briefings shall be shared with the GP Cluster Quality Leads and the Interface Development team of the Royal College of GPs (at the discretion of the Co-Chairs)

#### **5 Review**

FINE will review their work in light of the 2018 Contract and both local and national priorities not less than once a year. This ToR document shall be likewise reviewed and updated not less than annually.

#### **6 Ways of Working**

FINE will be co-chaired by a Secondary Care Lead, and GP Cluster Quality Lead

Given the diversity and sheer number of stakeholders, it is anticipated that whole-group physical meetings will be impractical and therefore kept to a minimum.

Wherever possible, it is anticipated that Interface and Safety issues will be identified to/by the Co-chairs by SBAR and put out for consultation with the group by email. It is anticipated in turn that such consultation may become unwieldy for

complex issues and that physical meetings involving the key stakeholders should then take place.

The group will aspire to engage with the Victoria Hospital Grand Round program to provide updates, discuss complex enduring issues and generally raise its profile thereby to facilitate engagement and attendance. It is anticipated that this shall occur quarterly.

The Co-Chairs shall be responsible for updating each SBAR as it develops and reporting the group's findings as per 5 above. The Co-chairs shall meet separately not less than alternate months to drive these forward.

An action plan will be produced within each SBAR and actions assigned to relevant members of the group. These shall be reviewed at subsequent Co-chair meetings and ad-hoc until complete.

Admin support will be provided by HSCP who will receive and handle SBARs and maintain the membership list and email distribution list. They will distribute SBARs and other correspondence as required by the group and collate responses. They will (under the direction of the Co-chairs) organise and set up meetings and produce an agenda, minutes and an action plan for each meeting. The agenda will be sent out a minimum of 7 days in advance.

All meetings will be held in Central Fife with visits to other areas as necessary.

**Ratified on:** [TBC]

## Appendix 1 - Core Members (TBC)

Role	Name	Contact e-mail
Co-Chair - GP Cluster Quality Lead	Dr Glyn McCrickard	<a href="mailto:gmccrickard@nhs.net">gmccrickard@nhs.net</a>
Co-Chair - Acute	Dr Andy Kinnon	<a href="mailto:andrew.kinnon@nhs.net">andrew.kinnon@nhs.net</a>
MoE Rep	(Dr Aylene Kelman)	<a href="mailto:aylenekelman@nhs.net">aylenekelman@nhs.net</a>
GI Rep	(Dr Hasnain Jafferbhoy)	<a href="mailto:hjafferbhoy@nhs.net">hjafferbhoy@nhs.net</a>
Renal Rep	(Dr Annette Alfonzo)	<a href="mailto:annette.alfonzo@nhs.net">annette.alfonzo@nhs.net</a>
Neurology Rep	(Dr Antonella Benvega)	<a href="mailto:a.benvega@nhs.net">a.benvega@nhs.net</a>
Cardiology Rep		
Respiratory Rep		
General Surgery Rep	(Mr John Robertson)	<a href="mailto:johnrobertson4@nhs.net">johnrobertson4@nhs.net</a>
Urology Rep	(Mr Alex Chapman)	<a href="mailto:alexchapman@nhs.net">alexchapman@nhs.net</a>
Obs/Gyn Rep	(Dr Jenny Boyd)	<a href="mailto:jenniferboyd@nhs.net">jenniferboyd@nhs.net</a>
Paediatrics Rep	(Dr John Morrice)	
Rheumatology Rep	(Ms Heather Bett)	<a href="mailto:heather.bett@nhs.net">heather.bett@nhs.net</a>
Psychiatry Rep	(Dr Marie Boilson)	<a href="mailto:marieboilson@nhs.net">marieboilson@nhs.net</a>
CAMHS Rep		
Lead Pharmacist - Acute	Mr Scot Garden	
Lead Pharmacist - H&SCP	Ms Andrea Smith	
Community Pharmacy Rep	Mr Kris Archibald	
Radiology Rep		
Labs Rep		
Patient Rep, NHS HIS	Ms Claire Fernie	
Admin Support		
eHealth	Ms Lesly Donovan	
Primary Care Manager	Ms Joyce Kelly	
Primary Care Development Mgr	Ms Rachel Wyse PA - Ms Laura Penman	<a href="mailto:r.wyse@nhs.net">r.wyse@nhs.net</a> <a href="mailto:laura.penman@nhs.net">laura.penman@nhs.net</a>

## WORK STREAM SUB GROUP MILESTONES & DELIVERABLES

## APPENDIX 5

Milestone	PCIP date (if appl.)	Estimated Date	Actual date	Slippage	Reason for variance and corrective action/s
Project team established					
Launch meeting (1st sub group meeting)					
Group Terms of Reference (ToR) agreed					
Clinical Engagement					
IM&T Engagement					
Metrics/evaluation criteria consulted on and agreed					
Solution design agreed					
Business case, project plan (or SBAR) completed and returned ( <b>GP Clinical Group</b> )					
Business case, project plan (or SBAR) completed and returned ( <b>GMS Implementation Group</b> )					
Benefits realisation ( <b>3 year development plan</b> ) agreed					
Dashboard development					
Business Change Delivery - early engagement (eg Practice, care home meetings)					
Benefits tracking and evaluation					
Development - infrastructure and environment eg (premises/IT/HR)					
Development - local/provider data					
Development - solution design and development					
Testing and training complete					
Go live at first GP practices					
Post go-live review					
Wider GP Practice/Cluster roll-out					
Ongoing review					

## **Fife Primary Care Transformation**

### **General Medical Service Contract (2018) Implementation Group**

#### **Draft Terms of Reference (May 2018)**

#### **1 Background**

A strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.

The 2018 Scottish General Medical Services (GMS) Contract has been developed to re-invigorate general practice and to re-energise its core values. It aims to create a dynamic and positive career for doctors and ensure that patients continue to have accessible, high quality general medical services.

The General Medical Services Contract 2018 came into force on 1 April 2018. This is underpinned by the Memorandum of Understanding detailing priorities for implementing the new GMS contract and also NHS Scotland Workforce Plan Part 3 – Improving Workforce Planning for Primary Care in Scotland.

Within Fife a co-ordinated Primary Care Improvement Plan is being produced that will be endorsed by NHS Fife, Fife Health and Social Care Partnership and Fife Local Medical Committee (LMC) and GP Sub-committee.

Implementation in Fife will be led via the GMS Contract Implementation Group underpinned by a GP Clinical Quality Group and working subgroups for all priority areas.

#### **2 Purpose of Group**

The Primary Care Transformation General Medical Services Contract Implementation Group is responsible for the implementation of the General Medical Services Contract in Fife in line with the requirements set out in the Memorandum of Understanding (MoU) via the writing and development of Fife primary care improvement plan.

#### **3 Remit**

The Primary Care Transformation General Medical Services Contract Implementation Group will support:

- **Patient Care** by championing the benefit that the new contract offers to enhance patient care including: maintaining and improving access (contact); introducing a wider range of health professionals to support the expert medical generalist (comprehensiveness); enabling more time with the GP for patients

when it is really needed (continuity); and providing more information and support for patients (co-ordination).

- **General Practitioners** through the development of the role of General Practitioners as Expert Medical Generalists and clinical leaders within the primary care team supporting complex care, undifferentiated presentations, urgent care, whole system activity and quality improvement.
- **Better health in communities** by further embedding the cluster quality approach into developments within General Practice and the Health & Social Care Partnership.
- **Improving the infrastructure** including premises and e-health.
- **Enabling a manageable workload** through valuing and building the contribution of the primary care multi-disciplinary team; improving primary/secondary care interface working and reducing contractual complexity in line with the MoU.
- **Enable Service Redesign Between 2018-2021** with focus on: vaccinations services; pharmacotherapy service; community treatment and care services (including Phlebotomy); urgent care services; and Multi-disciplinary team (including musculoskeletal physiotherapy services, community mental health services and community link worker service).
- **Scrutiny, prioritisation and constructive challenge** to enable the achievement of the projects aligned to the implementation group through effective management of programme and associated resources.
- **Governance and Best Value** by ensuring that all recommendations for business decisions, which have a financial or workforce impact, have been through a thorough assurance process, including feedback from the GP Clinical quality group, in relation to clinical quality assessment; equality impact assessment, financial impact and staff governance.
- **Manage Risk** through shared clinical and managerial oversight of implementation plans to identify risks, develop mitigation plans or escalate risk as required.

#### 4 Membership

The GMS Implementation group will be chaired by the Associate Medical Director and supported by a multi-professional group across General Practice, Health and Social Care Partnership and NHS Fife:

- HSCP Associate Medical Director (Chair)
- HSCP Associate Director Of Nursing
- HSCP Clinical Directors
- HSCP Lead Pharmacist
- HSCP Chief Finance Officer
- Associate Director AHPs
- Chair Of Practice Managers Group
- Primary Care Manager
- Primary Care Transformation Programme Manager (Title And Remit Not Yet Confirmed)
- GP-Sub Office Bearers
- HSCP Divisional General Managers (Or Deputy)
- Head Of Human Resources
- NHS Fife Rep
- ISD Manager
- Public Health Consultant
- Staff Side Representation

Additional members will be required to attend as requested by the Implementation Group for specific areas as implementation progresses including HSCP Head of Strategic Planning, Performance and Commissioning, 3rd sector, Volunteer rep, Estates, Tech programme manager.

## **5 Quorum**

To be quorate the meeting requires to have present: Chair (or a designated deputy chair); General Practitioner; 4 additional members

## **6 Frequency of meetings**

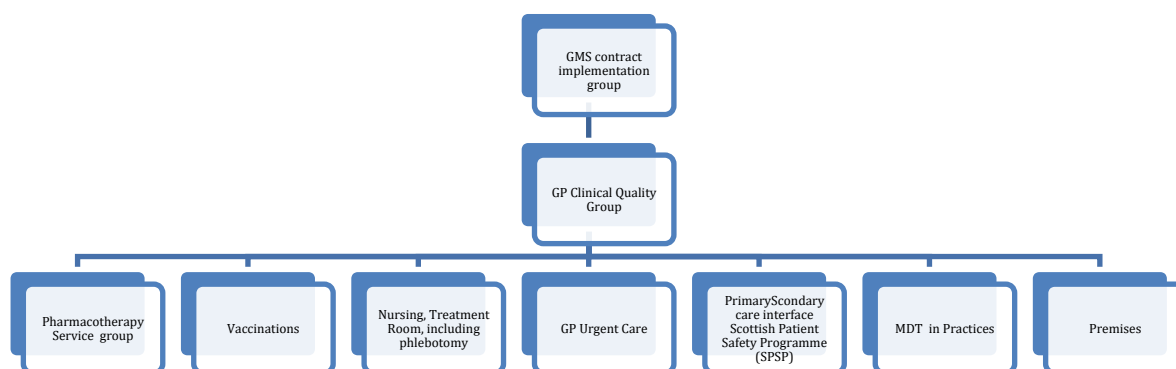
The group will meet on a 6 weekly basis or more frequently where deemed required order to ensure the remit is fulfilled.

## **7 Subgroup Structure**

The GMS contact implementation group will be supported by GP Clinical Quality Group and a range of topic specific working subgroups as outlined below which will:

- By co-chaired by a subject expert and GP Cluster Quality Lead to enable multi-professional engagement and expertise on priority areas (pharmacotherapy; vaccinations; community care and treatment (& phlebotomy); GP urgent Care; Primary/Secondary care interface; Multidisciplinary Team, Premises.
- Define requirements and develop the implementation plans required to enable delivery within the timeframe required ensuring engagement with key stakeholders.

- Engage with the GP Clinical Quality group to ensure the quality aspects of the implementation in particular ensuring that the focus is on whether it is the right clinical thing to do rather than that it is operationally/financially attractive.
- Make recommendations on implementation and escalate any risks for implementation to the GMS implementation group.



## 8 Reporting Arrangements

- The GMS Contract Implementation Group reports to the Senior Leadership Team.
- All projects and work streams progress to the group at an agreed frequency (which may vary depending on the group and stage of implementation)
- Clinical models will be discussed at the GP clinical subgroup who will make recommendations to the GP implementation Group
- Reports will be provided to the Integration Joint Board and Sub-committees as relevant including Clinical and Care Governance, finance and performance and audit and risk.

## 9 Engagement

- Briefings will be provided to GP Sub-committee and Local Medical Committee.
- Close working with staff wide regarding any changes and workforce implications is key and reports will be provided to the Local Partnership Forum.
- Participation and Engagement with Patients will be supported through engagement with the Patient Engagement Network.

Ratified on:

**GMS Contract Implementation Group dates for 2018/19**

Tuesday 18<sup>th</sup> December - 9.00am in conf rm1, Fife House

Tuesday 22<sup>nd</sup> January - 9.00am in mr1, Glenwood Health Centre

Tuesday 19<sup>th</sup> February - 9.00am in conf rm1, Fife House

Tuesday 19<sup>th</sup> March - 9.00am in mr1, Glenwood Health Centre

Tuesday 16 April - 9.00am in mr1, Glenwood Health Centre

Tuesday 21 May - 9.00am in conf rm1, Fife House

Tuesday 18 June - 9.00am in mr1, Glenwood Health Centre

Tuesday 16 July - 9.00am in mr1, Glenwood Health Centre

Tuesday 20 August - 9.00am in mr1, Glenwood Health Centre

Tuesday 17 September - 9.00am in mr1, Glenwood Health Centre

Tuesday 15 October - 9.00am in mr1, Glenwood Health Centre

Tuesday 19 November - 9.00am in mr1, Glenwood Health Centre

Tuesday 17 December - 9.00am in mr1, Glenwood Health Centre

Fife Primary Care Improvement Plan: 2018/19 (Year 1) Financial Plan				APPENDIX 11		
Project	Lead	Division	FBP	2018-19 Allocation	2018-19 Actual	Variance
Mental Health	Seonaid McCallum	Fife-wide	BG	507,601	507,601	0
Primary care training Frailty DN	Seonaid McCallum	PC	JW	100,000	100,000	0
Local area co-ordinators (Fife Council)	Seonaid McCallum	FC	-	120,000	120,000	0
Frailty Register	Seonaid McCallum	PC	JW	50,000	50,000	0
Pharmacy in GP practices	Seonaid McCallum	Pharmacy	FR	277,000	277,000	0
Engagement GP Programme	Seonaid McCallum	East/West	FR/RL	197,000	197,000	0
Vaccination programme	Fiona Duff	Fife-wide	BG	436,792	436,792	0
Admin	Seonaid McCallum	West	FR	75,000	21,252	-53,748
Pharmacotherapy	Andrea Smith	Pharmacy	FR	771,800	681,800	-90,000
Nursing (9.0 WTE Phlebotomists)	Nicky Connor	East/West	FR/RL	216,000	33,453	-182,547
GP Urgent Care - Triage (ANPs)	S Mullen		RL	126,000	6,019	-119,981
MDT - Muscoskeletal Physio therapy first	Grant Syme	Fife-wide	BG	62,000	0	-62,000
Vaccination Programme	Fiona Duff	Fife-wide	BG	94,000	45,000	-49,000
Primary Care Based mental health triage	Seonaid McCallum	Fife-wide	BG	0		0
Unallocated				8,807		-8,807
<b>Balance</b>				<b>3,042,000</b>	<b>2,475,917</b>	<b>-566,083</b>

<b>PCIF Funding Available</b>	<b>2,520,200</b>
<b>Add Pharmacotherapy - Original Allocation</b>	<b>521,800</b>
<b>Total Funding</b>	<b>3,042,000</b>

### Fife Primary Care Improvement Plan: 2019/20 (Year 2) Financial Plan

Project	Lead	Division	FBP	WTE Committed 2019-20	Committed Expenditure 2019-20	WTE Planned 2019-20	Planned Expenditure 2019-20	Total WTE 2019-20	Total Expenditure 2019-20
Mental Health	Seonaid McCallum	Fife-wide	BG	4.90	187,275	4.30	112,975	4.30	300,250
Frailty DN	Belinda Morgan	PC	JW	2.40	97,648	0.00	0	2.40	97,648
Local area co-ordinators (Fife Council)	Seonaid McCallum	FC	-		120,000				120,000
Engagement GP Programme	Seonaid McCallum	East/West	FR/RL	1.15	234,052	0.00	0	1.15	234,052
Vaccination Transformation Programme	Fiona Duff	Fife-wide	BG	24.19	765,700	0.00	0	24.19	765,700
Administration	Seonaid McCallum	West	FR	2.60	120,000	0.00	0	2.60	120,000
Pharmacotherapy (Pharmacy GP Practices)	Andrea Smith	Pharmacy	FR	27.30	1,403,500	0.60	41,500	27.90	1,445,000
Nursing (9.0 WTE Phlebotomists)	Nicky Connor	East/West	FR/RL	18.33	450,348	0.80	31,469	19.13	481,817
GP Urgent Care Triage (ANPs)	S Mullen	East/West	FR/RL	10.00	503,397	0.00	0	10.00	503,397
MDT - Musculoskeletal Physiotherapy first	Grant Syme	Fife-wide	BG	2.00	116,600	2.00	87,900	4.00	204,500
Primary Care Based Mental Health Triage	Seonaid McCallum	Fife-wide	BG	2.80	117,550	0.20	6,300	3.00	123,850
<b>Total</b>				<b>95.67</b>	<b>4,116,070</b>	<b>7.90</b>	<b>280,144</b>	<b>98.67</b>	<b>4,396,214</b>

#### FUNDING:

Estimated SG PCIF Funding Allocation	3,218,800
Pharmacotherapy Allocation (Original)	521,800
<b>Total Funding</b>	<b>3,740,600</b>
Slippage B/F from 2018-19 (Underspend)	566,083
<b>Estimated Total PCIF Funding 2019-20</b>	<b>4,306,683</b>
<b>Balance (Surplus/-deficit)</b>	<b>-89,531</b>

Project	Lead	Division	FBP	WTE Committed 2020-21	Committed Expenditure 2020-21	WTE Planned 2020-21	Planned Expenditure 2020-21	Total WTE 2020-21
Mental Health	Seonaid McCallum	Fife-wide	BG					
Frailty DN	Belinda Morgan	PC	JW					
Local area co-ordinators (Fife Council)	Seonaid McCallum	FC	-					
Engagement GP Programme	Seonaid McCallum	East/West	FR/RL					
Vaccination Transformation Programme	Fiona Duff	Fife-wide	BG					
Administration	Seonaid McCallum	West	FR					
Pharmacotherapy (Pharmacy GP Practices)	Andrea Smith	Pharmacy	FR					
Nursing (9.0 WTE Phlebotomists)	Nicky Connor	East/West	FR/RL					
GP Urgent Care Triage (ANPs)	S Mullen	East/West	FR/RL					
MDT - Muscoskeletal Physiotherapy first	Grant Syme	Fife-wide	BG					
Primary Care Based Mental Health Triage	Seonaid McCallum	Fife-wide	BG					
<b>Total</b>								

#### FUNDING:

Estimated SG PCIF Funding Allocation

Pharmacotherapy Allocation (Original)

#### Total Funding











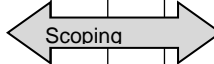
Slippage B/F from 2019-20 (Underspend)

Estimated Total PCIF Funding 2020-21

#### Balance (Surplus/-deficit)

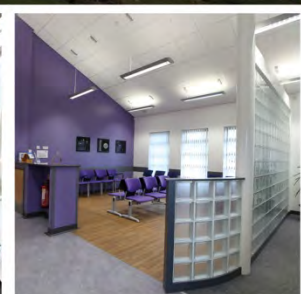
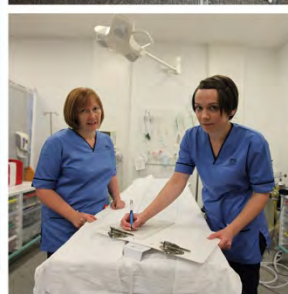
**APPENDIX 12**

WORKSTREAM WORKFORCE PLAN (1 <sup>st</sup> Draft 12.04.19)						IMPLEMENTATION											
Key: <div><div></div> In place</div> <div><div></div> Planned</div> <div><div></div> Recruitment in process</div> <div><div></div> To be scoped</div>						Year 1 (2018/19)				Year 2 (2019/20)				Year 3 (2010/21)			
Sub Group	Designation/Role	WTE (model)	WTE (Fife Est.)	WTE (current)	WTE (planned)	QTR				QTR				QTR			
						1	2	3	4	1	2	3	4	1	2	3	4
Pharmacotherapy	Service Manager	N/a	N/a	1.0 WTE	N/a	<div></div>				<div></div>				<div></div>			
	Pharmacy Technician	1.25 WTE per 5,000 patients	35.5 WTE	0.6 WTE	TBC	<div></div>				<div></div>				<div></div>			
	Practice Pharmacists		58.5 WTE (£4.6m)	5.9 WTE	0.7 WTE	<div></div>				<div></div>				<div></div>			
	Senior Practice Pharmacists			0.6 WTE	0.6 WTE	<div></div>				<div></div>				<div></div>			
Vaccinations	Band 8a Business Change and PMgr	TBC	44.3 WTE (£1.48m)	1.0 WTE	TBC (options appraisal with GMS Imp Group)	<div></div>				<div></div>				<div></div>			
	Band 7 Team			1.0 WTE		<div></div>				<div></div>				<div></div>			
	Lead/Operational Mgr			2.0 WTE		<div></div>				<div></div>				<div></div>			
	Band 6 Senior Staff			17.5 WTE		<div></div>				<div></div>				<div></div>			
	Nurses/Programme Implementation Leads			7.41 WTE		<div></div>				<div></div>				<div></div>			
	Band 5 Staff Nurses			0.45 WTE		<div></div>				<div></div>				<div></div>			
	Band 3 HCSW			1.68 WTE		<div></div>				<div></div>				<div></div>			
Nursing Group & In Hours Urgent Care	Band 2 Phlebotomist	<5k (10phw) 5k-10k(15hpw) 10k-15k(20hpw) 15k-20k(25hpw) >20k(30hpw)	18.0 WTE (£483k)	18.0 WTE		<div></div>				<div></div>				<div></div>			
	Band 6 Treatment Room Nurse	TBC	TBC	TBC	TBC	<div></div>				<div></div>				<div></div>			
	Band 7 Advanced Nurse Practitioners	TBC	17 WTE (£188k)	12.0 WTE	5.0 WTE	<div></div>				<div></div>				<div></div>			

MDT in Practice	Band 8 Physio (team leader) Band 7 Physio Band 6 Physio	1:20000 practice population model	1.0 WTE 19.0 WTE (skill mix) <b>(£1.2m)</b>	1.0 WTE 1.0 WTE	17.0 WTE 1.0 WTE	 	 
	Band 7 Nursing Band 6 Nursing Band 5 Nursing Band 4 Administrative Support	1:27750 practice population model	15.0 WTE (skill mix) <b>(£1.8m)</b>	1.0 WTE 1.0 WTE  4.0 WTE 1.0 WTE	8.0 WTE	    	
	Community Link Worker	250 (Nationally) over the life of the Parliament	TBC	3.0 WTE	TBC		

# Quality Report

July 2019



## Contents

1	Introduction .....	3
2	Assessment Methodology .....	4
	a. Priorities.....	4
	b. Measure Status .....	4
	c. Run Chart Interpretation Guidance.....	5
3	A Snapshot of Activity – January 2019 to April 2019 .....	6
4	Executive Summary .....	7
5	Performance Summary Table .....	13
6	Measuring and Monitoring Safety .....	14
	a. Adverse Events .....	14
	b. Major and Extreme Adverse Events .....	15
	c. Clinical Type Adverse Events.....	16
	c. Scottish Patient Safety Programme Measures.....	20
7	Patient Experience.....	37
	a. Care Opinion .....	38
	b. What matters to you .....	41
	b. Participation Standard .....	42
	c. Complaints.....	43
8	Improvement Activity.....	45
	a. Deteriorating Patient.....	45
	b. Safe and Secure Use of Medicines Policy and Procedures .....	46
	c. Medicines Administration Observational Audit: Controlled Drugs and Non-Controlled Drugs Administration Observational Audit.....	46
	d. NHS Fife Clinical Policy and Procedure Authorisation and Co-ordination Group.....	47
9	Glossary .....	48
10	Appendixes .....	50
	Appendix 1 – HSMR Future Reporting Plans .....	50
	Appendix 2 – HAIRT Report .....	51

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 2 of 70	Review Date: N/A

## 1 Introduction

The purpose of the Quality Report is to provide assurance to the Clinical Governance Committee and Board on the overall position in relation to themes identified as a focus for improvement, and national and local priorities which are relevant to both NHS Fife and the Health and Social Care Partnership.

A full report is presented at each NHS Fife Clinical Governance Committee, with an integrated executive summary from the Medical Director and Board Nurse Director.

Our aim is provide high quality care that is safe, effective and person-centred. In order to do that we will continually seek opportunities to improve safety, reduce harm, improve reliability of care and drive person centred care to ensure patients and carers have a positive experience.

We remain committed to providing the highest quality care to our patients and believe that patients should be cared for in environments which minimise risk, and therefore our commitment is to build upon some of the successes achieved to date, and to continually learn and improve the services we provide.

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 3 of 70	Review Date: N/A

## 2 Assessment Methodology

### a. Priorities

The priority areas for improvement activity for 2018/19 for the NHS Fife Board and for the Health and Social Care Partnership have been identified as the following:

- In-patients who stated they received the best possible care
- The Participation Standard
- Your Care Experience
- Deteriorating Patient
- All Falls
- Falls with harm
- Pressure Ulcer Care
- Healthcare Associated Infection/SABs/ Surgical Site Infection (SSI) Caesarean Section
- Medicines safety

Identified measures from recognised Scottish Patient Safety programmes will form part of the data set used to monitor and measure quality and safety of the identified priorities.

Such data and improvement plans will be monitored through the Clinical Governance Steering group and **only** the measures which are applicable across the Acute Services Division (ASD) and Health and Social Care Partnership (H&SCP) and align to the Board and the Integration Joint Board (IJB) will be reported through this report as the priority areas. The measures are, and the improvement groups which are set up to work on these priorities are being asked to reset the date for achievement:

1. To reduce HSMR by 10% December 2018,
2. To reduce falls with harm by 20% by December 2017,
3. To reduce all falls by 25% by December 2017,
4. To reduce the pressure ulcer rate by 50% by December 2017,
5. Achieve a maximum rate of SAB (including MRSA) of 0.24/1000 AOB, D,
6. 90% or more of respondents from an inpatient survey "Your care experience" stated they received the best possible care and
7. To achieve level 4 for Patient Focus activity and maintain level 3 for governance arrangements.
8. Stage 1 - to equip staff to deal with complaints promptly at the point of contact, Stage 2 – to provide a comprehensive response in a timely manner to improve the way we share learning from complaints

### b. Measure Status

Healthcare Improvement Scotland (HIS) requires Health Boards to drive and sustain improvements against a number of measures. HIS use the following descriptions to provide status information on specific measures when providing feedback to Boards. NHS Fife scrutinises local improvements and monitors current position against the key areas. These descriptors will be adopted, used for this report to provide status and progress on a number of the improvement priorities.

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 4 of 70	Review Date: N/A

Measure Status Definitions	
No Change	No shifts or trends, as defined below, on the run chart
Improvement	Within the most recent 12 data points on the run chart, 6-8 consecutive data points are all below the extended median (a shift) or 5 consecutive data points are all decreasing (a trend)
Sustained Improvement	9 consecutive data points on the run chart area all below the extended median (a sustained shift) – resulting in the most recent median being at a lower level than the baseline
Sustained Improvement & On Target	There is a sustained improvement with the most recent median achieving the aim
On Target	No change but performance has been at Goal level since baseline period
Deterioration	Within the most recent 12 data points on the run chart, 6-8 consecutive data points are all above the extended median (a shift) or 5 consecutive data points are all increasing (a trend)
Sustained Deterioration	9 consecutive data points on the run chart area all above the extended media ( a sustained shift) – resulting in the most recent median being at a higher level than the baseline
Not enough data to make assessment	Not enough data has been reported to allow assessment for improvement from baseline (This means enough to produce a baseline plus six points, in general this means 18 data points for an outcome measure and 12 for a process measure)

For measures where status is described as no change, deterioration or sustained deterioration, the data will be broken down when possible to provide better appreciation and understanding of where the potential for local improvement priorities need to focus.

### c. Run Chart Interpretation Guidance (Taken from ISD website)

The centre line represents the median of the first 12 observation and is shown and labelled on the run charts.

There are a set of rules for interpreting a run chart for detecting special causes (changes).

- **A Shift:** A run of 6 or more consecutive observations, either all above or below the median. Observations on the median do not count towards nor break a shift.
- **Re-base or change to median:** If a shift consists of 9 or more points, a new median is created. This new median will represent the median of the first 8 observations of the shift.\*
- **Trend:** 5 or more successive observations, either increasing or decreasing.

**\*New medians are calculated on 9 points as per SPSP guidance**

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 5 of 70	Review Date: N/A

### 3 A Snapshot of Activity – January 2019 to April 2019



Outpatient attendances

Jan 2019	Feb 2019	March 2019	April 2019
29978	28289	30385	28277



**Admissions (all)**  
(excludes Hospital @Home, Mental Health, Learning Disabilities, Obstetrics, Neonatal and any private activity)

6041	5664	6192	5771
------	------	------	------



Number of operations (all)

1621	1587	1866	1624
------	------	------	------



**A&E attendances**  
(including Minor Injuries)

7397	7121	7931	8064
------	------	------	------



PCES contacts

9225	7759	8656	9154
------	------	------	------

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 6 of 70	Review Date: N/A

## 4 Executive Summary

The Committee is asked to consider the following:

### Adverse Events

**Key points to be considered by the committee:**

The Committee is assured all events are reported, reviewed and managed in accordance with the NHS Fife Adverse Events Policy.

There are no exceptions to bring to the attention of the committee for this period.

Hypoglycaemia was introduced as a new sub category for reporting introduced in November 2017. By way of explanation of these events further analysis shows that many of these events relate to individual patients having more than one episode of hypoglycaemia. This will be supported by a brief verbal update from the Medical Director.

**Key areas of improvement/success:**

The changes to the clinical category in Datix have been implemented. The aim of this is to improve reporting.

### HSMR

**Key points to be considered by the committee:**

This will be the last publication reporting on progress towards the current Scottish Patient Safety Programme (SPSP) aim of “*reducing hospital mortality by a further 10% by December 2018*”. The end of the current aim has provided an opportunity to review and refresh the approach for producing and using HSMR.

Having carried out a review of the methodology, ISD intends to make a number of changes to HSMR methodology and reporting from August 2019 onwards. The main changes are summarised below, and will take effect from the publication of HSMR figures in August 2019.

The main change in approach is that while **HSMR will continue to allow hospitals to compare their outcomes with the Scottish average**, it will **no longer be produced in a way that allows HSMR to be monitored over time**. Instead, unadjusted (crude) mortality rates will be used to monitor hospital mortality over time.

The following changes are being made from August 2019 (See ISD information sheet appendix 1):

- The statistical model used to produce HSMR will be **re-based** to a new initial three year reference period of April 2016 to March 2019
- A **twelve month reporting period**, rather than three months as at present, will be used when presenting HSMR figures for hospitals in relation to the Scottish average. Crude mortality data will continue to be published over time using a three month reporting period.

**Key areas of improvement/success:**

At the last publication in this nature linked to Scottish Patient Safety Programme (SPSP) aim of “*reducing hospital mortality by a further 10% by December 2018*”. NHS Fife demonstrates an overall change in HSMR of -9.9.

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 7 of 70	Review Date: N/A

## All Falls

### Key points to be considered by the committee:

Following the launch of the NHS Fife and Fife H&SCP Falls strategy – the information produced for this report is separated into in-patient and the community falls sections.

Each of these sub groups meet separately and have discrete activity underway to meet the delivery of the strategy and identified priorities within ward areas and out in the community.

The activity from these sub groups reports into the Fife Frailty Managed Clinical and Care Network to refine action plans and oversee their activity against the strategy.

The frailty WebPages continue to be improved and will be redesigned with the healthy ageing campaign in mind.

### Key areas of improvement/success:

- SAS Falls pathway embedded with an audit of pathways for people over 85 years conveyance to hospital following fall in September 2018 completed showing that conveyance to hospital was appropriate for all individuals. Conveyance to hospital rates for people over 65 who have been attended by SAS in Fife continue to be amongst the lowest in Scotland. While referrals to community colleagues from SAS in Fife are amongst the highest
- Healthy ageing campaign under development
- The post falls flowchart has been reviewed and is being shared with PCES as they provide OOH support to Community hospitals to patients who require assessment following a fall. This is completed and has been submitted to CG and CCG for approval at their next meetings
- Significant work reviewing the Fife Falls toolkit is completed and following submission to ASD Clinical Governance a formal launch is planned in May.
- Older people's Knowledge and Skills framework has been completed and following submission to ASD Clinical Governance will be disseminated. This has been designed to support registered and non-registered staff working with older people.
- Call Don't Fall" poster has been rolled out across in patient settings.
- Falls with Harm within the HSCP have now had 8 points under the median which shows a sustained improvement.
- Improvement collaborative is being launched in Community hospital settings focussing on 5 wards.
- National falls prevention awareness week – stands and promotional materials were available.

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 8 of 70	Review Date: N/A

## Pressure Ulcers

### Key points to be considered by the committee:

Overall hospital acquired pressure ulcers have decreased across Fife for the third consecutive month. Both Acute Services Division and the Health & Social Care Partnership continue to place significant focus in reducing community and hospital acquired pressure ulcers.

### Key areas of improvement/success:

There remains a Recognition that Pressure Ulcer incidences continue to be a major harm in Fife, and via an Quality Improvement collaborative approach, reduction in harm and better patient outcomes this can be achieved.

Education and training is a priority as part of the improvement work and this continues to be multi disciplinary. Care and comfort rounding master classes have been rolled out within the HSCP to compliment the PU collaborative programme and also the Falls collaborative programme. All areas in Fife now have a pressure ulcer link nurse to promote/champion TV standards and education.

The TV Steering Group continues to strive to improve pressure ulcer incidences via the Pressure Ulcer Collaborative Programme supporting areas to prevent and reduce PU incidences. The system of reporting pressure ulcers identified as 'on admission' is under discussion, awaiting agreement.

## Healthcare Associated Infection: SABs

### Key points to be considered by the committee:

During April, there were 8 Staphylococcus aureus Bacteraemias (SAB) across Fife, 7 of which were non-hospital acquired, with 1 occurring in VHK. The number of infections in the month was 2 less than in April 2018, so the annual infection rate fell to 0.41.

### Key areas of improvement/success:

The Acute Services Division continues to see intermittent Peripheral Vascular Cannulae (PVC) related SAB. As compliance with insertion and maintenance is variable across the system, work is now urgently needed to ensure the learning from the ePVC data is being reviewed and acted on. It is imperative that teams with high compliance rates share how success is achieved and how it is sustained over time. All PVC and CVC related SAB are Datixed to support learning and improvement.

SAB in People who inject drugs (PWIDs) continues to be reported. This is in stark contrast to the gains made in 2017-2018. Service leads from Addictions are asked to review this data and investigate any commonalities.

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 9 of 70	Review Date: N/A

## SSI Caesarean Section

### Key points to be considered by the committee:

NHS Fife were highlighted as an exception in the nationally produced surgical site infection (SSI) funnel plots analysis for caesarean section (C Section) procedures by Health Protection Scotland on six occasions since 2013.

A target for a reduction in incidence was agreed by key stakeholders in April 2018 to reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 2% by March 2019. There has been an incremental reduction quarter on quarter since Q3 2017. NHS Fife achieved a reduction from 4.5% to 1.7% incidence from Q3 2017 to Q4 2018; this demonstrates a 2.8% reduction overall. However, this reduction has not continued through to Q1 2019. The un-validated data for January to March 2019 shows an increase in incidence to 6.5%.

Reporting Period	NHS Fife Incidence rate	Scotland Incidence rate
Q3 2017	4.5%	1.3%
Q4 2017	4.0%	1.6%
Q1 2018	3.3%	1.6%
Q2 2018	3.1%	1.5%
Q3 2018	2.3%	1.5%
Q4 2018	1.7%	1.4%
Q1 2019 (un-validated)	6.5%	Not available at time of report

A thorough review of all SSI cases took place during Q1 2019. This investigation highlighted that NHS Fife has a robust system for identifying and reporting SSI cases. However, it was also apparent that some of the cases were questionable in terms of the patient having a 'true infection'. It was likely that in some cases, clinicians may have diagnosed a 'superficial SSI' and prescribed antibiotics as a precautionary measure. However, in terms of the definition, with which NHS Fife must comply, it would meet 'diagnosis of superficial incisional SSI by surgeon or trained healthcare worker'.

This previous reduction in incidence was achieved by testing other systems for case ascertainment. These tests of change have identified an inherent systems failure in national reporting and were therefore discontinued for Q1 reporting. This has resulted in the increase in incidence in SSI for this quarter.

### Key areas of improvement/success:

All national boards have developed their own systems for SSI identification and reporting. NHS Fife carried out a review of these systems in Q1 and found that there was no consistent approach to the methods used for identification and reporting of SSIs. This led to the hypothesis that national data is historically and currently non-comparable. This hypothesis will be tested from April 2019.

The ICM invited the Senior Nurse Epidemiologist from Health Protection Scotland (HPS) to meet with members of the IPCT on Thursday 6 June 2019 to discuss this hypothesis, SSI definitions and their application in practice. It has now been proposed by HPS that NHS Fife only submit data which follows the national methodology requirements as is the case with other national boards. This will strengthen comparability of rates across the system and

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 10 of 70	Review Date: N/A

provide Fife with an assurance that the national surveillance system is equitable and reliable. This new approach to national reporting will commence Q2 2019 (April to June 2019). In order to provide the board with the assurance that NHS Fife will not fail to identify all SSIs, the Surveillance Team will continue to collect, analyse and feed-back local data to the clinical teams for the time being.

## **Patient Experience**

### **Key points to be considered by the committee:**

A Person Centred Steering Group (PCSG) has been developed with the first meeting taking place in June 2019. The group will focus on a wide range of person centred initiatives both locally and national however the main focus for 2019 will be the implementation of Person Centred Visiting

The PCSG will support the testing and spread of the Care Experience Improvement Tool (CEIT) along with the 'Your Care Experience' tool satisfaction questionnaire used to capture feedback in real time.

Care Opinion continues to be promoted within NHS Fife and Health and Social Care Partnership. Care Opinion has influenced positive change and improved experience for patients.

Quarterly reports: This is a summary of patient experience, feedback and learning captured in individual clinical areas. This is also incorporated into the NHS Fife Feedback, Compliments, Comments, Concerns and Complaints Annual Report.

### **Key areas of improvement/success:**

Identify further test sites for the CEIM model and continue to spread across areas where testing has been successful.

Areas for improvement continue to be identified within services/teams as a result of service user feedback however, a process is required where feedback is reviewed collectively across NHS Fife so an organisational approach can be adopted to support and drive improvement

Care Opinion: The number of responders has increased. There is ongoing focus with clinical teams to ensure changes and improvements in practice as a result of feedback are communicated via care opinion.

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 11 of 70	Review Date: N/A

## Participation Standard

### Key points to be considered by the committee:

NHS Fife and HSCP Participation and Engagement model is under review to support the delivery of the Participation and Engagement Strategy for Fife 2015-19.

The review was commissioned as a result of identified gaps in terms of the model of participation required to meet legislative requirement. The initial review highlighted duplication across agendas and a lack of consistency in the approach to public involvement across NHS Fife. It was also identified that there were no agreed outcomes or action plans to help provide assurance of its engagement and participation activity.

Currently both the PFPI and PEN group meetings have been suspended whilst the review is undertaken; with interim arrangements in place to allow the Participation and Engagement Leads across NHS Fife continue to support the delivery of the Participation and Engagement agenda

### Key areas of improvement/success:

Develop a model that will ensure NHS Fife and Fife's HSCP meet its legal obligations around national legislative and policy context for participation and engagement. Develop a model that has the ability to drive continual improvement using public/patient experience.

## Complaints

### Key points to be considered by the committee:

The reasons for failing to meet the 20-day completion target are;

- Delays at approval and sign off due to lack of detail within complaint response.
- Delays in producing first drafts due to quality of drafting.
- Delays receiving investigation statements from services
- Quality of information within statements

### Key areas of improvement/success:

Monthly complaints meeting within ASD will continue to ensure monitoring of performance and address any delays and quality issues.

Continue to monitor and escalate to senior manager concerns with delays and process within the Partnership.

Improve the process for providing response with 20 working days where complaint triggers LAER/SAER.

Guidance on the Chief Executive's style and preference for final drafts has been shared with service to minimise delays.

Patient Relations senior team will continue to monitor the quality of draft response and work with Officer to improve writing style.

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 12 of 70	Review Date: N/A

## 5 Performance Summary Table

Quality Report, Performance Summary Dashboard (NHS Fife)							
Status	Measure	Target for 2017-18	Current Period		Previous Period		Location in Report
			Period	Performance	Period	Performance	
N/A	HSMR	10% reduction by December 2018	Oct - Dec 2018	0.86	Jul - Sept 2018	0.81	Section 6 c
	Falls with Harm Rate	2.16 per 1000 OBD	April 2019	1.86 / 1000 OBD	March 2019	1.43 / 1000 OBD	Section 6 c
	Falls Rate	5.97 per 1000 OBD	April 2019	7.49 / 1000 OBD	March 2019	6.70 / 1000 OBD	Section 6 c
No Change	Pressure Ulcers Rate	0.38 per 1000 OBD	April 2019	0.53 / 1000 OBD	March 2019	0.92 / 1000 OBD	Section 6 c
No Change	SAB Infection Rate	0.24 per 1000 AOB	12 months ending April 2019	0.41 / 1000 AOB	12 months ending March 2019	0.42 / 1000 AOB	Section 6 c
	Patient Experience "Your care experience"(Inpatient Survey)	90.0%	April 2019	No data	March 2019	No Data	Section 7
	Scottish Participation Standard	Level 4	April 2019	Level 4	March 2019	Level 4	Section 7
N/A	Major and Extreme Clinical Adverse Events	N/A	Mar - Apr 2019	98	Jan - Feb 2019	112	Section 6 a
N/A	Clinical Adverse Events	N/A	Mar - Apr 2019	1734	Jan - Feb 2019	1844	Section 6 a

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 13 of 70	Review Date: N/A

## 6 Measuring and Monitoring Safety

### a. Adverse Events

An adverse event is defined as an event that could have caused (a near miss), or did result in, harm to people or groups of people.

Harm is defined as an outcome with negative effect. Harm to a person or groups of people may result from unexpected worsening of a medical condition, the inherent risk of an investigation or treatment, violence or aggression, system failure, provider performance issues, service disruption, financial loss, or adverse publicity.

Organisations have a responsibility to ensure there are systems and processes in place that protect people from harm and reduce the risk of recurrence by responding appropriately and maximising the opportunities to learn from when things go wrong.

Experience in other industries has shown that as an organisation's reporting culture matures, staff become more safety aware and reporting levels may increase.

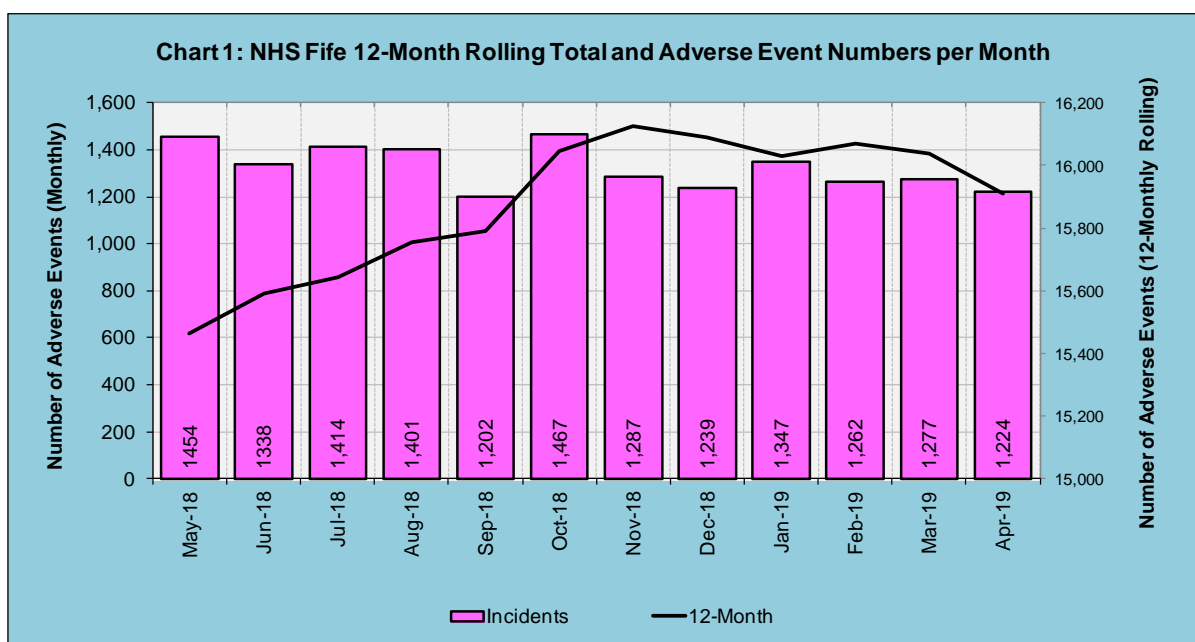
NHS Fife promotes adverse event reporting and management, and all events, regardless of the severity of harm and who or what is affected, are reviewed.

Events graded major or extreme are subject to executive director oversight, from decision making on the type of investigation required, to the conclusion of the review and the production of a meaningful report and learning summary.

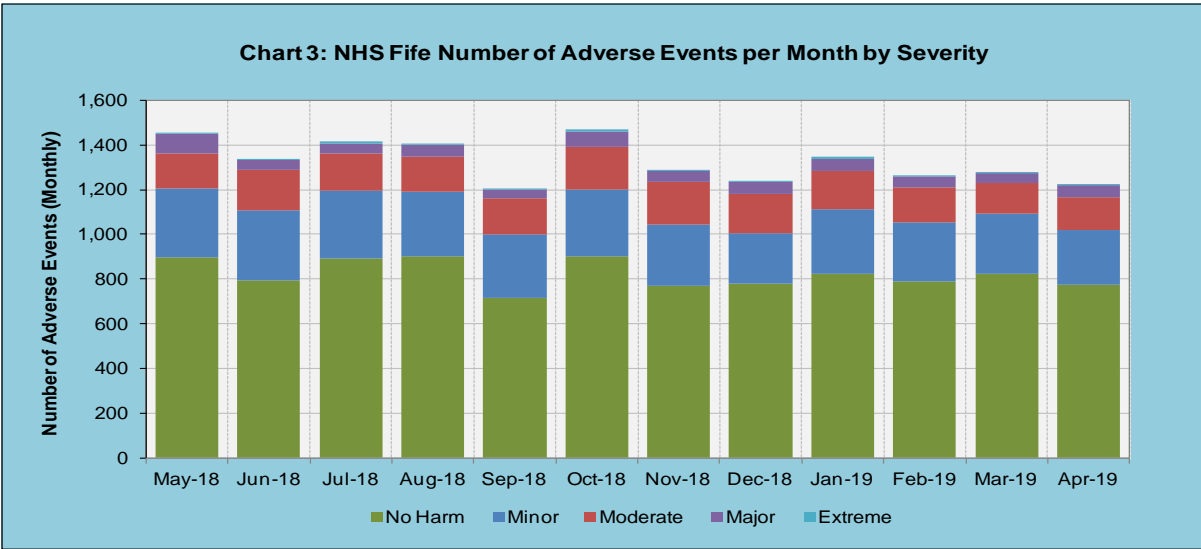
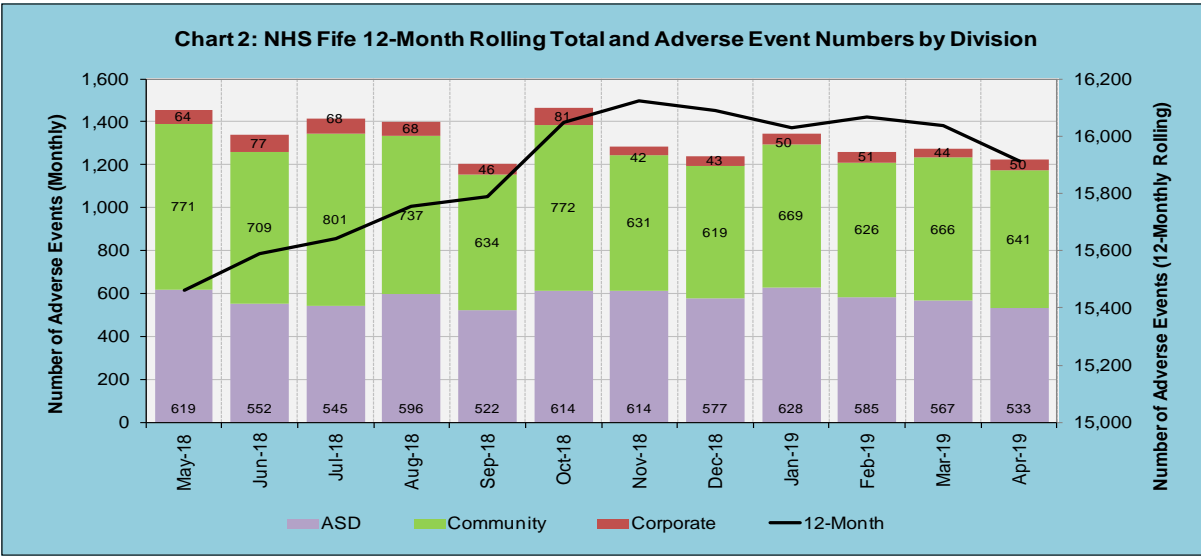
The data in charts 1, 2, and 3 show that there is organisational consistency in both reporting and grading of adverse events.

These charts show our levels of reporting per month

- range between approximately 1200 -1500
- majority of events are reported in the community
- most events are reported as no harm than any other grading

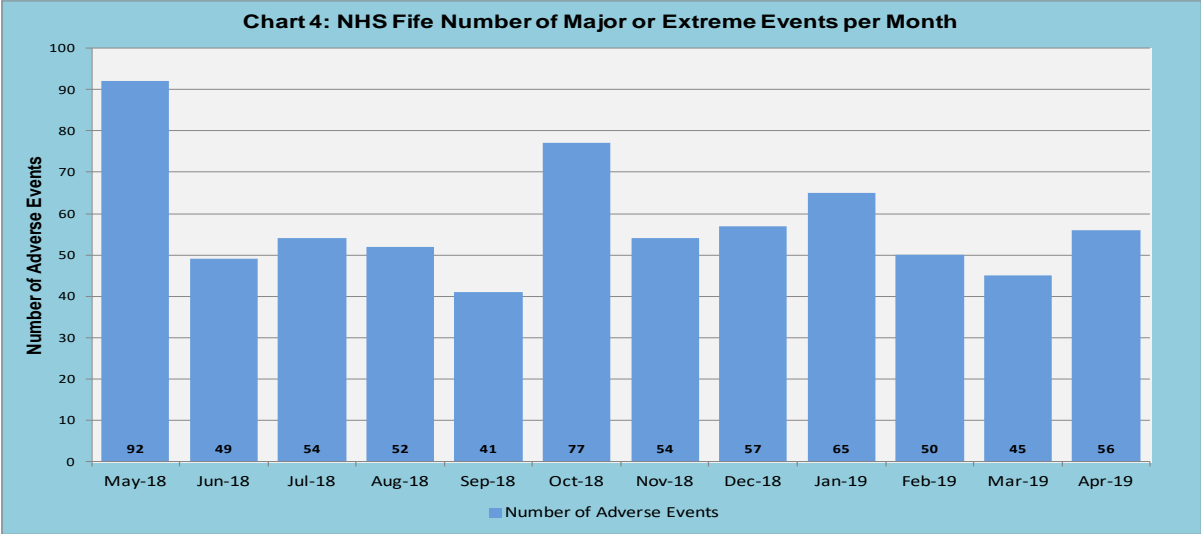


Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 14 of 70	Review Date: N/A



**b. Major and Extreme Adverse Events**

Chart 4 shows the monthly average is 57, and the months of reporting for March and April 2019 are within normal monthly variation.



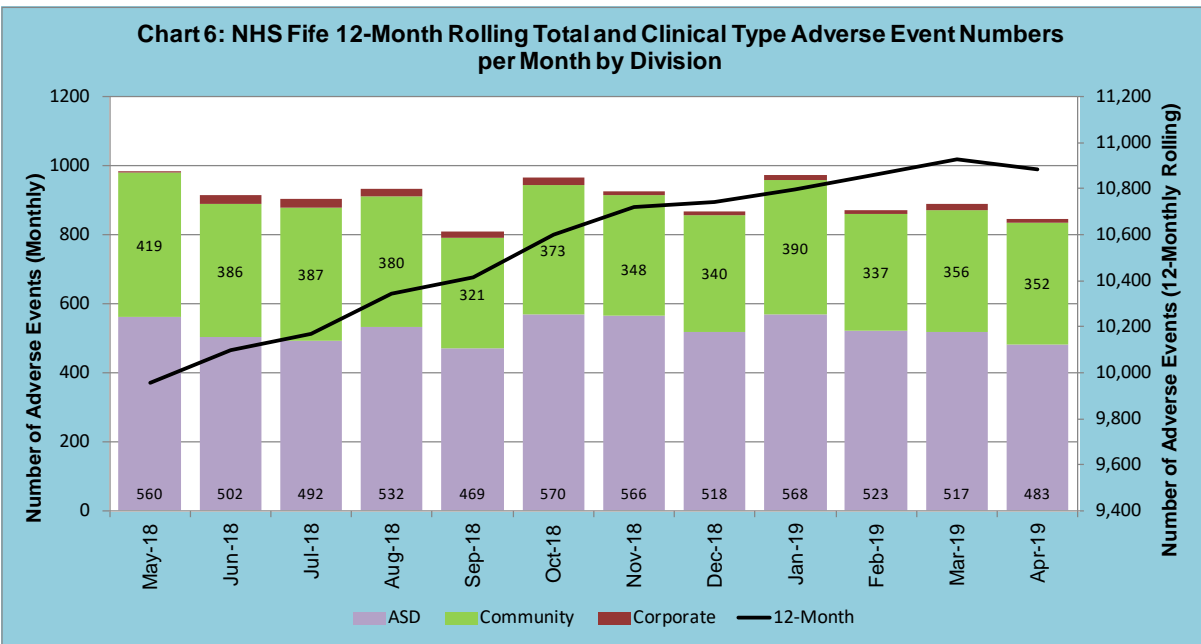
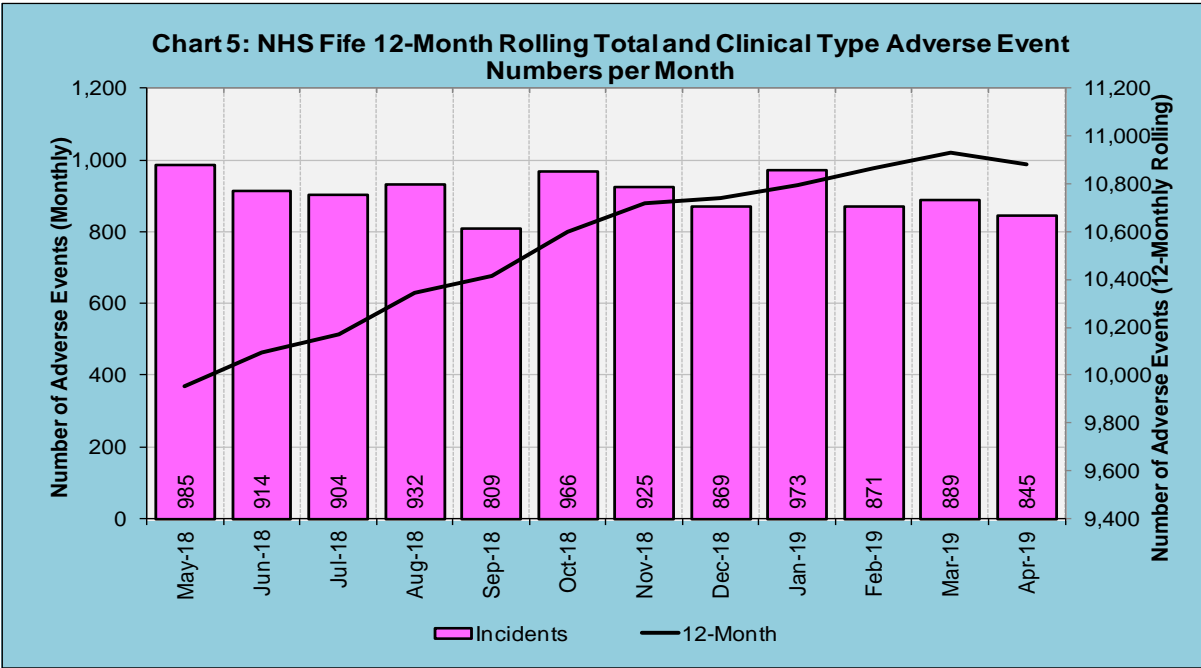
c. Clinical Type Adverse Events

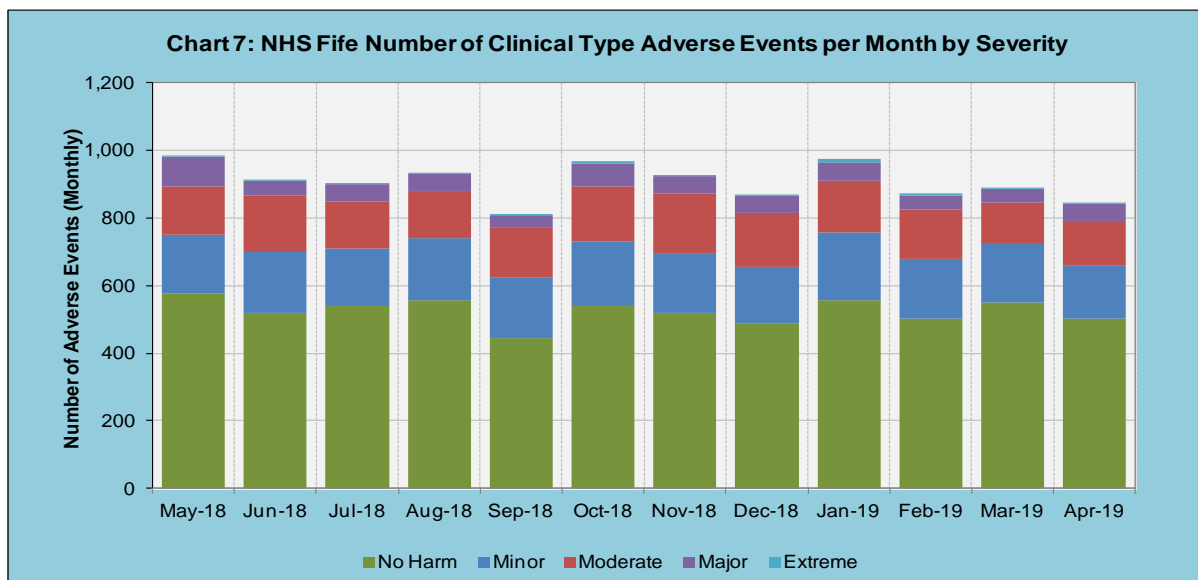
The remainder of this report will focus on these events which are of particular interest to the Clinical Governance Committee. This grouping of events does not include any event relating to Fire / Security • Infrastructure (Accommodation / Availability / Staffing) • I.T. Systems • Personal Accident • Vehicle Incident • Unwanted behaviours, violence & aggression. In the main these events relate to those affecting a patient.

In the year May 2018 to April 2019, these events accounted for approximately 68% of all events reported.

In this period, charts 5, 6 and 7 show

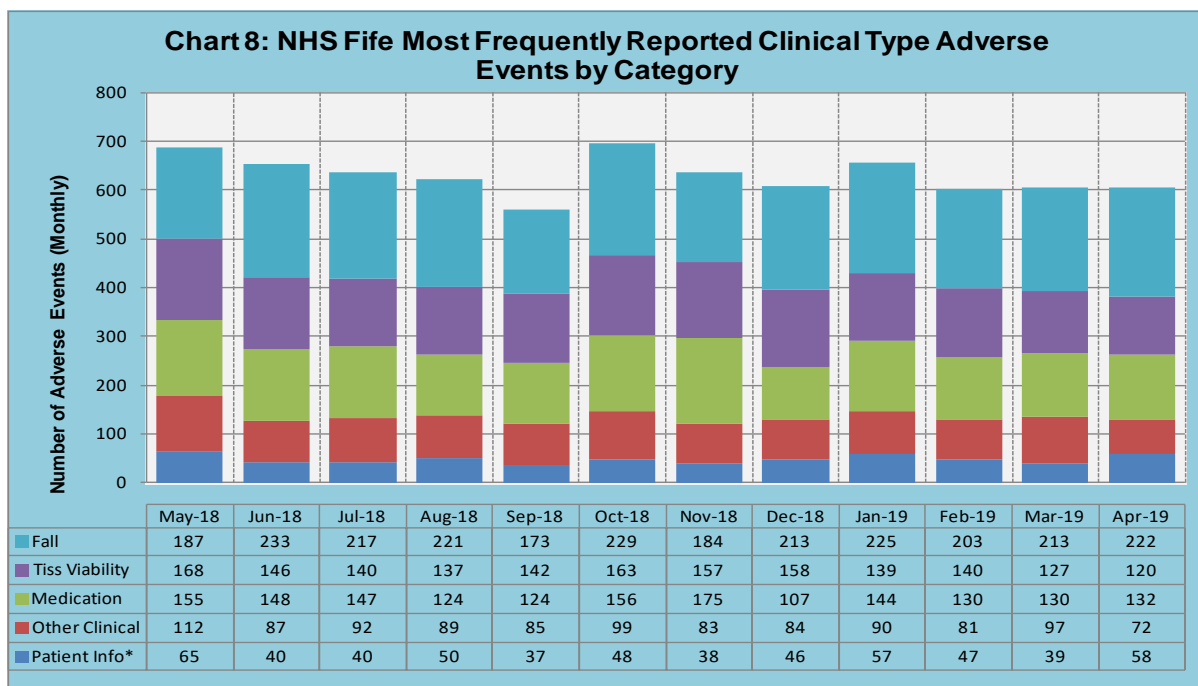
- our range of reported clinical type events was between 800 and 990
- more are reported within ASD, as in chart 6
- the majority are of no harm and minor severity





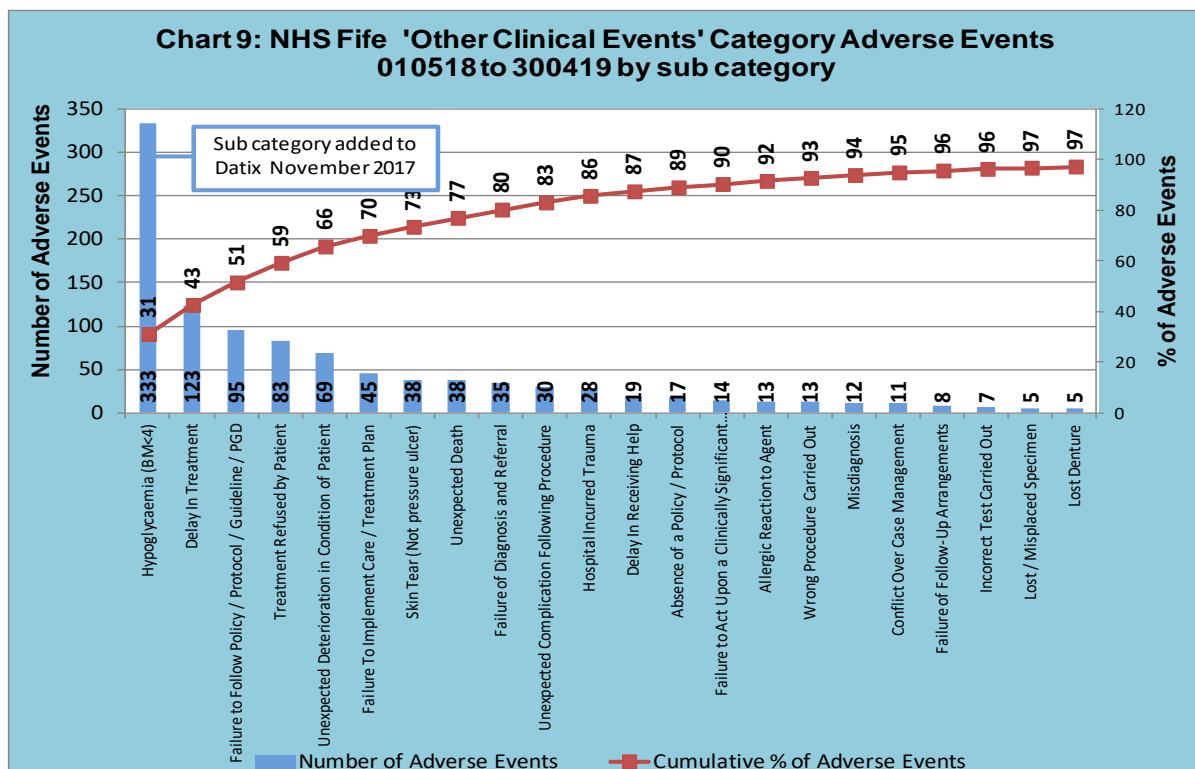
## I. Most frequently reported Clinical Type Adverse Events

The monthly breakdown is shown in Chart 8.



*\*Patient Information - this includes (Records / Documentation / Tests / Results)*

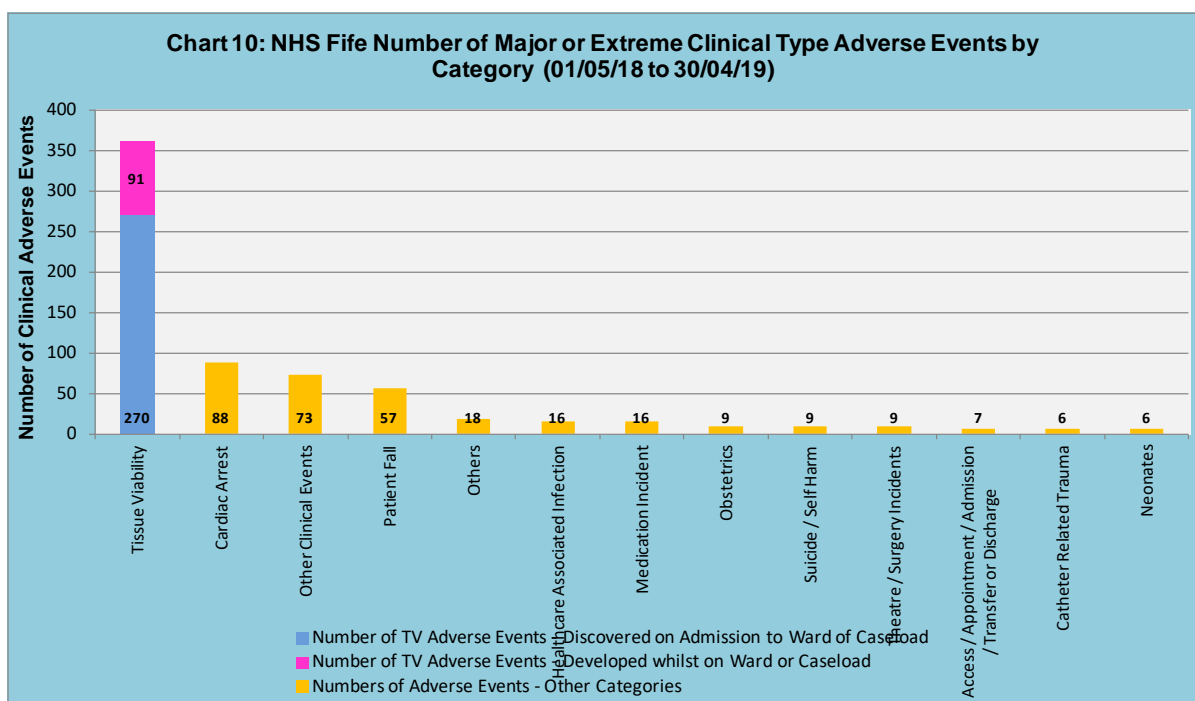
Pareto Chart 9 depicts the detail of the most frequently reported events with the sub category of “other clinical” events. This is a newly renamed sub- category following extensive work to improve and simplify the reporting under the clinical category.



As shown in chart 9, hypoglycaemia is the most frequently reported event in the reporting year 010518 to 300419. As well as this being a new sub category for reporting introduced in November 2017, further analysis of these events shows that in each month, many of these events relate to individual patients having more than one episode of hypoglycaemia. As previously reported there are wards within the acute setting where related improvement work is underway.

## II. Major and Extreme Clinical Type events

The events shown in Chart 10 continue to be organisational priorities for improvement and the details of related work underway can be found on page xx.



Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 18 of 70	Review Date: N/A

**d. Organisational Duty of Candour (DoC)**

The overall purpose of the duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended adverse event resulting in death or harm, as defined in the Act.

The NHS Fife Adverse Events / Duty of Candour Group has oversight of the implementation of Duty of Candour through a comprehensive work plan and continues to monitor progress.

The organisation is in the process of producing the Duty of Candour Annual Report required by legislation. This will comprise the following:

- I. The number of events which activated the 'Duty'
- II. Details relating to each of the outcome e.g. death or increase in a person's treatment
- III. The extent to which the DoC procedure was followed
- IV. Changes as result of review of the DoC events

The Committee is assured there has been considerable work undertaken across the organisation in this first year of implementation.

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
Clinical Governance	Page 19 of 70	Review Date: N/A

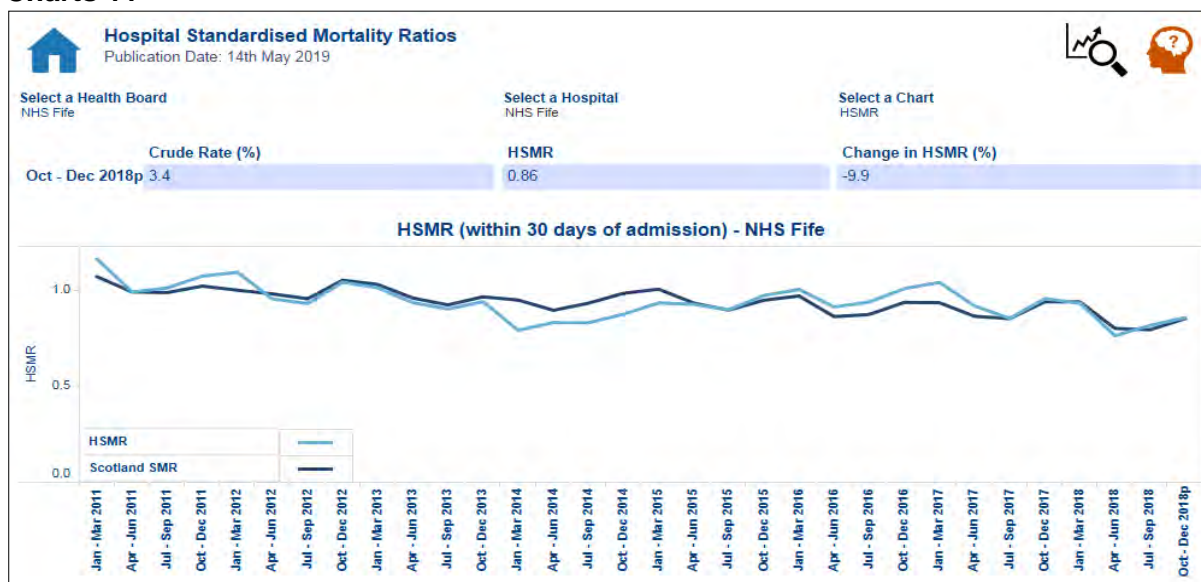
## c. Scottish Patient Safety Programme Measures

These measures are applied across the system and are relevant to both acute and community areas. These originated from an identified Scottish Patient Safety Programme, which Fife has moved beyond the boundaries of the programme. These are indicators of safety within clinical areas.

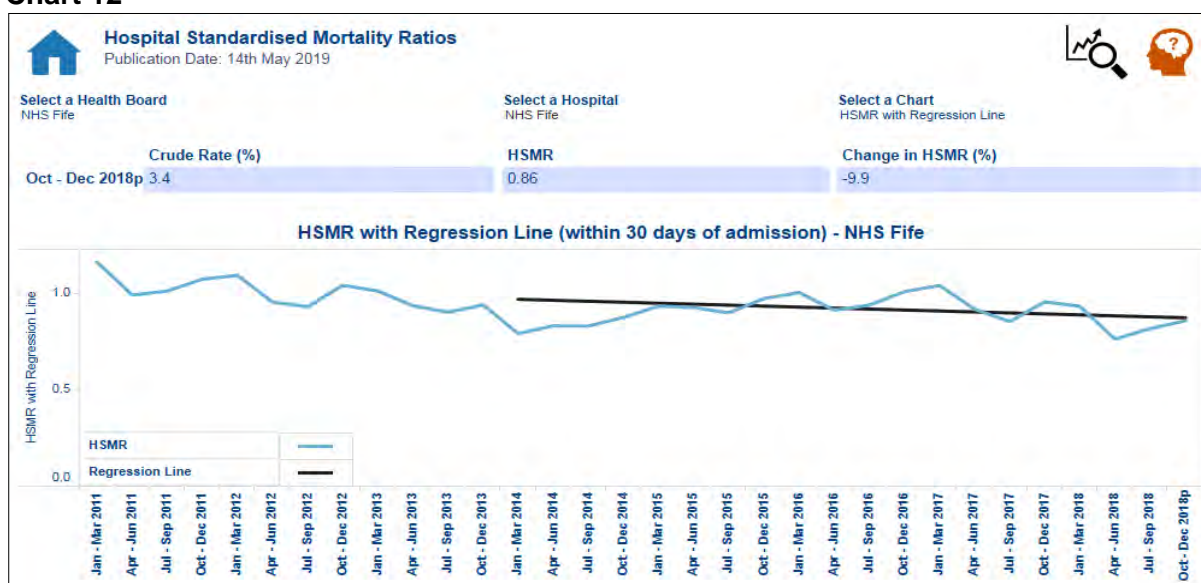
### Hospital Standardised Mortality Ratio (Commenced 2012)

Measure or Aim	To reduce HSMR by 10% December 2018
Data Source	ISD Scotland
Measure Status	N/A
Scotland Performance	0.85 (Oct-Dec 2018)
Current Performance	0.86 (Oct-Dec 2018)
Target Performance	The reference point is 1.

### Charts 11



### Chart 12



Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 20 of 70	Review Date: N/A

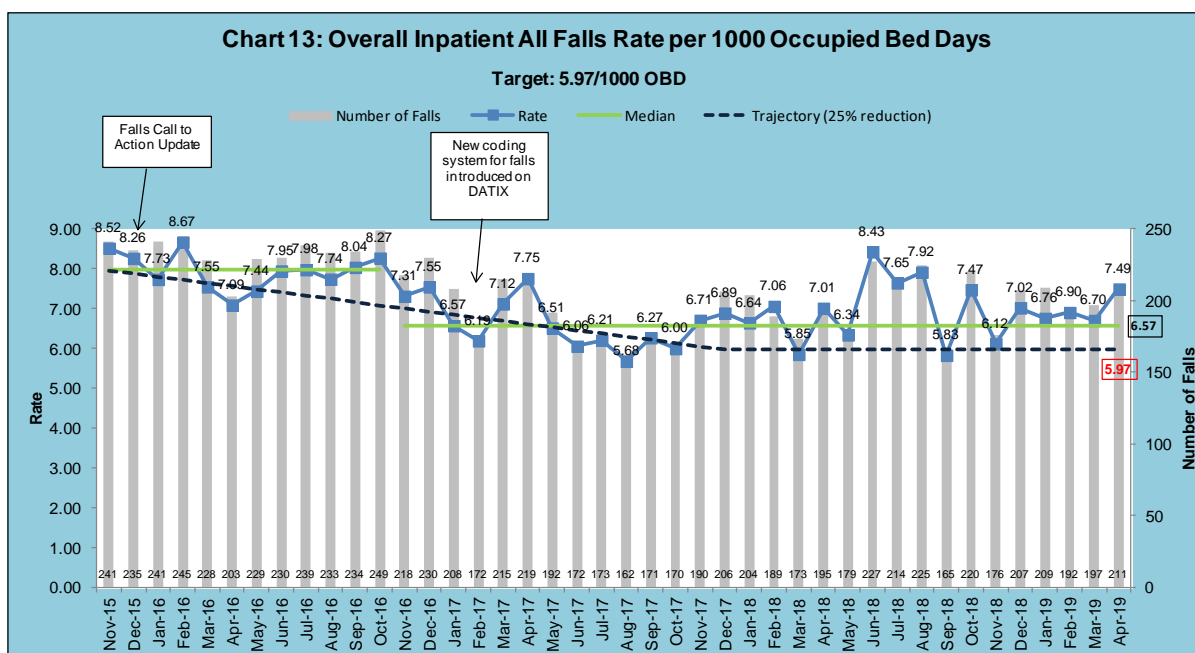
Previous 3 periods	Jan-Mar 2018	Apr-Jun 2018	Jul - Sept 2018
	0.93	0.77	0.81
<b>Contextual review of data (presented above)</b> (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)	<p>HSMR is a measure which promotes reflection on patient care within boards. The reference point is a value of 1. It should be used by Boards to reflect when a value is greater or less than 1. A high value of the HSMR is not sufficient evidence on which to conclude that a poor quality or unsafe service is being provided. It should be regarded as a trigger for review and further understanding.</p> <p>The current reporting period October – December 2018 on chart 11 shows NHS Fife HSMR to be 0.86, which is in line with Scottish performance. Overtime NHS Fife demonstrates an overall downward trend, as seen Chart 12 which indicates progress in reducing mortality over time. At the end of this period of reporting the change in HSMR % for NHS Fife is -9.9.</p> <p>This will be the last publication reporting on progress towards the current Scottish Patient Safety Programme (SPSP) aim of “<i>reducing hospital mortality by a further 10% by December 2018</i>”.</p> <p>Local work and interventions continue to focus around recognition of deteriorating patients and improving patient safety.</p> <p>The next update, reporting on admissions to March 2019, will be published in August 2019.</p> <p>The end of the current aim has provided an opportunity to review and refresh the approach for producing and using HSMR.</p> <p><b>Changes to production and publication of HSMR</b></p> <p>Having carried out a review of the methodology, ISD intends to make a number of changes to HSMR methodology and reporting from August 2019 onwards. The main changes are summarised below, and will take effect from the publication of HSMR figures in August 2019.</p> <p>The main change in approach is that while HSMR will continue to allow hospitals to compare their outcomes with the Scottish average, it will no longer be produced in a way that allows HSMR to be monitored over time. Instead, unadjusted (crude) mortality rates will be used to monitor hospital mortality over time.</p> <p>More specifically, the following changes are being made from August 2019 (details in ISD information sheet appendix 1):</p> <ul style="list-style-type: none"> <li>• The statistical model used to produce HSMR will be <b>re-based</b> to a new initial three year reference period of April 2016 to March 2019 (the current reference period is January 2011 to December 2013). Further to this, the <b>reference period will be advanced by three months</b> for each subsequent reporting period. This ensures that comparisons in relation to the national average are robust for each point in time.</li> <li>• A <b>twelve month reporting period</b>, rather than three months as at present, will be used when presenting HSMR figures for hospitals in relation to the Scottish average. Crude mortality data will continue to be published over time using a three month reporting period.</li> </ul>		

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 21 of 70	Review Date: N/A

	<p><b>Use of HSMR</b></p> <p>It is widely accepted that hospital mortality data have an important role in learning about and improving the quality of patient care, recognising that such data need to be used alongside other data/intelligence and there is no single measure of safety. HSMR will continue to be used in Scotland, however with less emphasis being placed on HSMR in relative isolation.</p> <p>Scottish Government, Healthcare Improvement, and the Information Services Division expect that NHS boards will continue to use data on mortality associated with hospitalisation, including HSMR, to help learn about and improve the quality of patient care. This includes high/increasing mortality rates being identified and responded to as part of NHS boards' local governance mechanisms. Healthcare Improvement Scotland and the Information Services Division will continue to offer advice/support to NHS boards, on request, about using hospital mortality data.</p> <p>Healthcare Improvement Scotland will continue to monitor HSMR figures in the context of other data/intelligence. However, Healthcare Improvement Scotland will no longer routinely engage formally with an NHS board on the sole basis of a high/increasing HSMR. There might be more exceptional circumstances under which a high/increasing HSMR, when considered alongside other data/intelligence, leads Healthcare Improvement Scotland to engage with an NHS board.</p> <p>Healthcare Improvement Scotland will not set a further aim for reducing HSMR. As stated above, HSMR will no longer be produced in a way that it can be monitored over time.</p>
<b>Current issues</b>	None identified during this period.

## All Falls (Commenced 2012)

Measure or Aim	To reduce all falls by 25%
Data Source	DATIX
Measure Status	Improvement
Scotland Performance	Not known
Current Performance	7.49/1000 OBD (April 2019)
Target Performance	Target rate 5.97/1000 OBD (end of December 2017)

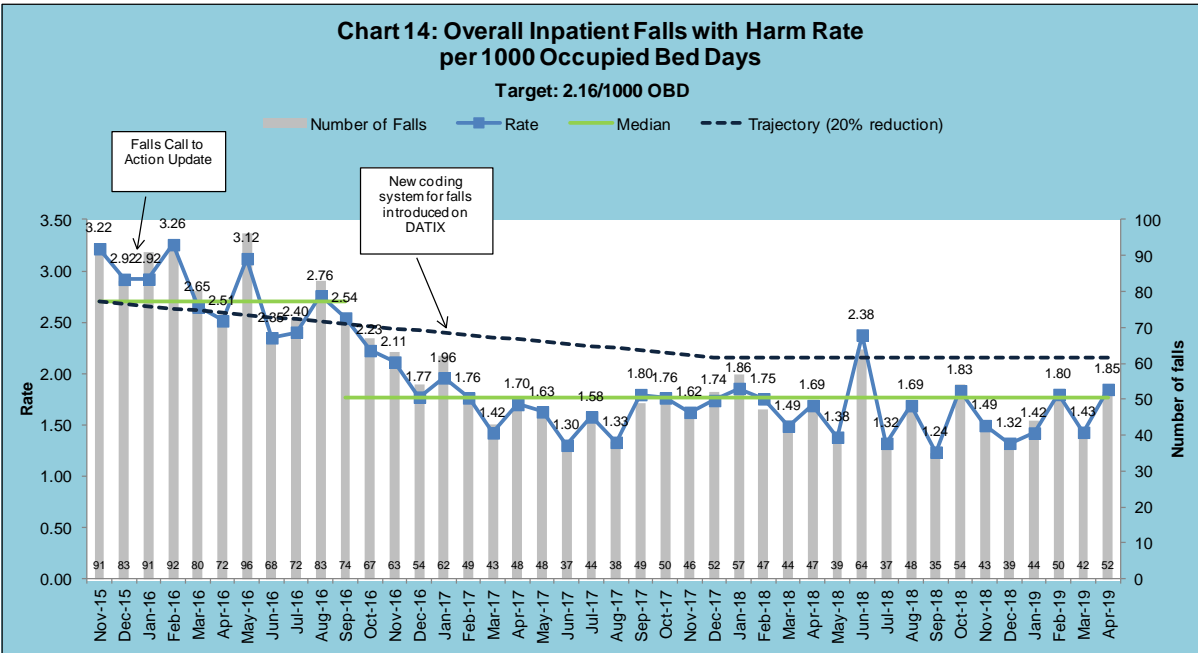


Previous 3 periods	January 2019	February 2019	March 2019
	6.76/1000 OBD	6.90/1000 OBD	6.70/1000 OBD

## Falls with Harm (Commenced 2012)

Measure or Aim	To reduce falls with harm by 20%
Data Source	DATIX
Measure Status	Sustained Improvement & On Target
Scotland Performance	Not known
Current Performance	1.86/1000 OBD (April 2019)
Target Performance	Target rate 2.16/1000 OBD (by end December 2017)

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 23 of 70	Review Date: N/A



Previous 3 periods	January 2019	February 2019	March 2019
	1.42/1000 OBD	1.80/1000 OBD	1.43/1000 OBD

<p><b>Contextual review of data (presented above)</b> (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)</p>	<p>As with all areas of Scotland, Fife will experience a shift in its demography, with increasing numbers of older people. Evidence suggests that one third of people aged over 65 fall each year, and one half of people aged over 80 fall each year. As we live longer falls are becoming an even bigger issue.</p>
<p><b>Current issues</b></p>	<p>Prevention and management of falls is a multi-disciplinary and multi-agency responsibility and our ambition in Fife is to reduce the number of falls. A healthy ageing campaign is planned for spring 2019 the MCCN will explore how key messages can be aligned across services.</p> <p>The recently launched Falls Strategy, for the next 5 years, focuses on ensure effective processes are consistently implemented for the early identification, effective assessment and management of people who are at risk of falling. This will ensure a high quality, cost efficient service that will reduce the incidence and severity of falls between now and 2022.</p>

Improvement Activities/Interventions	Due By	Status
<p>The inpatient falls group have reviewed the Falls toolkit and supporting appendices. These have been approved in principal by the Frailty MCCN and have been submitted to CCG and ASD CG (July)for approval at next meetings and a formal re-launch will occur thereafter supported by the Falls champions</p> <p>The post falls flowchart has been reviewed and is being shared with PCES as they provide OOH support to Community hospitals to patients who require assessment following a fall. This has also been submitted to CG and CCG for approval at their next meetings</p>	<p><del>May 2019</del> July 2019</p>	<p>On track Delayed</p>
A SLWG linked to the Inpatient Falls group developed and tested a falls alarm risk assessment and care plan. This has been submitted to CCG groups for approval at next meetings	<p>May 2019 July 2019</p>	<p>On Track Delayed</p>
Terms of Reference of In-patient Falls group has been reviewed to reference the Fife Falls Strategy. A workplan is being developed to support this focus.	March 2019	Complete
A workplan is being finalised and will be located on a shared drive folder to allow members of the Inpatient falls group to update on an ongoing basis. Work is underway to ensure all members have the appropriate access to this	May 2019	Complete
A new falls collaborative commenced in February 2019 to focus QI work in five wards within the HSCP that had the highest number of falls in 2018.	April 2019	Complete
Preliminary meetings with the five wards in the collaborative have been completed and baseline data reviewed. Further meetings are arranged with Clinical Governance facilitator to complete QI awareness training and agree individual tests of change.	June 2019	Complete
Comfort round education sessions have been trialled in SACH 1 and a plan is in place to roll out this across the wards in the collaborative (other areas have been incorporated also)	June 2019	Complete
The 'A Patient has Fallen What Now' document is being reviewed, adapted and tested with the collaborative,	May 2019	Complete
The 'A Patient has Fallen What Now' document following initial adaption and testing is undergoing further adaption and testing prior to potential roll out.	July 2019	On Track
Tarvit Ward are commencing cycle two of PDSA for comfort round reminders on side room doors, whiteboards for the doors instead so further testing to take place.	May 2019	Complete
Tarvit Ward now have comfort round reminders as standard practice within the ward.	July 2019	Complete
SACH 1 is testing safe effective handover and delivery of the safety brief information. Currently on PDSA cycle 1 of this test of change.	April 2019	Complete

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 25 of 70	Review Date: N/A

SACH 1 safe effective handover and delivery of the safety brief information, now embedded into practice	June 2019	Complete
Further testing of the revised process measures continues, prior to HSCP roll out.	April 2019	Complete
Early work being embarked on with care home sector to standardise recording and support best practice in managing falls risk	June 2019	On Track
The Community Hospital Falls Group is continuing to meet bi-monthly to maintain the improvement work/data and plan next steps of a further collaborative and share best practice and learning to date.	December 2019	On Track

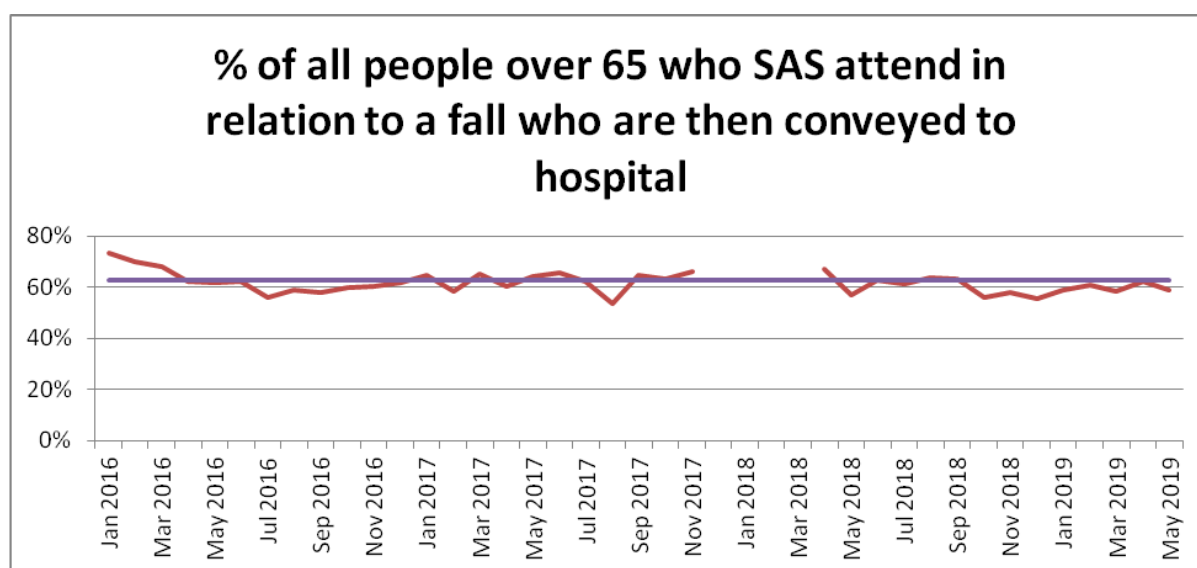
### Community (non in-patient) Falls

As noted in the last report the partnership has been approached by the National Telecare Improvement Programme Lead to share learning from the MECS / Fife Falls Response Service (FFRS) in relation to models which support uninjured fallers. Information on Fife was included as the first 'spot light' in the programmes Flash reports.

Improvement Activities/Interventions	Due By	Status
Early work being embarked on with care home sector to standardise recording and support best practice in managing falls risk	June 2019	On Track On Hold
Healthy ageing campaign under development. Work in progress for public campaign aligning with the national Falls Awareness week in September. Core materials agreed and shared.	Spring 2019	Complete
Draft action plan for the Healthy Aging campaign in development. Work will be developed in line with local and national public health objectives. Initial scoping work has been concluded.  Work on this progresses and the chairs of the MCCN met in May with the chair of the Healthy ageing group to agree content/ timescales and delivery of the campaign. Agreed messages are consistent with all other MCNs/Strategies therefore messaging will be combined where possible across Health and Social Care.	22 September	On Track
The Community Falls Group is developing a set of metrics to understand falls within community setting and responded to by community services to support: <ul style="list-style-type: none"> <li>Understanding of falls</li> <li>Early intervention/Targeting of service (including input to Community Health and Wellbeing Hub programme)</li> <li>Developing locality element to support targeting of improvement work</li> </ul>	Spring 2019	Version 1 Complete
A Dashboard is currently in development which will cover the following areas: <ul style="list-style-type: none"> <li>ICASS</li> <li>SAS</li> </ul>	Spring 2020	On Track

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 26 of 70	Review Date: N/A

<ul style="list-style-type: none"> <li>• MECS</li> <li>• FFRS</li> </ul> Later phase <ul style="list-style-type: none"> <li>• Care Homes</li> <li>• Consideration with partners of joint measures that evidence uptake of healthy ageing activities</li> </ul>		
A review of SAS conveyance rates to hospital in over 85 has been undertaken by the community falls group. The review findings support conveyance rates to hospital are appropriate whilst providing assurance that the current SAS Falls & Frailty Pathway appropriately identifies treatment pathways for individuals. Final report is planned for early June 2019	Early June 2019	Complete
Following successful pilot of Level 1 Screening with Fire Service rollout programme to all fire stations agreed. Fire Service has halted the rollout at this time due to national reorganisation within the service.	July 2019	On Track On Hold
Discussions have taken place with START managers, with pilot planned for START teams in GNEF.	July 2019	On Track
Agreement that rollout to all START teams will commence on completion of pilot.	December 2019	On Track
Community Falls Pathway: Verifying Minor Injuries Units referral pathways in NEF to provide baseline of people who act on advice.	October 2019	On Track



Scottish Ambulance Service data shows a consistently relatively low conveyance rate for people over the age of 65 who fall being conveyed to hospital. This data is observed nationally to support the embedding of local falls pathways. SAS data was not available for a period while a new information system was installed.

Utilising data collated by the Single Point of Access (formerly known as PACT) to support the falls pathway the Community Falls Group reviews the number of Falls packs shared and referrals received following screening. This is monitored to understand the effectiveness of the roll out of the level 1 screening tool in supporting early intervention. Please note due to a change in team arrangements spreadsheets have moved and data linkages are being fixed.

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 27 of 70	Review Date: N/A

**The Number of Referrals ( Including packs given out as well as direct referrals to the service)**



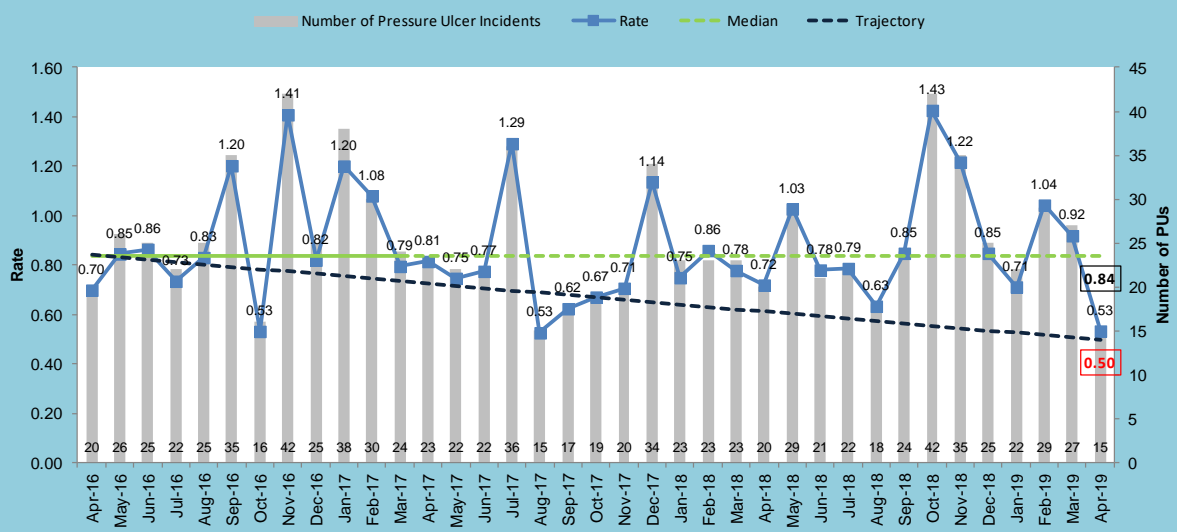
Falls admissions are also monitored- 2018/19 data is not yet available.

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 28 of 70	Review Date: N/A

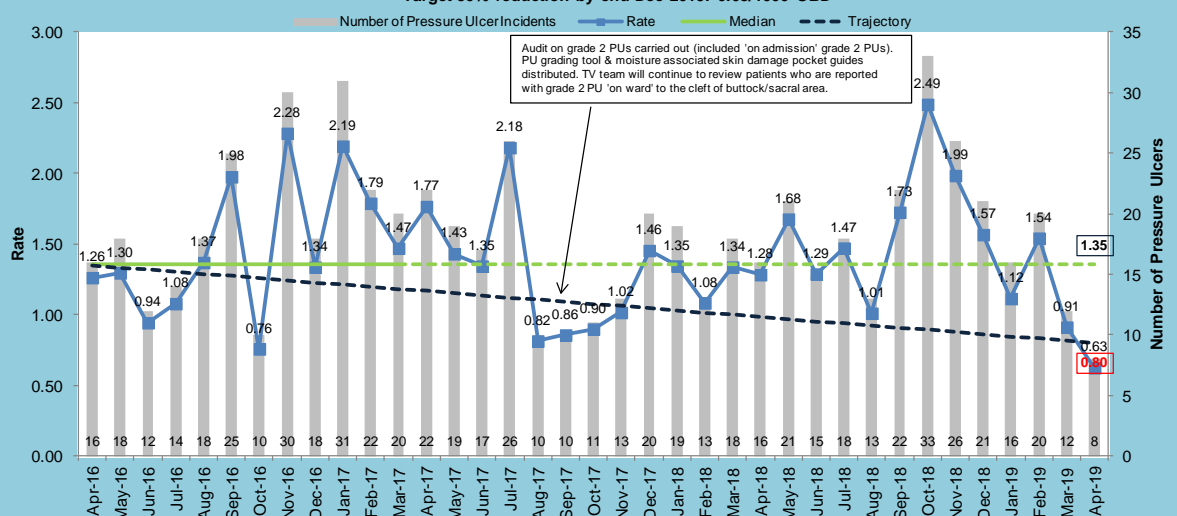
## Pressure Ulcer Incidents – (Hospital Acquired) (Commenced 2012)

Measure or Aim	To reduce pressure ulcers by 50% by December 2019
Data Source	DATIX
Measure Status	No Change
Scotland Performance	Not known
Current Performance	0.53/1000 OBD (April 2019)
Target Performance	Target rate 0.42(by end December 2019)

**Chart 15: Overall Hospital Acquired Pressure Ulcer Incidents  
per 1000 Occupied Bed Days  
(Acute and Community Services Inpatients)**  
Target 50% reduction by end Dec 2019: 0.42/1000 OBD



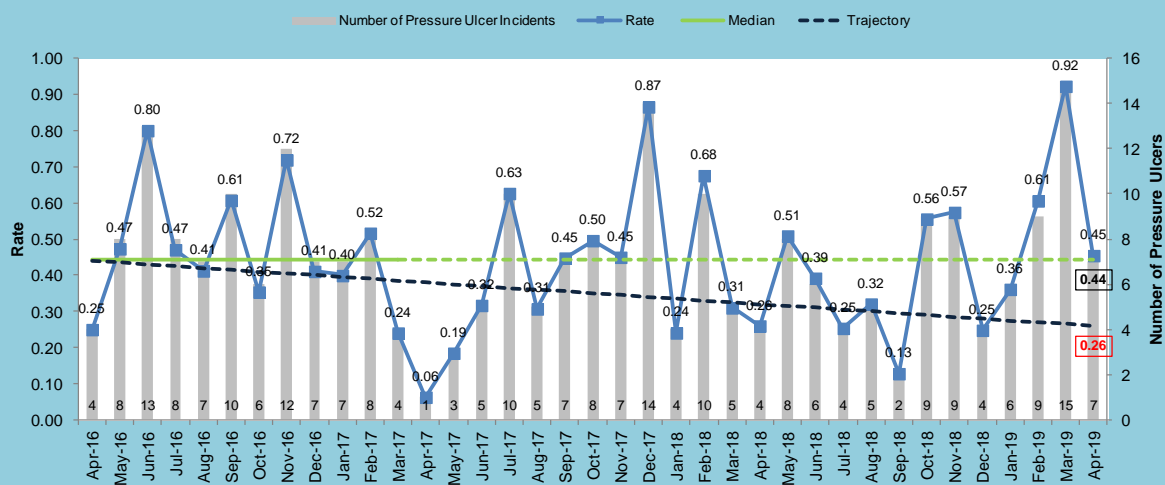
**Chart 16: Hospital Acquired Pressure Ulcer Incidents  
per 1000 Occupied Bed Days  
Victoria Hospital**  
Target 50% reduction by end Dec 2019: 0.68/1000 OBD



Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 29 of 70	Review Date: N/A

**Chart 17: Hospital Acquired Pressure Ulcer Incidents per 1000 Occupied Bed Days**  
**Health and Social Care Partnership**  
 (Community Services Inpatients)

Target 50% reduction by end Dec 2019: 0.22/1000 OBD



#### Previous 3 periods

January 2019

0.71/1000 OBD

February 2019

1.04/1000 OBD

March 2019

0.92/1000 OBD

#### Contextual review of data (presented above)

(Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)

Current data for Fife Health & Social Care Partnership (FHSCP) continues to demonstrate random variation. However data for april shows a half in PU development compared to last month. Within ASD the data demonstrates a further fall in incidences in March and April.

The Quality Improvement (QI) work is ongoing across Fife; Senior Nurses from the wards that are in the collaborative have pledged senior leadership support for their wards to attain sustained improvement.

Both the Acute and HSCP show normal variation with no change in terms of improvement.

#### Current issues

All Hospital acquired pressure ulcers in April 2019 were at the lowest since August 2017, and on the third consecutive decrease. Work is ongoing to continue with this improvement and sustain.

Inpatient areas involved in the 90 day improvement collaborative continue to monitor weekly, their compliance against process measures.

#### Improvement Activities/Interventions

#### Due By

#### Status

Ongoing scrutiny and actions taken by the Fife Tissue Viability Steering Group, currently self assessing and updating National Standards for the Prevention & Management of Pressure Ulcers (2016). Terms of Reference of the group will be agreed by the end of the March.

March 2019

Complete

The 90 day improvement project has been extended

March 2019

Complete

<p>for a further 90 days January to March 2019 within ASD, recognising the valuable learning in the first 90 days, to inform further improvement work in the second part of the project. Key objectives from the ASD work stream include:</p> <ul style="list-style-type: none"> <li>Weekly compliance measures with SSKIN bundle elements</li> <li>Use of revised documentation to enable a more person centred approach to care, and recognition of device related risks</li> </ul> <p>Pathway for patients with hip fracture –</p> <ul style="list-style-type: none"> <li>supporting pressure ulcer risk assessment and prevention in A&amp;E</li> <li>Working with theatres to increase awareness of, and support with pressure ulcer prevention when patients are in theatre and in recovery</li> </ul>		
<p>A further collaborative commenced within HSCP in February 2019, involving five ward areas (two of which were involved in the previous collaborative). Wards at SACH, Adamson QMH and Hospice VHK are on their 90 day improvement journey. Questionnaires for patients and staff have been designed to identify the level of knowledge and awareness around prevention and management. Some areas have undertaken tests of change for handovers and safety briefs and applying PDSA approach to testing ideas. Another area is evaluating changes made via audit. Training sessions have been provided for nursing staff on how to undertake comfort rounds – incorporating falls and pressure ulcers areas are carrying out tests of change, one area is testing a comfort rounding tool (Care Clock). All areas continue to collect compliance data weekly to monitor performance and provide focus on specific aspects process measures.</p> <p>It is anticipated that the current collaborative will be completed by 30 April 2019, and that a meeting to bring all the improvement collaborative work together will be held at the beginning of May 2019.</p>	30 April 2019	Complete
<p>A systematic and coordinated approach to training and education to be developed and implemented across the both Acute Division and HSCP encompassing, LearnPro and CPR for Feet, lead by the HoN East Division and TV Steering Group.</p>	April 2019 August 2019	On-track Delayed
<p>Refocus on promoting CPR for feet, top to tie skin assessment and continence management within ASD as themes for learning from recent case review.</p>	March 2019	Completed
<p>A fife wide task and finish group has been commissioned to review clarify and standardise SBAR/LAER/reporting and remapping issues. The delay for this is due to requiring organisational process agreement.</p>	April 2019 July 2019	On-track Delayed
<p>A PU collaborative stock take &amp; learning and sharing event was held on 2<sup>nd</sup> May 2019 with representation</p>	May 2019	Complete

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 31 of 70	Review Date: N/A

from all 10 wards (and all their senior nurse sponsors) attend by the Executive Director of Nursing and Associate Director of Nursing for the HSCP. The event acknowledged the work taken place to date and the areas of improvements that had been achieved. It was also agreed to continue with the collaborative approach to quality improvement and for the PU collaborative to continue with the same 10 wards		
The 90 day improvement project extended from May to July 2019 across Fife as one collaborative.	August 2019	On track

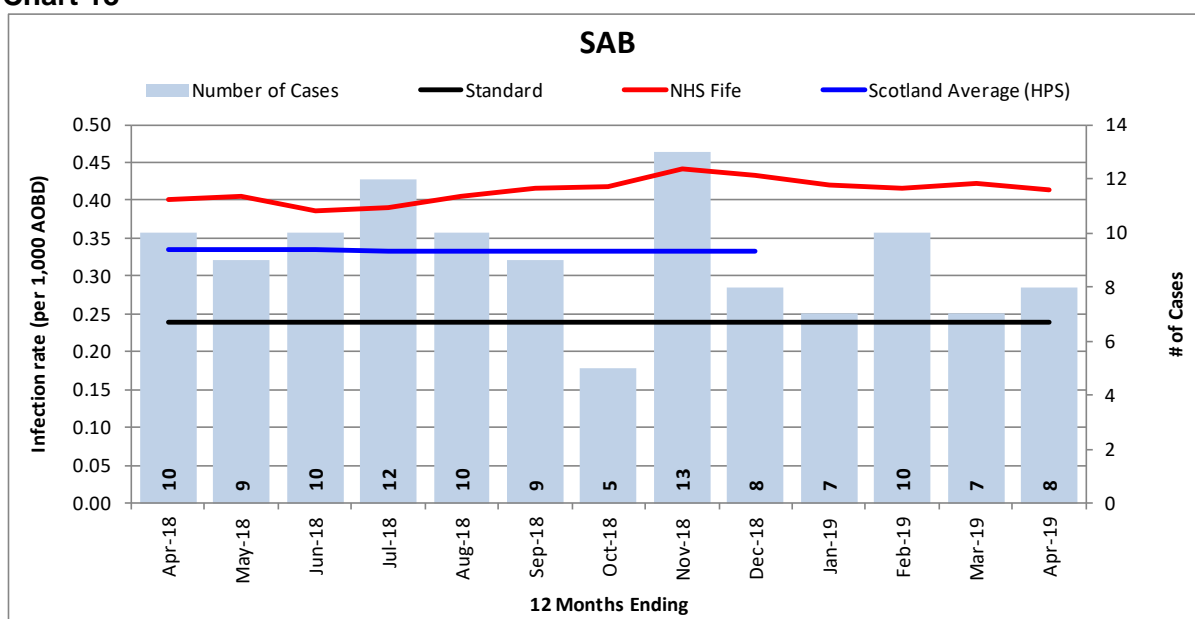
Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 32 of 70	Review Date: N/A

## Healthcare Associated Infection/SABS

### Healthcare Associated Infection/SABS (Commenced 2012)

<b>Measure or Aim</b>	Achieve a maximum rate of SAB (including MRSA) of 0.24/1000 AOB
<b>Data Source</b>	
<b>Measure Status</b>	No Change
<b>Scotland Performance</b>	0.33 cases per 1,000 acute occupied bed days, for 12 months to end of December
<b>Current Performance</b>	0.41 cases per 1,000 acute occupied bed during 12-month period ending April 2019
<b>Target Performance</b>	Target rate of 0.24/1000 AOB

**Chart 18**



Previous 3 periods	12 Months to Jan 2019	12 Months to Feb 2019	12 Months to Mar 2019
	0.42/1000 AOB	0.42/1000 AOB	0.42/1000 AOB
<b>Contextual review of data (presented above)</b> (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)	SABs – although the infection rate during 2018 remained above the Standard, progress has been made to reduce the trajectory in recent months. Unfortunately, we are still seeing VAD, urinary catheter associated and skin and soft tissue infections. During 2019, more work also needs to be done to focus on vulnerable patient groups within the community setting such as people living with Diabetes, PWIDs and those with multiple co-morbidities.		

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 33 of 70	Review Date: N/A

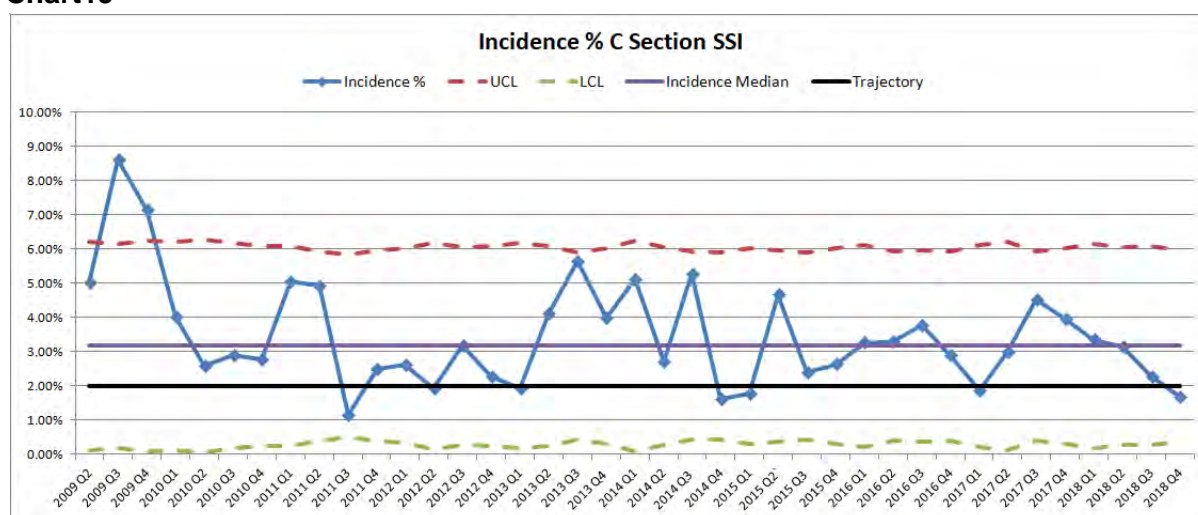
<b>Current issues</b>	Compliance with Insertion and Maintenance Bundles within agreed targets is proving difficult for staff to achieve. Understanding why this is will be the focus for the next report.  The long standing work with the Addictions Services and Addaction has supported a clear pathway for advice for service users presenting with skin and soft tissue infections. However, fresh conversations with the HSCP will hopefully help to explain the recent surge in cases.	
<b>Improvement Activities/Interventions</b>	<b>Due By</b>	<b>Status</b>
Work with Clinical and Care Governance colleagues to determine interventions and improvement work required to support safe clean care and a reduction in Skin and Soft Tissue infections (SSTI) in our Diabetic population.	June 2019 September 2019	On Track Delayed
Community SAB to be highlighted as standing agenda item at Clinical and Care Governance Groups Emergence of common themes which will target areas for improvement activity.	June 2019	Complete
Complete work mandated by the Vascular Access Strategy Group <ul style="list-style-type: none"><li>• Strategy deliverables achieved</li><li>• Improved systems and processes in place to manage VADs</li><li>• Governance arrangements are robust, are working and provide assurance and data for improvement</li><li>• Reduction in the number of VAD associated SAB</li></ul>	March 2020	On Track
<i>Design a new programme of work focusing on reducing the risk of SAB in diabetic patients</i> <ul style="list-style-type: none"><li>• Reduction in the number of cases of SAB in patients with Diabetes</li><li>• Improved clinical outcomes</li><li>• Co-production with improvement focused outcomes across health and social care</li></ul>	March 2020	On Track

## SSI Caesarean Section

### SSI Caesarean Section

Measure or Aim	To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 2% by March 2019.
Data Source	HPS
Measure Status	N/A
Scotland Performance	1.50% infection rate July- September 2018
Current Performance	1.68% infection rate October – December 2018
Target Performance	1.40% infection rate by year end December 2018.

Chart19



Previous 3 periods	Apr-Jun 2018 (Q2)	July to Sept 2018 (Q3)	Oct to Dec 2018 (Q4)
	3.1%	2.3%	1.7%
Contextual review of data (presented above) (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)	<p>NHS Fife achieved an incremental reduction in the incidence of C Section SSI over a 15-month period from October 2017 to December 2018.</p> <p><b>However</b>, Q1 2019 data demonstrates a 4.8% increase in incidence from 1.7% to 6.5%. This will most likely trigger an Exception Report.</p>		
Current issues	NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate.		

Improvement Activities/Interventions	Due By	Status
Review of compliance with the Management of Anaemia Guidance	June 2019	Complete
Review of compliance with improvements to prophylactic antibiotic policy	June 2019	Complete
Support a review of local epidemiological data to establish any links to inequalities, deprivation.	June 2019 September 2019	On track Delayed

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 35 of 70	Review Date: N/A

<p>Establish an Obesity Prevention and Management Strategy for pregnant women in Fife which will support lifestyle interventions during pregnancy and beyond.</p> <p>June 2019: Review of services currently available and impact on health being undertaken. HPS are working collaboratively with NHS Fife to understand the enablers, barriers and responsible services for health promotion in child bearing women.</p>	<p>June-2019 September 2019</p>	<p>On-track Delayed</p>
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Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 36 of 70	Review Date: N/A

## 7 Patient Experience

### Person Centred Steering Group

A Person Centred Steering Group will lead on a range of local and national initiatives as well as identify and drive improvement opportunities as a result of service user feedback. The group's membership will include nursing and AHP staff across NHS Fife. The group will report directly to the Director of Nursing. The first meeting on 5 June 2019 will focus on;

- The implementation of Person Centred Visiting
- End of Life Care
- Assessment and Support for Veterans.

Further information on the progress of the group will be reported in the next quality report.

### Your Care Experience

The 'Your Care Experience' questionnaire aims to seek feedback from service users in real time about their experience of health care. The questionnaire and IT platform used to collect the data has been reviewed. The questionnaire aims to gather qualitative and quantitative data and be relevant to all clinical services rather than solely in - patient services. The revised tool is undergoing testing in a number of in-patient and out-patient settings. The revised questions have been set in accordance with some local and national initiatives

1. Staff always introduced themselves when providing care
2. Staff always treated you with care and compassion
3. You always included in decisions about your care
4. You always felt safe when staff delivered care to you
5. One thing we did well
6. One thing we can do better

### Care Experience Improvement Model

Health Improvement Scotland is currently promoting the implementation of the Care Experience Improvement Model (CEIM). This model aims to offer a sustainable care team led approach to capturing and utilising feedback for improvement, which can be embedded into the everyday practice of front-line teams.

NHS Fife has tested the model in a number of areas within Acute and Mental Health Older Adult Services. Mental Health Services have been proactive in using the feedback to identify improvement opportunities and are currently testing changes to their admission procedure. They have also delivered training on their experience of testing the model and its outcome to other areas across Mental Health to influence and encourage spread.

There are plans to test within the Hospice and this will be pursued through the PCSG.

### What Matters To You Day

Preparations are underway for the 'What matters to you' day which will take place on 6 June 2019. The aim of the day is to encourage and support more conversations between people who provide health and social care and the individuals, families and carers who receive that care.

The Patients Relations Team will be visible within Phase 3 Victoria Hospital entrance and will be actively seeking feedback from patient's staff and visitors. The key theme will be

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 37 of 70	Review Date: N/A

around what people value most about our health service and any suggestions to make it better. A feedback tree will be available for all to post their opinions.

A number of other events will take place across NHS Fife which will be reported in the next quality report.

The information focuses on NHS Fife's priority areas; however, there is an ongoing commitment to hear from people using services utilising a range of existing mechanisms. NHS Fife's website clearly states the way in which feedback can be provided which includes; by email, telephone, text, web, social media, face to face as well as by pro actively seeking feedback via questionnaires/surveys and focus groups. The work we have undertaken within our local communities has identified the desire for the Board to remain flexible in its approach to encouraging and gathering feedback and for that reason we have continued to meet with people in community setting to provide information about providing feedback about NHS Services.

NHS Fife has committed to responding directly to all forms of feedback, which means feedback received is acknowledged and responded to, detailing any action taken or explaining why it is not possible to act on the feedback received.

Improvement Activities/Interventions	Due By	Status
Implement revised 'Your Care Experience tool'	June 2019 October 2019	On track Delayed due to evaluation of testing
Continue to test and spread the use of the Care Experience Improvement Tool	Dec 2019	On track
Increase the number of responders for Care Opinion	Dec 2019	On track
Implement Person Centred Visiting	Dec 2019	On track

#### a. Care Opinion

Work continues to promote Care Opinion across NHS Fife and the Health and Social Care Partnership. The objective for 2019 is to achieve level 7 of Care Opinion's development measure, by widening staff involvement and encouraging staff to share care improvements as a result of stories.

Staff continue to be supported to increase knowledge and confidence on the use of Care Opinion.

The reports provided by Care Opinion are shared with clinical teams, with updates in regard to changes made and actions resulting from the comment / on line post.

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 38 of 70	Review Date: N/A

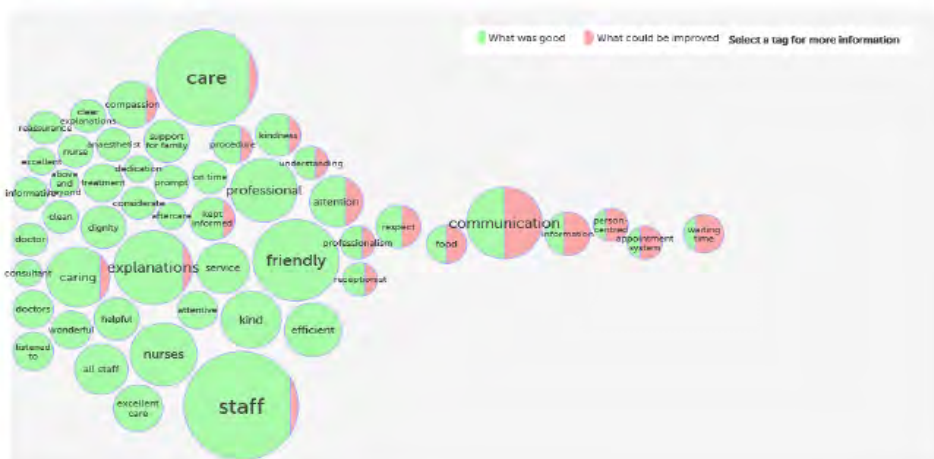


**Care  
Opinion**  
What's your story?

Staff: 31 positive opinions / 1 negative opinion  
Care: 24 positive opinions / 1 negative opinion  
Friendly: 18 positive opinions  
Communication: 7 positive opinions / 1 negative opinion

We have seen an increase in the number of stories relating to the following;  
Food; Information; Appointment System; Person Centred and Waiting Times. See below;  
Food: 2 positive opinions / 2 negative opinions  
Information: 2 positive opinions / 3 negative opinions  
Appointment System: 1 positive opinion / 2 negative opinions  
Person Centred: 1 positive opinion / 2 negative opinions  
Waiting Times: 1 positive opinion / 3 negative opinions

## Tag bubbles



Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 39 of 70	Review Date: N/A

**Examples of Care Opinion across the Board:**

**Story about – GP & Children’s Ward** - My son was unwell on Tuesday the care he received was excellent, seen at GP at 0950 children’s ward by 1030 and home by 1400 with advice. Everyone treated him with with respect, making a scary experience very easy. Dr Garvey at Rothes Medical Practice and the care at GP assessment in the children’s ward within NHS Fife were fantastic. Thank you for making our experience a good one xxx

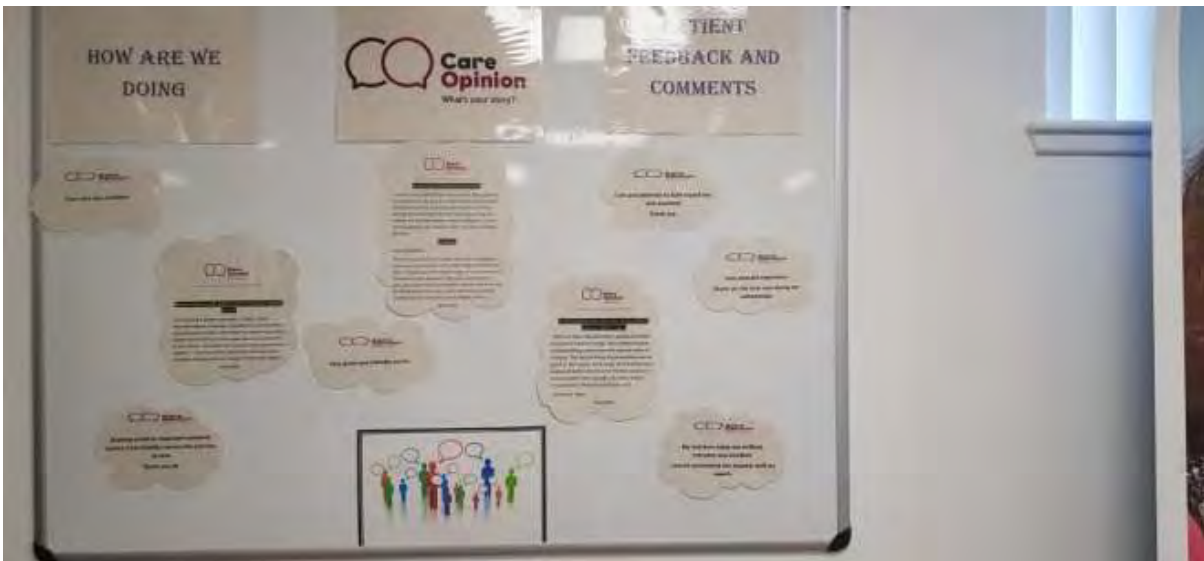
**Response** - Hello, and thank you so much for your positive feedback. It's great to hear that our different services worked so well together to make this potentially scary experience as positive as it could have been for you and your son, who I hope is now well on the way to recovery.

**Story about – Day Surgery, Queen Margaret Hospital** – Complications after day surgery meant staying in overnight. No complaints. Was well cared for. Of course, you take to some staff more than others and the overnight nurse was the best! I very much appreciated her approach and kindness.

**Response** - Thank you for taking the time to post feedback in Care Opinion, sorry to see that you had to stay overnight but glad to see that you were well cared for by the overnight staff. I will share your post with the team and wish you well in your recovery.

Within the Acute Services Division patient experience feedback is used to provide assurance of quality care, and identify areas where care could be improved. Review the quarter 4 care opinion summary the feedback remains positive in the most part, with the themes around areas for improvement changing. Reporting during quarter has improved with 50 episodes of feedback received in March 2019.

**Endoscopy QMH** currently display their care opinion feedback at the reception area where they hope patients would have an opportunity to see the feedback. The team hope that feedback will reduce patients' anxieties about what to expect when attending for their procedures. Below is a picture of their Care opinion Board:



Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 40 of 70	Review Date: N/A

b. What matters to you



**SCN Teresa Robertson, Victoria Hospital Kirkcaldy**  
**Yvonne Telfer, NHS Fife SHPO Acute**

The Patient had been in hospital for approximately 5 months. He had very complex needs and was unable to leave his side room during his time on the ward. His wife visited every day for about 2 hours and this was his only contact with the outside world, apart from the nursing staff looking after him.

During a conversation with him one day whilst doing his dressing, we started chatting away about random things and got onto the subject of pets. His mood was very low at this time and I really thought that he would never leave hospital, that he was losing his fight. He told me he had two dogs and he didn't think they would remember him as he had been in hospital so long; his eyes filled with tears as he spoke about them.

Being a pet owner myself I felt really sad for him. When I left the room I contacted infection control to ask where I stood allowing animals into the ward. I explained he was in a side room and could not leave it due to his wound and the risk of infection. I also explained that I thought seeing his dogs again would help his emotional and mental wellbeing. Infection control advised that, as long as I carried out a risk assessment, the dogs could be allowed to come in.

I contacted his wife and asked if she would like to bring the dogs in as a surprise for her husband. To say she was delighted was an understatement! We arranged for them to be brought in the next day. It was hard keeping such a big secret from the patient but we managed. Unfortunately I was at a meeting when the dogs arrived, but I was told that – between the patient and the staff on the ward – there wasn't a dry eye to be found.

The patient's mood lifted and he began to find that fight again to aim for home. He was in for about another 6 weeks, and during this time his wife was able to bring the dogs in one day every weekend when there were fewer people around. I truly believe that this simple gesture helped change this man's outlook on life and it helped build relationships with his wife. He has had to return to hospital a couple of times since, for a few days at a time, and always requests to come back to this ward as he feels secure and well cared for here. That is a real compliment to our staff.

NHS Fife has updated its guidance on the management of pets and animals in hospital.

*With gratitude to Roddy and Anthea Gairdner for allowing us to share their story.*

 @WMTYScot whatmatters2you[www.whatmatterstoyou.scot](http://www.whatmatterstoyou.scot)

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 41 of 70	Review Date: N/A

**b. Participation Standard**

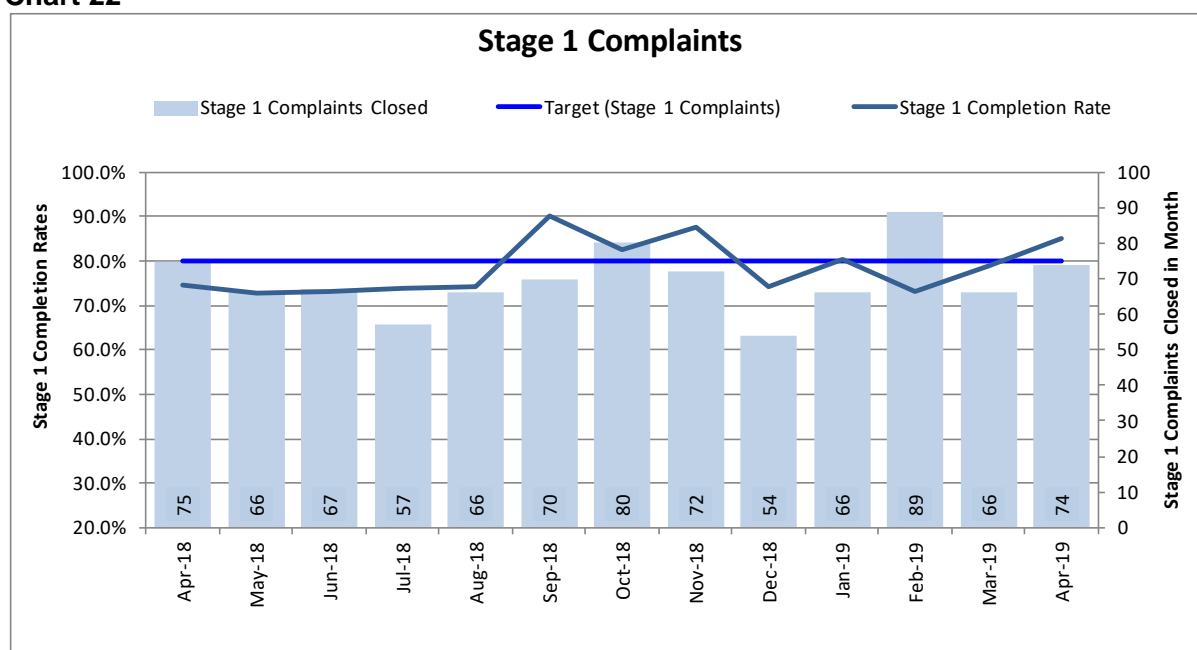
The Participation Standard	
<b>Measure or Aim</b>	To achieve level 4 for Patient Focus activity and maintain level 3 for governance arrangements
<b>Data Source</b>	Participation Standard 2014-2015 – Initial Analysis on NHS Fife
<b>Measure Status</b>	<b>Sustained Improvement &amp; On Target</b>
<b>Scotland Performance</b>	NHS Fife only Board to have achieved level 4 for Patient Focus
<b>Current Performance</b>	Level 4
<b>Target Performance</b>	Level 4

Improvement Activities/Interventions	Due By	Status
Further consultation to take place with regard to Phase 2 Pilot of Interpreter on Wheels. This project aims to improve access to communication supports for people for whom English is not their first language (BSL, Community Language)	May 2019	Complete
Consultation on Scottish Ambulance Emergency Call Handling	<del>April 2019</del> Further date not provided	<del>On track</del> Delayed by SAS
Consultation on Dental Access Strategy	May 2019	Complete
Review and align NHS Fife and HSCP Public Participation and Engagement Strategy 2016 -2019.	October 2019	On track

### c. Complaints

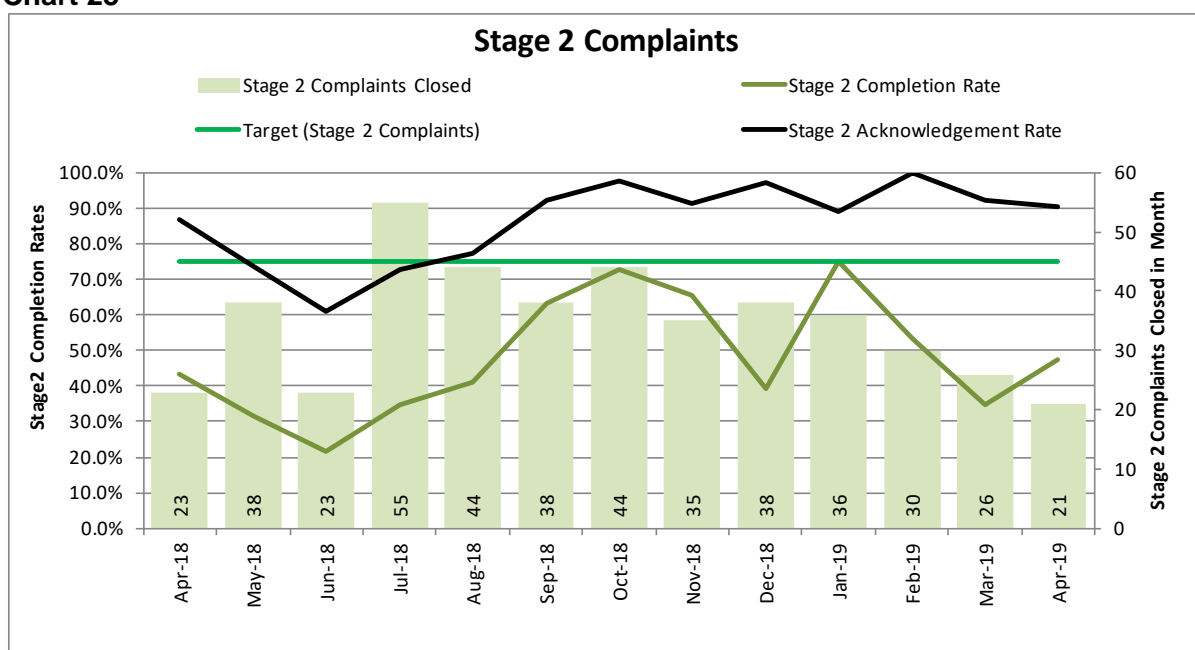
Complaints	
<b>Measure or Aim</b>	Stage 1 - to equip staff to deal with complaints promptly at the point of contact Stage 2 – to provide a comprehensive response in a timely manner To improve the way we share learning from complaints
<b>Data Source</b>	DATIX
<b>Measure Status</b>	
<b>Scotland Performance</b>	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)
<b>Current Performance</b>	85.1% (63 out of 74) Stage 1 complaints closed in April were completed within 5 working days (or 10 working days if extension applicable) 47.6% (10 out of 21) Stage 2 complaints closed in April were completed within 20 working days
<b>Target Performance</b>	Local Target: 80% of stage 1 complaints responded to within 5 working days 75% of stage 2 complaints responded to within 20 working days

Chart 22



Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 43 of 70	Review Date: N/A

Chart 23



Previous 3 periods	January 2019	February 2019	March 2019
	Stage 1: 80.3% Stage 2: 75.0%	Stage 1: 73.0% Stage 2: 53.3%	Stage 1: 78.8% Stage 2: 34.6%
<b>Contextual review of data (presented above)</b> (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)	Data in respect of stage 1 complaints demonstrates the number of complaints closed (and the times to closure) fell below the local target. This continues to be monitored. During the first quarter of 2019, 52 out of 93 Stage 2 Complaints (56%) were either Fully or Partially Upheld, while 23 (25%) were Not Upheld; for Stage 1 Complaints, 107 out of 219 (49%) were Fully or Partially Upheld while 86 (39%) were Not Upheld.		
<b>Current issues</b>	Stage 2 –. Delays in receiving medical statements continues to affected performance. There has been delay with approval within the Partnership mainly due to additional information being requested to ensure complaint points are addressed fully. Significant sickness absence within PRD has also resulted in a delay with drafting response letters.		
Improvement Activities/Interventions		Due By	Status
Patient Relations senior team to undertake peer review to improve quality of first drafts		September 2019	On track
Deliver education to service to improve the quality of investigation statements		September 2019 December 2019	On track Delayed
Agree with ASD a process for managing the delay with medical statements		June 2019	On track
Agree with ASD a consistent style for responses		June 2019	On track

## 8 Improvement Activity

### a. Deteriorating Patient

#### Deteriorating Patient Work Stream – Know the Score: Hospital Anticipatory Care Plan (HACP)

##### HACP - HOSPITAL ANTICIPATORY CARE PLAN



Patients who are risk of deteriorating health and dying may benefit from a Hospital Anticipatory Care Plan. The Hospital Anticipatory Care Plan is a communication tool that records discussions about care preferences with the patient and their families, and communicates an agreed treatment plan to the wider clinical team. Feedback on its use from clinical staff is that the HACP provides help and confidence with clinical review and decision making.

The HACP is often put in place alongside a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), however can be used as a standalone care plan to describe an individual anticipatory care plan, providing clinical teams with clear direction and support in relation to;

- Confirming CPR status
- Detailing treatment escalation (whether a patient would benefit from intensive care or high dependency care, or if in a community hospital would admission to acute care be appropriate,
- Confirming what investigations and interventions are appropriate, preventing inappropriate invasive intervention or investigation, reflecting the principle of realistic medicine
- Detailing a summary of the persons treatment plan,
- Providing narrative detailing the conversations with patients and their family about their understanding of their condition, and any care preferences they have shared.

**NHS**

**Hospital Anticipatory Care Plan (HACP)**  
(CHECK HACP VALID DATES ON REVERSE OF PAGE)

Has a DNACPR order been completed? YES ☐ NO ☐

See Supportive & Palliative Care Indicators Tool (SPICT) to assist with the identification of people at risk of deteriorating health and dying.

Patients who may benefit from an HACP when admitted to hospital include those with:

- Very severe frailty, completely dependent for ADLs
- Progressive organ failure with or without multiple co-morbidities
- Advanced cancer (not receiving potentially curative treatment)
- Progressive incurable illness e.g. Dementia, MCI, MND in the final stages
- Refractory somatic observations e.g. DCL, CL, BP, <80 systolic, SPO2 <95% in which a diagnosis or dying has been confirmed and documented.

MAIN DIAGNOSIS: \_\_\_\_\_

Indicate appropriate escalation of treatment if required: select one of the four boxes below:

ITU referral and possibility of mechanical ventilation (if DNACPR is present for ITU follow screening)	
HDU care (including CCU) and possibility of NIV, phosphate etc.	
Ward based care including analgesics and fluids	
*For community based services only - for transfer to WMC: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Comfort care aimed at relieving symptoms only	

**INVESTIGATIONS & INTERVENTIONS:** Consider and indicate the most appropriate options below. Changes can be made at any time later if necessary - please date and sign changes.

	YES	NO	Comments/Instructions / Plan of Care
Invasive Procedures (Please Detail)			
Intravenous Access			
Intravenous Fluids			
Intravenous Medication			
Analgesics			
Blood Transfusion			
Neurologic Monitoring			
Blood Sampling			
Clinical Observations			
* Other relevant investigations / interventions / treatments can be detailed in text below			

This Hospital Anticipatory Care Plan  
Expiry Date: 18/07/2019

Revised by: N/A  
Revised Date: 18/07/2019

Quality Report – 03 July 2019	Version 0.1	Date: 17 June 2019
IMPAC/Clinical Governance	Page 45 of 70	Review Date: N/A

To provide assurance in relation to the use and completion on the HACP there is a Fife wide monthly audit of HACP forms in place. The audit looks at use of HACP alongside DNACPR as well as compliance with the full and accurate completion of the documentation. Audit outcomes provide feedback on areas of good practice as well as recommendations identified for learning. Following the review of trends in the use of the HACP in the monthly audit, a focussed piece of work is underway in collaboration with the acute respiratory service to consider opportunities to increase the use of HACP alongside DNACPR in this speciality area, to identify any learning and inform practice across the wider organisation.

## **b. Safe and Secure Use of Medicines Policy and Procedures**

Medicines continue to be the most common therapeutic intervention in healthcare and the Safe and Secure Use of Medicines Policy and Procedures (SSUMPP) is the main document that details the systems and processes in place to ensure the safe and secure prescribing, administration, supply, storage and destruction of medicines, including Controlled Drugs.

Following a number of serious medication incidents in late 2016/early 2017 a wholesale review of the policy and procedures was undertaken and an audit programme developed to provide assurance that the requirements of the policy and procedures were being implemented and met.

The SSUOM (Safe and Secure Use of Medicines) Group agreed to review the audit programme to create a sustainable Medicines Audit and Assurance Programme going forward.

The 'Medicines Administration Observational Audit: Controlled Drugs' - took place between September 2018 and January 2019 in conjunction with 'Non-Controlled Drugs Administration Observational Audit'.

## **c. Medicines Administration Observational Audit: Controlled Drugs and Non-Controlled Drugs Administration Observational Audit**

Using the agreed audit cycle methodology all inpatient clinical areas across the Acute Service Division and Health and Social Care Partnership were fully compliant for Controlled and Non-controlled medicines administration at the end of the audit cycle 1 to 3.

Reflecting on both medicines administration audits (non-controlled drugs and controlled drugs) overall outcomes there were common themes for learning.

### **Ensure**

- that the patient's identity is checked against prescription chart using a reliable source, which is wristband or photograph
- registrants re-check a patient's allergy status at the bedside as part of medication administration checks
- all patient medication is stored securely and not left unattended

### **Further recommendations:**

- Audit tools to be added to the SSUMPP intranet pages, to allow Senior Charge Nurses/ Clinical Nurse Managers/ Head of Nurses to undertake self assessment reviews in between main audit cycles
- Include medicines as part of Excellence in Care Indicators – available on dashboards at ward level
- Share audit results with the relevant governance committee/ group, directorate/ division and clinical team

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 46 of 70	Review Date: N/A

#### d. NHS Fife Clinical Policy and Procedure Authorisation and Co-ordination Group

Table 1 below details the total number and breakdown of Clinical Policies and Procedures that are reviewed and approved within the governance arrangements delivered by the NHS Fife Clinical Policy and Procedure Authorisation and Co-ordination Group.

	Policies	Procedures	Standard Operating Procedures	Total
NHS Fife Wide	20	39	1	
Acute Services Division		11		
Fife Health & Social Care Partnership	1	1		
Total	21	50	1	73

##### New Fife Wide Procedure

FWP-BBMHB-01 Fife Wide Procedure for Babies Born to Mothers with Hepatitis B Infection and/or Babies born into a Household where a member (other than the mother) is known to be infected with Hepatitis B

##### Outstanding Policies and Procedures

Following the last meeting of NHS Fife Clinical Policy & Procedure Authorisation and Coordination Group on Monday 29 April 2019 there are 2 policies and 1 procedure past their review date.

**95.8%** of all clinical policies and procedures are current and in date.

The progress of policies and procedures which are past the review date are as follows:

##### Fife Wide Policy

###### C2 - NHS Fife Policy on obtaining Informed Consent for Treatment (30/06/2018)

The review of the Consent Policy is complete and is out for final consultation review. The policy is due to be submitted electronically to the group prior to the next meeting scheduled for 1 July 2019

###### DC-U-01 NHS Fife Dress Code and Uniform Policy (31/03/2019)

The review of the Dress Code and Uniform Policy is complete. The policy is due to be submitted to the next meeting on 1 July 2019.

##### Acute Services Division

###### ASD-BP-01 Boarding Procedure for Patients within the Acute Services Division (31/03/2019)

The review is now completed. The procedure will be discussed at the next Acute Services Division Clinical Governance Committee on 24 July 2019. It will then be submitted electronically to the group prior to the next meeting scheduled for 26 August 2019

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 47 of 70	Review Date: N/A

## 9 Glossary

ADTC	Area Drugs and Therapeutics Committee
A&E	Accident & Emergency
AOBD	Acute Occupied Bed Days
ASD	NHS Fife Acute Services Division
AWI	Adults with Incapacity
CDI	Clostridium Difficile Infection
CEIM	Care Experience Improvement
CEIT	Care Experience Improvement Tool
CF	Cystic Fibrosis
CN	Charge Nurse
COPM	Canadian Occupational Performance Measure
CVC	Central Vascular Catheter
DoC	Duty of Candour
ECB	Escherichia Coli Bacteraemia
ePVC	Electronic Peripheral Vascular Catheter
FEWS	Fife Early Warning Score
FFRS	Fife Falls Response Service
HACP	Hospital Anticipatory Care Plan
HAI	Hospital Acquired Infection
HAIRT	Healthcare Associated Infection Reporting Template
HDU	High Dependency Unit
HIS	Healthcare Improvement Scotland
HSMR	Hospital Standardised Mortality Rate
HPS	Health Protection Scotland
H&SCP	NHS Fife Health & Social Care Partnership
ICASS	Integrated Community Assessment and Support Services
ICC	Infection Control Committee
ICU	Intensive Care Unit
IJB	Integration Joint Board
IPCT	Infection Prevention Control Team
ISD	Information Services Division
KPI	Key Performance Indicators
KTS	Know The Score
LAER	Local Adverse Event Reviews
LPD	Local Delivery Plan
MECS	Mobile Emergency Care Service
MRSA	Meticillin resistant Staphylococcus aureus
N/A	Not Applicable
NOK	Next of Kin
NPA	Naso-Pharyngeal Aspiration
OBD	Occupied Bed Days
PCES	Primary Care Emergency Service
PCSG	Person Centred Steering Group
PDSA	Plan Do Study Act
PEN	Participation Engagement Network
PFPI	Patient Focus Public Involvement
PICC	Peripherally Inserted Central Catheter
PVC	Peripheral Vascular Catheter
PWID	People Who Inject Drugs
QI	Quality Improvement
SAB	Staphylococcus Aureus Bacteraemia
Quality Report – 03 July 2019	
Version 1.0	
Date: 17 June 2019	
IMPAC/Clinical Governance	
Page 48 of 70	
Review Date: N/A	

SACT	Systemic Anti-Cancer Therapy
SAER	Significant Adverse Events Review
SAS	Scottish Ambulance Service
SCN	Senior Charge Nurse
SHC	Scottish Health Council
SICP	Standard Infection Control Precautions
SMR	Standardised Mortality Rate
SPSP	Scottish Patient Safety Programme
SSI	Surgical Site Infection
SSKIN	Surface, Skin, Keep Incontinence, Nutrition
SSR	Scottish Structured Response
SSTI	Skin and Soft Tissue Infections
SSUOM	Safe and Secure Use of Medicines Group
SUMPP	Safe Use of Medicines Policy and Procedures
TVWG	Tissue Viability Working Group
VAD	Vascular Access Device
VASG	Vascular Access Support Group
WHO	World Health Organisation
WMTY	What Matters to You

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 49 of 70	Review Date: N/A

## Appendix 1 – HSMR Future Reporting Plans

## Hospital Standardised Mortality Ratio (HSMR)

## Future Reporting Plans 2019

## Introduction

Information Services Division (ISD) has produced quarterly Hospital Standardised Mortality Ratios (HSMR) for all Scottish hospitals participating in the Scottish Patient Safety Programme (SPSP) since December 2009.

The current HSMR methodology was agreed in 2015/16. The purpose of the HSMR at that time was to measure change in mortality over time, and to enable acute hospitals to monitor their progress towards the Scottish Patient Safety Programme (SPSP) aim of reducing hospital mortality by a further 10% by December 2018. HSMR information for the period up to December 2018 will be published in May 2019.

The end of this phase of the SPSP provides the opportunity to review the model methodology and subsequently update/refine it. This ensures that the methodology continues to be robust and that comparisons which are made against the national average continue to be appropriate and relevant for each point in time.

## Future Reporting

Having carried out a review of the methodology, ISD intends to make the following changes to HSMR methodology and reporting from August 2019 onwards:

## Change 1:

*In line with previously agreed methodology, re-base the model as planned to a new initial three year reference period of April 2016 to March 2019 (The current reference period is January 2011 to December 2013). Further to this, advance the reference period by three months for each future reporting period.*

## Impact:

- This will ensure that the Scottish HSMR is always representative of current outcomes and reflective of changing case-mix and provision of services.
- The focus of HSMR will be to allow hospitals to compare their outcomes to the Scottish average at a fixed point in time, in line with the English Summary Hospital-level Mortality Indicator (SHMI), rather than monitor trends in HSMR over time (Figure 1).
- The Scottish HSMR will have a baseline of 1.0, making interpretation more intuitive and comparison with individual hospitals more transparent. For example if a hospital's HSMR is 0.85, it has 15% fewer deaths than predicted. Similarly an HSMR of 1.20 would indicate 20% more deaths than predicted.
- National trends in mortality will continue to be monitored using crude mortality.

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 50 of 70	Review Date: N/A

## Appendix 2 – HAIRT Report

### Section 1– Board Wide Issues

#### Final Report for ICC on 05 June 2019 (Validated Data up to 30 April 2019)

#### 1. Key Healthcare Associated Infection Headlines up to 05 June 2019

##### 1.1 Achievements:

- The IPCT have welcomed a new Infection Prevention and Control Surveillance Nurse to our team.
- Safe and Clean Care SICPs auditor training has begun, sessions held throughout NHS Fife.
- World Hand Hygiene day 5 May was supported by the very successful weeklong programme of events held by the IPCT across NHS Fife, for full details please see report in the main agenda.
- Members of the IPCT were fortunate to attend “Lesson from Ebola Outbreak” an evening ran by the RCN with inspirational lectures from healthcare workers who were involved and worked in Sierra Leone in 2014 during the largest outbreak of Ebola.
- May 2019: HPS have issued a new modified SSI form to make surgical completion easier.

##### 1.2 Challenges:

- Caesarean Section SSI incidence continues to remain above the national average.
- Quarterly Medical Midwifery meetings ensure feedback from the IC Surveillance team. The next meeting, to discuss Q1 2019 cases, is arranged for 18 June 2019.
- SABs
  - Raised incidence of PWIDs related SABs: meeting with IPCT and Addiction Services set for 06.06.2019.
- ECBs
  - Ongoing challenge with raised ECB incidence; above national rate for HCAI & CAI Q4 2018
  - Working closely with Urinary Catheter Improvement group to optimise care & reduce infection rate.

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 51 of 70	Review Date: N/A

## 2. *Staphylococcus aureus* (including MRSA)

### Annual report: *S. aureus* Bacteraemias (SAB) summary NHS Fife from 1<sup>st</sup> January 2018 to 31<sup>st</sup> December 2018

#### Comment from Dr Keith Morris, Microbiologist & Infection Control Doctor

In 2018, compared to 2017 there has been a **7.3% INCREASE** in the number of SABs. This is the second consecutive year where the number of SABs has increased and the TOTAL is **ABOVE** 100 for the first time in 3 years.

The rise is due to an **increase** in the number of **hospital acquired SAB**.  
In addition, an **increase** in **healthcare associated** bloodstream infections.

In 2018, there were just five MRSA bacteraemia, one more than in 2017.

This is the second year where the proportion of invasive MRSA has been less than 5%.

**NHS Fife has ACHIEVED the local improvement target** set by the ICC for MRSA bacteraemia to be less than 5% of total *S. aureus* Bacteraemias.

The proportion of **hospital acquired SAB** in 2018 **INCREASED** to **40.7%** from 37.5% in 2017.

The increase is concerning because the hospital environment is the main area where interventions can and are being targeted.

The proportion of **VADs** resulting in a hospital acquired SAB in 2018 has **FALLEN** to 34.7% from 38.9% in 2017 (No of HO VAD SABs in 2018 was 16).

**NHS Fife has ACHIEVED the local improvement target** set by the ICC of  $\leq 35\%$  of hospital acquired SAB due to VAD.

However NHS Fife only achieved this target because the denominator increased (total number of HAI) rather than an absolute reduction in VAD.

Eight SAB were associated with PVC. This is **UP** by two, compared to 2017.

**NHS Fife has failed to achieve the local improvement target** set by the ICC.

Skin and soft tissue infections (SSTI) are the primary cause of non-hospital acquired SAB.

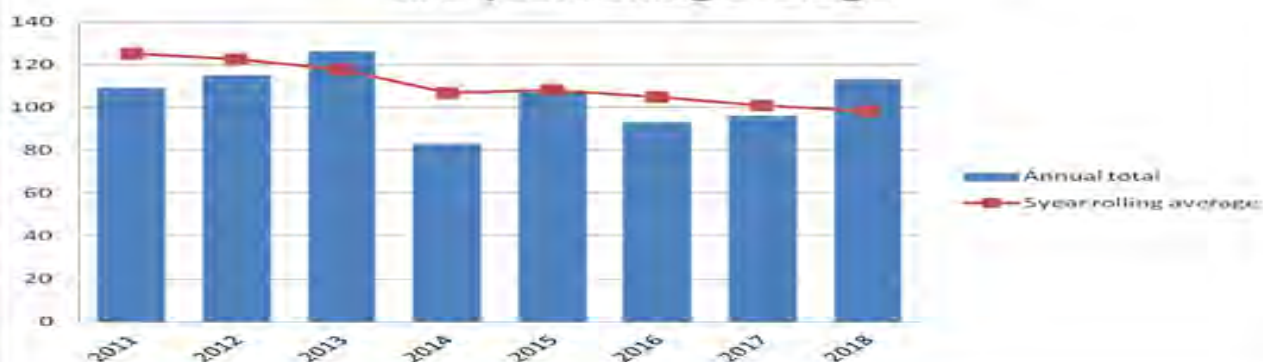
In past, Infected **IV drug abuse** sites were most common entry point for non-hospital acquired SAB.

The proportion of non-hospital SAB due to Illicit IV drug abuse **ROSE** to **7.46%** from 3.3% in 2017.

More concerning is the **RISE** in **urethral catheter related SAB**.

These are the main devices recorded under "Medical device"

Annual total of *S. aureus* bacteraemia compared to 5 year rolling average



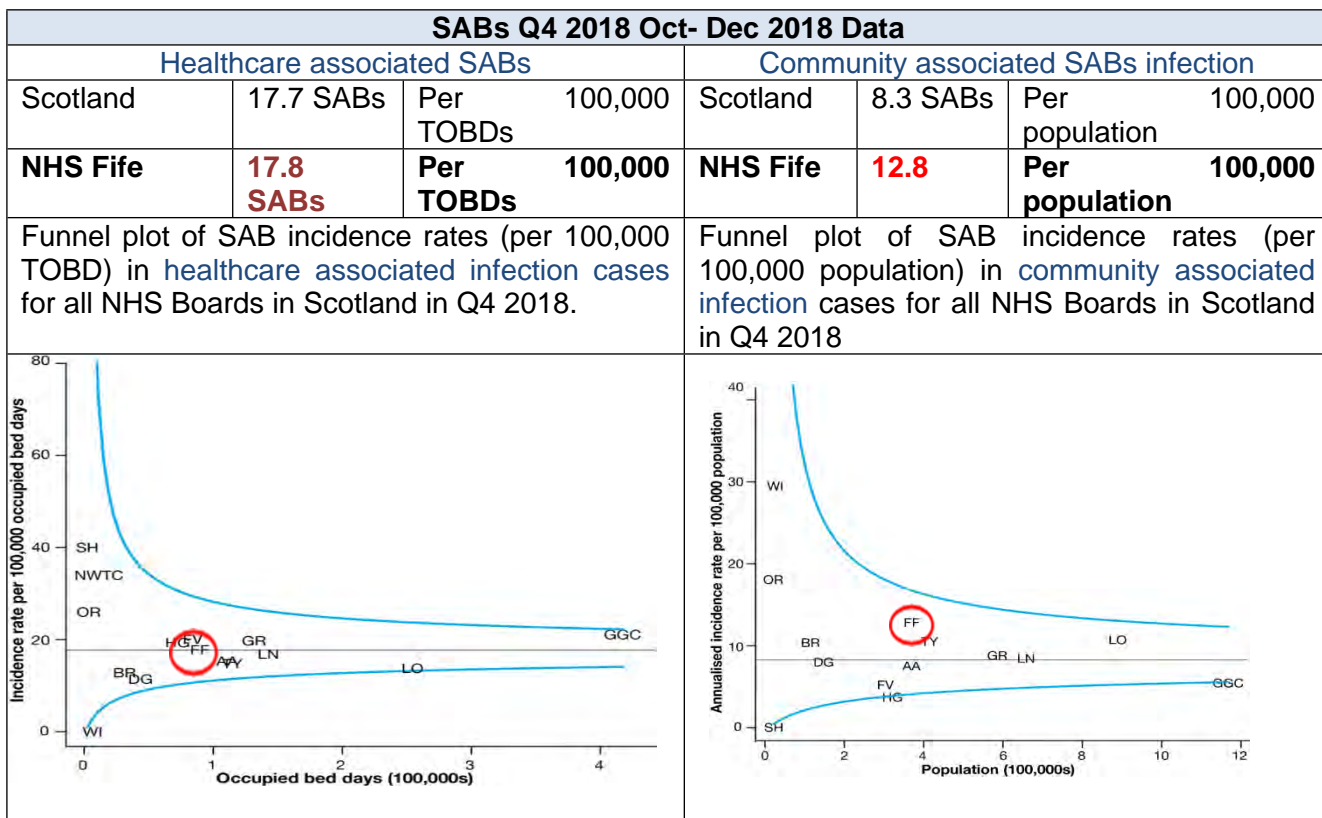
Number of *S. aureus* bacteraemia by origin



For the full SAB summary & graphs see attachments in Agenda 4.1b

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 52 of 70	Review Date: N/A

<b>2.1 Trends - Quarterly</b>			
<b><i>Staphylococcus aureus</i> Bacteraemias (SABs)</b>			
<b>Q4 2018 Oct- Dec 2018 Validated data</b>			
With HPS Quarterly epidemiological data Commentary			
<b>Q4 2018 NHS Fife had:</b>	<b>26 cases</b>	<b>0.394</b>	<b>Cases Per 1000 AOBs</b>
This is <b>DOWN</b> from:	31 cases in Q3 2018	0.48	Cases per 1000 AOBs
NHS Fife is <b>ABOVE</b> the national rate for the quarter of:		<b>0.324</b>	cases per 1000 AOBs)
This remains <b>RED</b> against the Local Delivery Plan (LDP) Standard for SABs		0.24	Cases per 1000 AOBs



<b><i>Staphylococcus aureus</i> Bacteraemias (SABs)</b>	
<b>Q1 2019 Jan- March 2019 Validated data</b>	
Awaiting HPS Quarterly epidemiological data Commentary	
<b>Q1 2019 NHS Fife had:</b>	<b>24 SABs</b>
This is <b>DOWN</b> from Q4 2018:	26 SABs

#### Local Device related SAB surveillance

- Localised enhanced surveillance focuses on high-risk clinical areas and vascular line SABs.
- Weekly reports are issued to Senior Charge Nurses if their ward has failed to achieve **90%** of all PVC being removed prior to the 72hr breach.
- This is in response to SAERs, which demonstrated PVC remaining in >72hr resulted in a SAB.
- CVC related SABs will be Datixed.
- PVC related SABs will continue to be Datixed by Dr Morris and undergo a SAER.

As of **14/05/2019** the number of days since the last confirmed SAB is as follows:

Acute services PVC (Peripheral venous cannula) SABs	<b>4</b> days
Renal Services Dialysis Line SABs	157 Days
CVC (Central Venous catheter) SABs	<b>5</b> Days

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 53 of 70	Review Date: N/A

Please see other SAB graphs & report attachments within 4.1b of Agenda

## 2.2 National MRSA & CPE screening programme

MRSA								
An uptake of 90% with application of the MRSA Clinical Risk Assessment (CRA) screening is necessary in order to ensure that the national policy for MRSA screening is effective								
NHS Fife achieved <b>88%</b> compliance with the <b>MRSA</b> CRA in Q1 2019								
This was <b>DOWN</b> on Q4 2018 (95%) & <b>BELOW</b> the compliance target of 90%.								
However, this was <b>ABOVE</b> the National rate of 83%								
<b>MRSA</b> Critical risk assessment (CRA) screening KPI compliance summary:								
Quarter	Q2 2017 Apr-June	Q3 2017 Jul- Sep	Q4 2017 Oct-Dec	Q1 2018 Jan-Mar	Q2 2018 April- June	Q3 2018 Jul-Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar
Fife	93%	95%	88%	85%	83%	95%	95%	88%
Scotland	85%	90%	88%	83%	84%	84%	83%	83%

CPE (Carbapenemase Producing Enterobacteriaceae)					
From April 2018, CRA has also included screening for CPE.					
NHS Fife achieved <b>73%</b> compliance with the <b>CPE</b> CRA for Q1 2019 (Jan-Mar)					
This is <b>UP</b> from 64% in Q4 2018					
However, this is <b>BELOW</b> the National Scottish Average of <b>81%</b> Q4 2018					
Quarter	Q2 2018 April- June	Q3 2018 July- Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar	
Fife	85%	85%	64%	73%	
Scotland	71%	79%	78%	81%	
<b>CPE CRA screening KPI compliance Summary- Commenced from April 2018</b>					

### EiC Update

- Excellence in Care data collection for which MDRO admission screening was selected as the HAI measure and roll out began in April 2019.
- The data collection through the MDRO KPI tool will continue to run in parallel in the meantime.
- HPS & Stakeholder engagement will be undertaken this year to support decision making about the future how screening uptake is monitored locally and nationally.

## 2.3 Current Initiatives

*Fife-wide Collaborative Improvement Initiatives:*

*NHS Fife will continue to:*

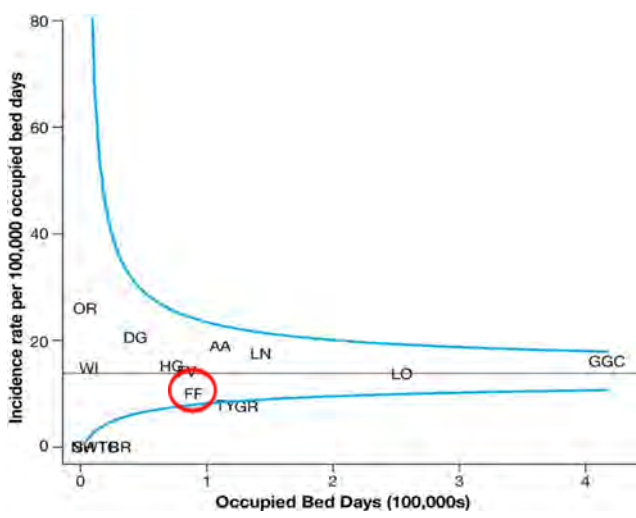
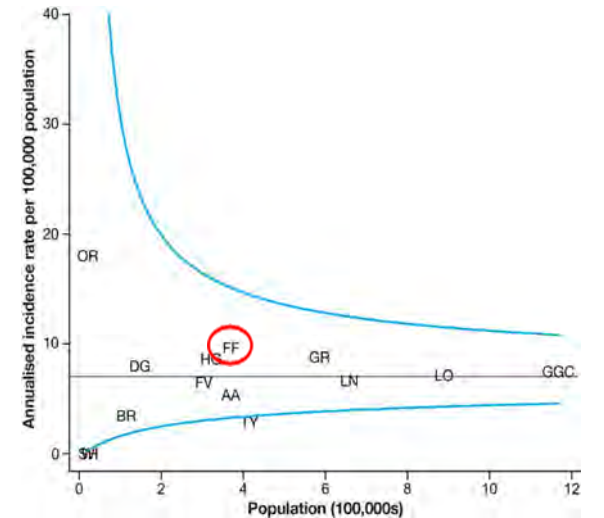
- Collect and analyse SAB data on a monthly basis to better understand the magnitude of the risks to patients in Fife.
- Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.
- Examine the impact of interventions targeted at reducing SABs.
- Use results locally for prioritising resources.
- Use the data to inform clinical practice improvements thereby improving the quality of patient care.
- Liaise with Drug addiction services re IVDU SABs

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 54 of 70	Review Date: N/A

### 3. Clostridioides (formerly Clostridium) difficile Infection (CDI)

#### 3.1 Trends

<b>Clostridioides difficile Infection (CDI)</b>				
<b>Q4 2018 Oct- Dec 2018 Validated data</b>				
With HPS Quarterly epidemiological data Commentary				
In total for 2018, NHS Fife had its <b>best year on record</b> (since 2006) with <b>47 cases</b> in total. This was <b>BELOW</b> 2017's total (62 cases)				
<b>Q4 2018 NHS Fife had:</b>	<b>17 cases</b>	<b>0.276</b>	<b>Cases</b>	<b>Per 1000</b>
			<b>NAOBDs</b>	
This is <b>UP</b> from:	11 cases in Q3 2018			
NHS Fife is <b>SLIGHTLY ABOVE</b> the <b>national</b> rate for Q4		<b>0.258</b>	Cases	per 1000
			NAOBDs)	
This quarter is <b>GREEN</b> against the LDP Standard trajectory		0.32	Cases	per 1000
			NAOBDs	
NHS Fife is well <b>WITHIN</b> the 95% confidence interval when compared to NHS Scotland Q4 2018				

<b>CDI Q4 2018 Oct- Dec 2018 Data</b>				
<b>Healthcare associated CDIs</b>			<b>Community associated CDIs infection</b>	
Scotland	13.8	Per 100,000 TOBDs	Scotland	7.0 Per population 100,000
<b>NHS Fife</b>	<b>10.0</b>	<b>Per 100,000 TOBDs</b>	<b>NHS Fife</b>	<b>9.6</b> Per population 100,000
Funnel plot of CDI incidence rates (per 100,000 TOBD) in <b>healthcare associated infection cases</b> for all NHS Boards in Scotland in Q4 2018.			Funnel plot of CDI incidence rates (per 100,000 population) in <b>community associated infection cases</b> for all NHS Boards in Scotland in Q4 2018	
				

<b>Q1 2019 Jan- March 2019 Validated data CDI</b>	
Awaiting HPS Quarterly epidemiological data Commentary	
<b>Q1 2019 NHS Fife had:</b>	<b>11 CDIs</b>
This is <b>DOWN</b> from Q4 2018:	17 CDIs

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 55 of 70	Review Date: N/A

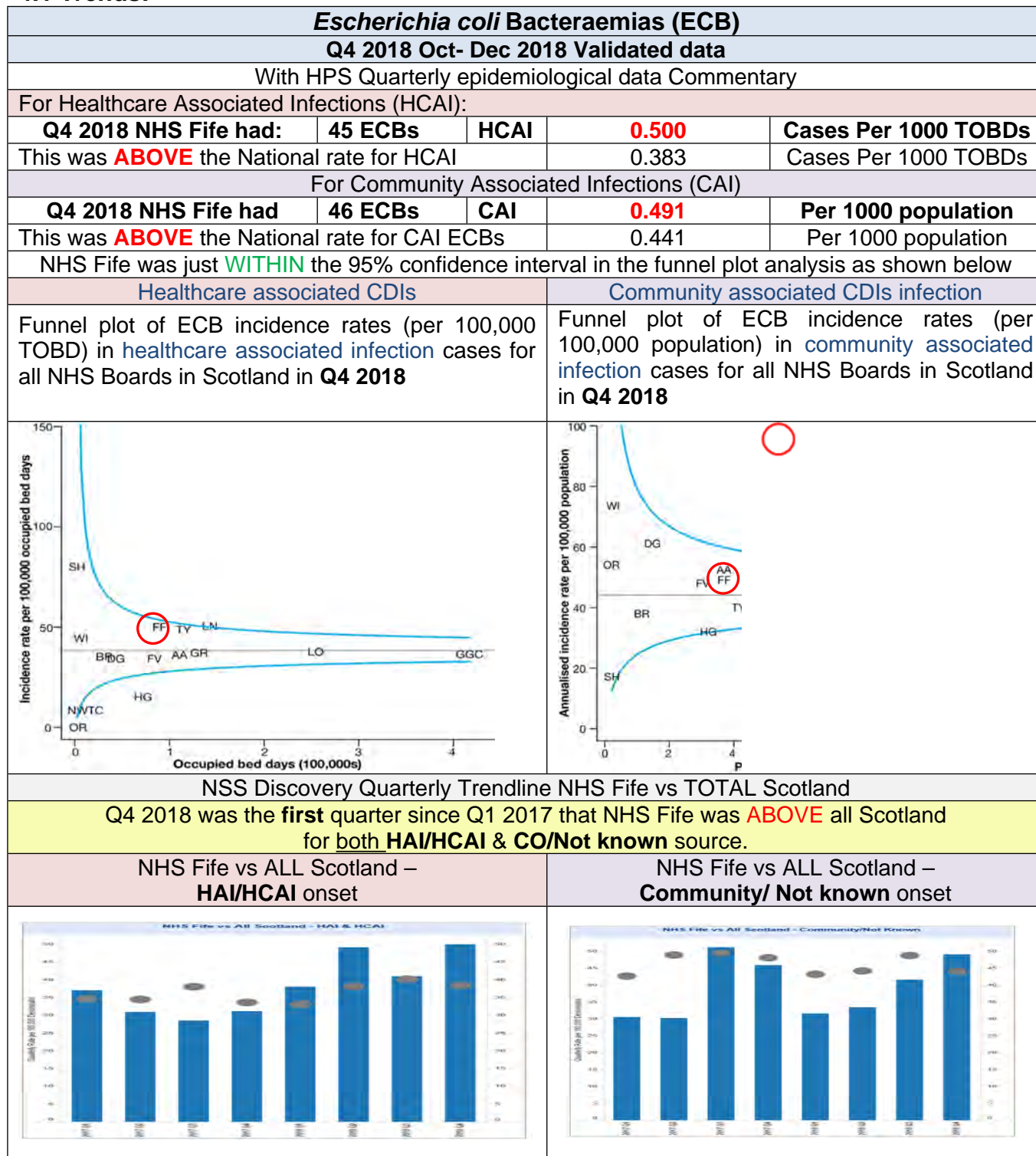
### 3.2 Current CDI initiatives

- Follow up of all hospital and community cases continues to establish risk factors for CDI
- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
- Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
- Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.

Please see other CDI graphs & reports within Section 4.1c of Agenda

## 4.0 *Escherichia coli* Bacteraemias (ECB)

### 4.1 Trends:



Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 56 of 70	Review Date: N/A

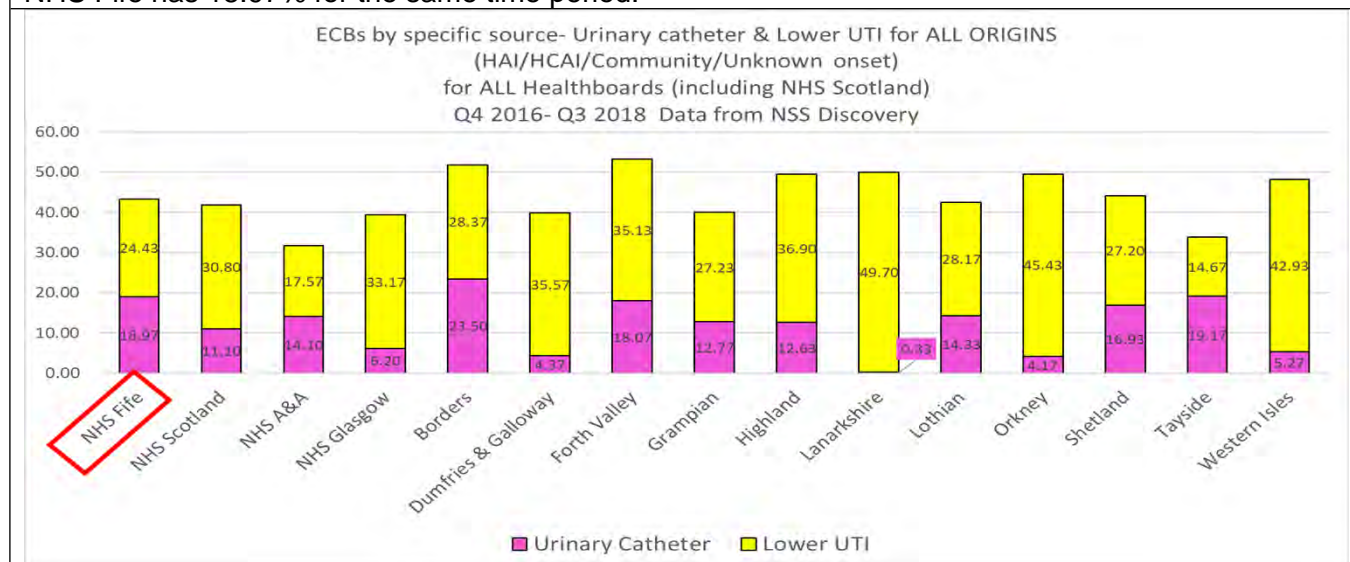
Q1 2019 Jan- March 2019 Validated data ECBs	
Awaiting HPS Quarterly epidemiological data Commentary for Q1 2019	
<b>Q1 2019 NHS Fife had:</b>	<b>60 ECBs</b>
This is <b>DOWN</b> from Q4 2018:	88 ECBs

- Please see other ECB graphs & reports in Section 4.1d of Agenda
- **4.2 Current ECB Initiatives**

NHS Fife's Urinary catheter Associated ECBs			
NHS Fife remains <b>ABOVE</b> NHS Scotland for Urinary Catheter (UC) Associated ECBs			
<b>Q4 2018:</b>			
NHS Fife had 11 Urinary Catheter associated ECBs			
NHS Fife had <b>35.5 %</b> HCAI UC ECBs compared to Total Scotland at <b>21.5 %</b>			
Healthcare Associated Infections (HCAI) CATHETER Device related <i>E.coli</i> Bacteraemia (ECBs) 2017- Q4 2018			
	NHS Scotland	NHS Fife	Rate calculation
2019 Q1	21.5 %	35.5 %	Count of Device- Catheter over Total Fife HCAI ECBs
2018 Q3	22.3 %	35.0 %	
2018 Q2	22.0 %	44.8 %	
2018 Q1	22.5 %	23.1 %	
2017 -TOTAL	18.3 %	35.3 %	
Data from NSS Discovery ARHI Indicators			

Q4 2016-Q3 2018

However, In-depth analysis of Urinary catheter associated ECBs as submitted to Discovery of all other health boards in Scotland, when combining onset of ECB from **HAI, HCAI & CO/Unknown** onset, shows a wide variation of ECB CAUTI rates from 0.33% (Lanarkshire) to 23.5% (Borders)  
NHS Fife has 18.97% for the same time period.



### Urinary catheter Group work following raised ECB CAUTI incidence

The Infection Control Surveillance team continue to liaise with the Urinary Catheter Improvement Group, first meeting in October 2017.

This group aims to minimise urinary catheters to prevent catheter associated healthcare infections & trauma associated with UC insertion/maintenance/ removal & self-removal & to establish Catheter Improvement work in Fife.

The Infection control surveillance team continue to work with the Catheter Care group meeting- last held on **17<sup>th</sup> April 2019** & 3 Subgroup meetings have been held.

Infection control surveillance alert the patients care team Manager by Datix when an ECB is

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 57 of 70	Review Date: N/A

associated with a traumatic catheter insertion, removal or maintenance.
Monthly ECB reports & graphs are distributed within HSCP & Acute services
NHS Fife visited NHS Ayrshire & Arran on 01.04.2019 following an invitation there to present Catheter Improvement work with them, as they try to address their Catheter associated ECBs.
Up to <b>24.05.2019</b> : There have been <b>NO</b> trauma associated ECB CAUTIs in 2019

## 5 Hand Hygiene

- Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.
- NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance.
- The hand hygiene compliance for the last 12 months NHS Fife can be found in Section 11.
- Reporting of Hand Hygiene performance is based on local data submitted by each ward.
- A minimum of 20 observations are required to be audited per month per ward.
- Hand Hygiene audit results of all staff groups by individual ward, hospital or directorate within both the Acute services & HSCP can be viewed on 'Ward Dashboard'

### Hand Hygiene Monitoring compliance (percentage) for Total Fife

Staff observed	MONTH	TREND	Previous Month
	<b>Apr-19</b>		<b>Mar-19</b>
<b>Overall</b>	99	<b>SAME</b>	99
<b>AHP</b>	99	<b>SAME</b>	99
<b>Medical</b>	97	<b>DOWN</b>	100
<b>Nurse</b>	100	<b>UP</b>	99
<b>Other</b>	97	<b>DOWN</b>	98

### 5.1 Trends

- NHS Fife overall results remain consistently **ABOVE** 98%
- This **ABOVE** the Overall target set of 95%

## 6. Cleaning and the Healthcare Environment

- Keeping the healthcare environment clean is essential to prevent the spread of infections.
- NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%.
- The cleaning compliance score for NHS Fife overall and for each acute hospital can be found in Section 11

### 6.1 Trends

- All hospitals and health centres throughout NHS Fife have participated in the *National Monitoring Framework for NHS Scotland National Cleaning Services Specification*. Since April 2006, all wards and departments have been regularly monitored with quarterly reports being produced through Health Facilities Scotland (HFS).
- The *National Cleaning Services Specification* – quarterly compliance report results for October to December 2017 (Q3) and January to March 2018 (Q4) show NHS Fife achieving **GREEN** status with 95.8% for Q3 and again 95.8% for Q4; Scottish average for Q3 95.6% and Q4 95.5%.
- The *Estates Monitoring* quarterly compliance results for October to December 2017 (Q3) and January to March 2018 (Q4) shows NHS Fife achieving **GREEN** status with 96.3% for Q3 and 96.6 % for Q4; Scottish average for Q3 97.9% and Q4 97.8%.

### 6.2 Current Initiatives

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 58 of 70	Review Date: N/A

- Areas with results below 90% for all Hospital & Healthcare facilities have been identified to relevant managers for action.

## 7. Outbreaks

- This section gives details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none has taken place.
- Where there has been an outbreak this states the causative organism, when it was declared, number of patients & staff affected & number of deaths (if any) & how many days the closure lasted.
- A summary of all outbreaks since the last report will be within Section 4.1h of the Agenda.
- All ward/ bay closures due to Norovirus & Influenza are reported to HPS weekly plus all closures due to an Acute Respiratory Illness (ARI).
- All Influenza patients admitted to ICU are also notifiable to HPS>
- No ward or bay closures during May 2019

### 7.1 Trends

#### Norovirus

HPS announced on 11 November the official start of 2018-2019 Norovirus Season.

Report from HPS weekending 19<sup>th</sup> May 2019

- National Infection Pressure Bulletin:

- Norovirus activity remains at **LOW** activity (Green).

#### Influenza and other respiratory pathogens

- **HPS announced that Ward Closures for influenza/influenza-like illness surveillance for 2018/19 reached its end on Monday 20 May 2019**
- Report from HPS weekending 19<sup>th</sup> of May 2019- **National** Infection Pressure Bulletin:
- Influenza activity is **BELOW** the seasonal activity (Green).
- The Influenza like illness (ILI) national rate in week 20, 2019 was **1.3** per 100,000
- This was **DOWN** from week 19 (2.3 in week)
- The dominant influenza strain so far this season is Influenza A (H1N1), which is affecting the younger age group, compared to last year.
- No new cases of lab confirmed influenza requiring ICU were reported (SARI cases).
- The cumulative number of **ICU** cases for Scotland since week 40 2018 is **169**.
- The cumulative number of SARI **deaths** for Scotland since week 40/2018 is **34**.
- The SARI case-fatality rate (CFR) is 20.1% (34/169) and is **below** expected seasonal levels (range 22.9% - 35.6%).

## 8) Surgical Site Infection Surveillance Programme

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 59 of 70	Review Date: N/A

## 8 a) Caesarean section SSI

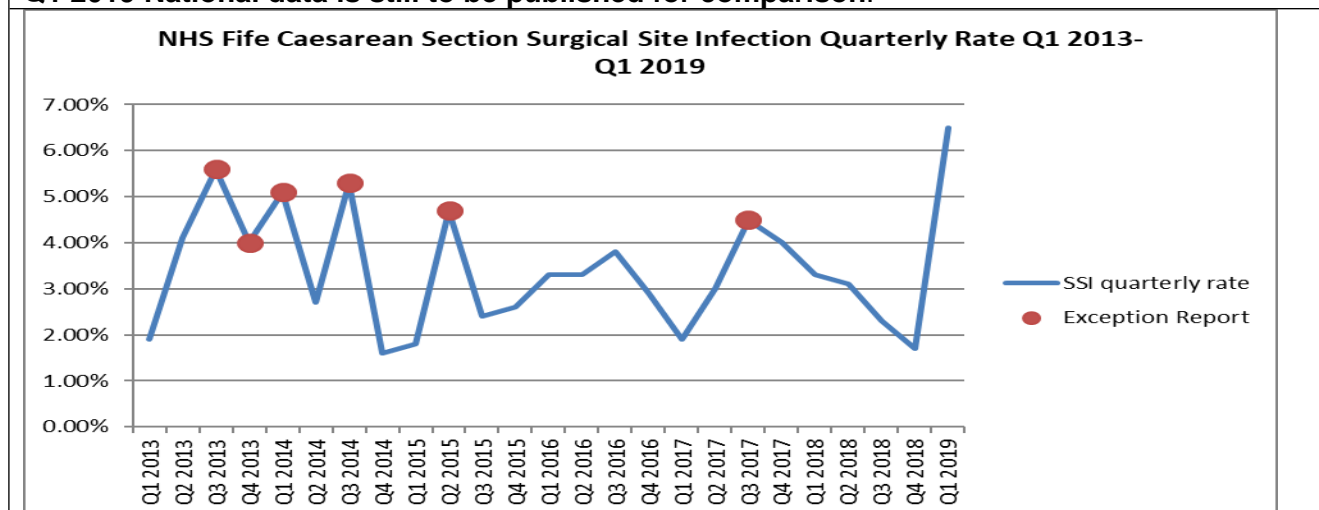
### Q1 2019:

For Jan- March 2019 they are **12** confirmed SSIs in the 10-day surveillance period.

This gives an incidence rate **6.5 %**.

This is **UP** from 1.7% in Q4 2018

**Q1 2019 National data is still to be published for comparison.**



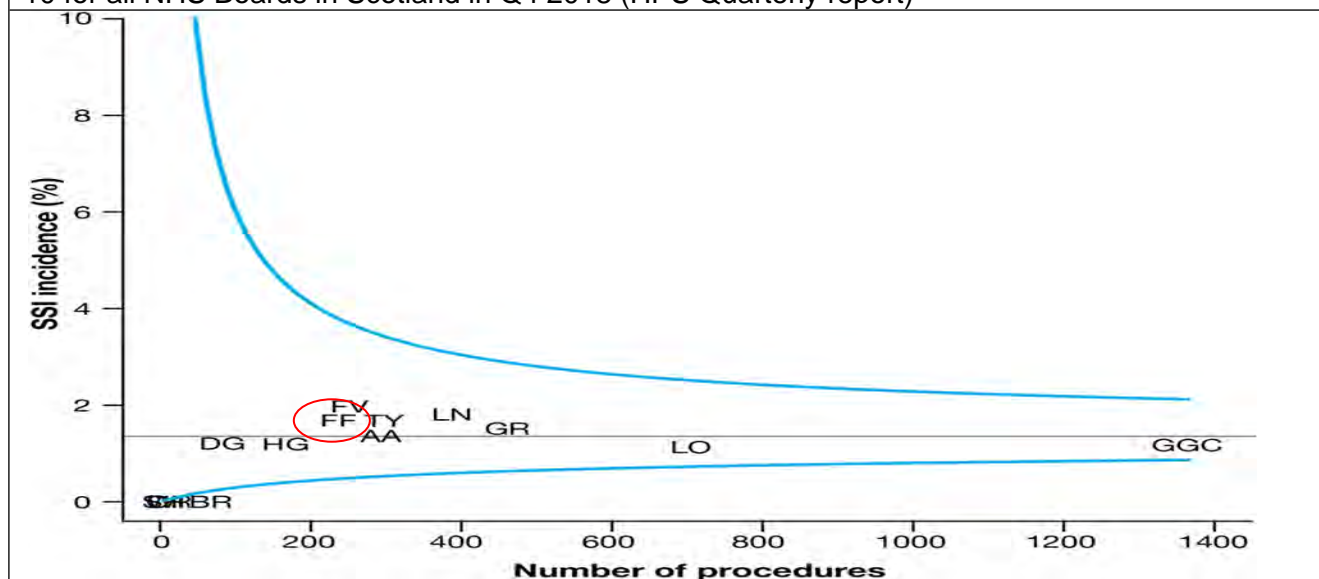
### For Q4 2018:

NHS Fife is **IN LINE** the national average incidence rate of 1.4% for Q4 2018

Q4 2018 was within the 95% confidence interval

### Q4 2018's Funnel plot chart- HPS

Funnel plot of caesarean section SSI incidence (per 100 procedures) in inpatients and PDS to day 10 for all NHS Boards in Scotland in Q4 2018 (HPS Quarterly report)



Improvement work is ongoing with the support of Health Protection Scotland.

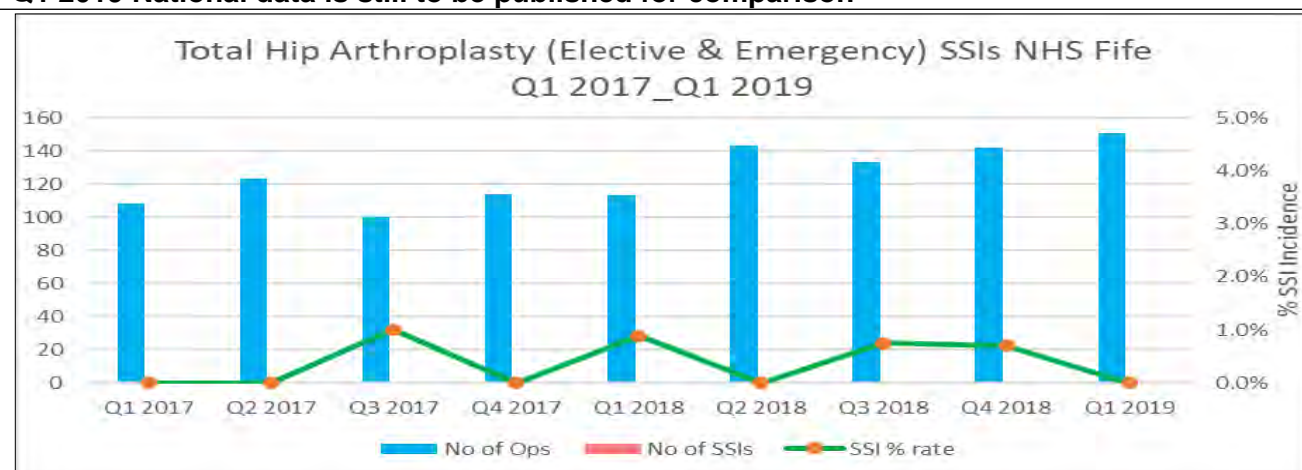
## 8 b) Hip Arthroplasty SSI

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 60 of 70	Review Date: N/A

**Q1 2019:** NHS Fife had NO SSIs in Q1 2019 (Jan - March); incidence rate **0.0%**

This is an **DOWN** from 0.7% (1 SSIs) in Q4 2018

**Q1 2019 National data is still to be published for comparison**



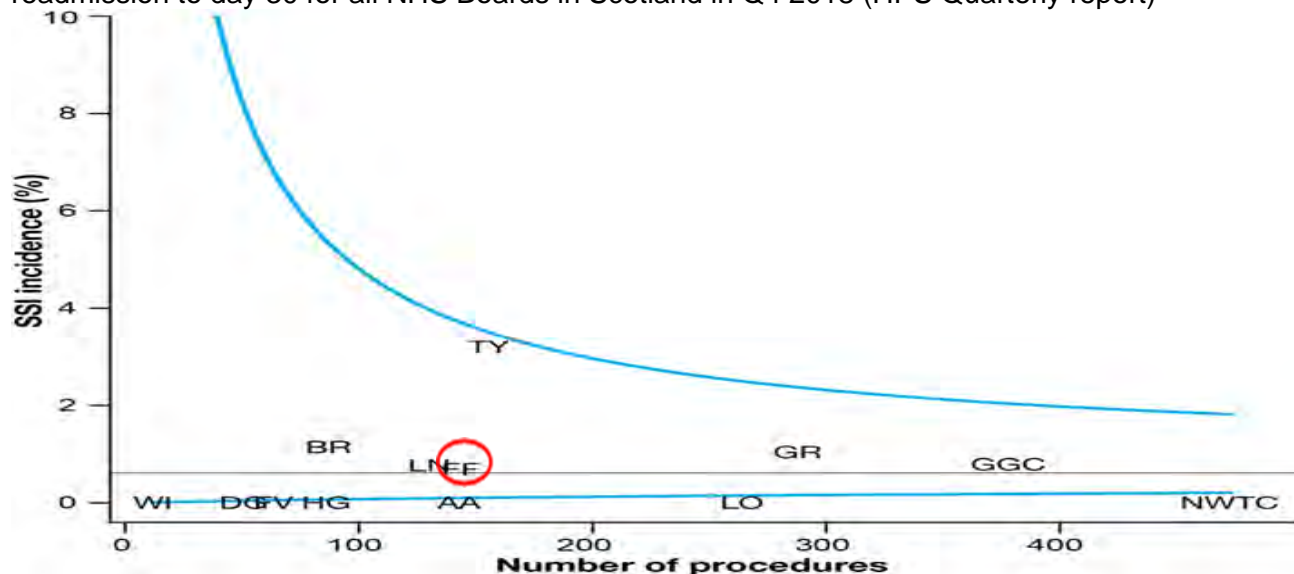
#### **Q4 2018:**

NHS Fife had **1** case of SSI in Q4 (Oct - Dec 2018); incidence rate **0.7%**

NHS Fife is well within the 95% confidence interval compared to NHS Scotland Q4

NHS Fife is **IN LINE** with the National incidence of 0.6% for Q3

Funnel plot of **hip arthroplasty** SSI incidence (**per 100 procedures**) in inpatients and on readmission to day 30 for all NHS Boards in Scotland in Q4 2018 (HPS Quarterly report)

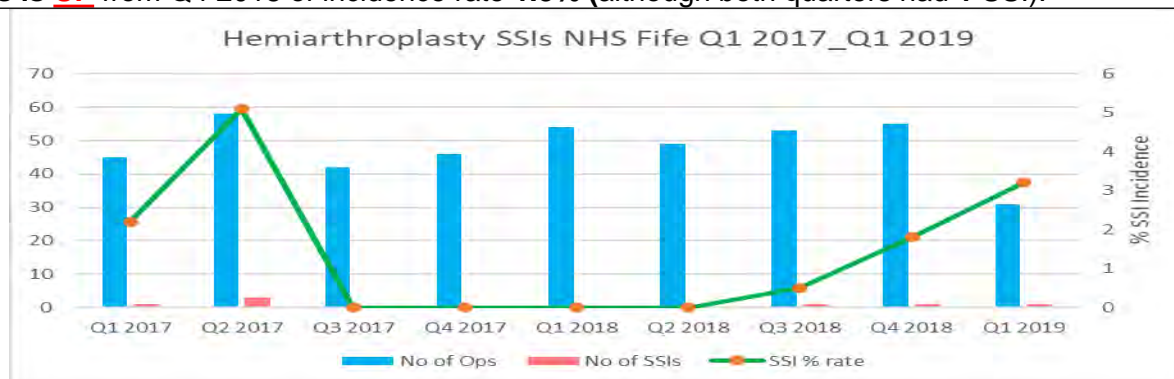


#### **8 c) Hemi arthroplasty SSI**

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 61 of 70	Review Date: N/A

**Q1 2019:** NHS Fife had 1 case of SSI in Q1 (Jan- March 2019); incidence rate **3.2%**

This is **UP** from Q4 2018 of incidence rate **1.8%** (although both quarters had 1 SSI).

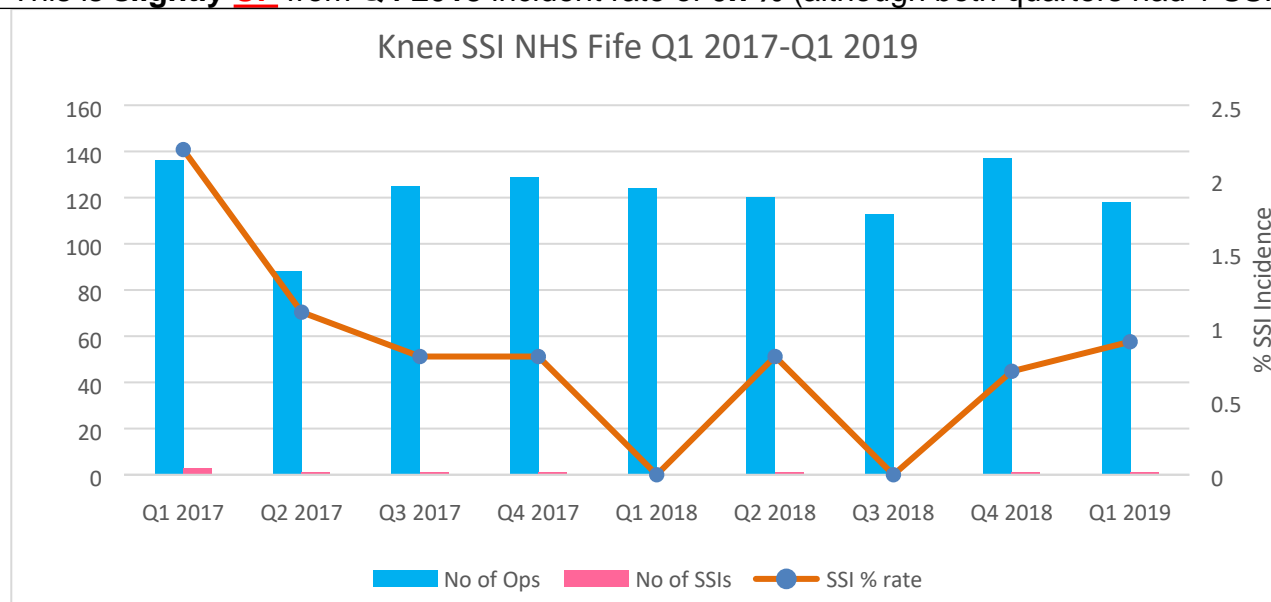


There is NO HPS national reporting of Hemiarthroplasty data to compare

#### 8 d) Knees SSI

**Q1 2019:** NHS Fife had 1 case of SSI in Q1 2019 (Jan-March); incidence rate **0.9%**

This is **slightly UP** from **Q4 2018** incident rate of **0.7%** (although both quarters had 1 SSI)



There is NO nationally reporting of Hemiarthroplasty data to compare

#### 8 e) Large Bowel SSI

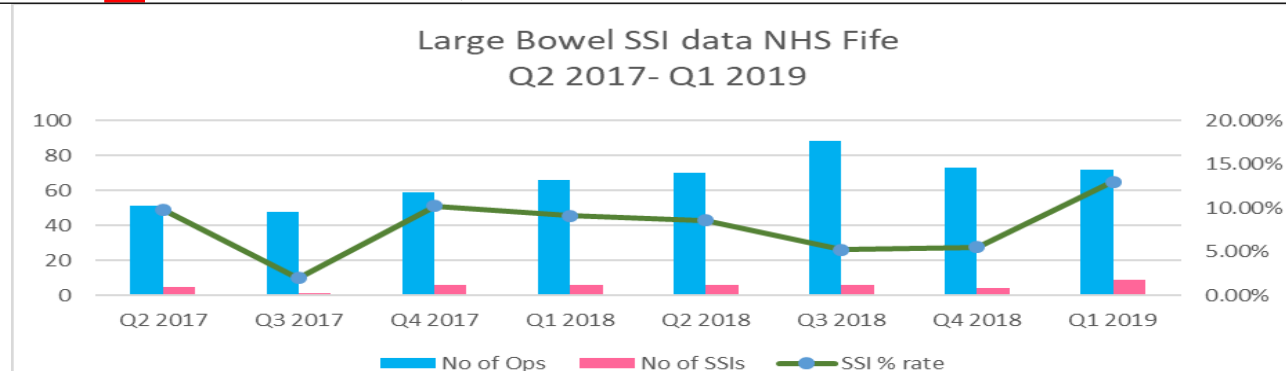
Quality Report – 03 July 2019  
IMPAC/Clinical Governance

Version 1.0  
Page 62 of 70

Date: 17 June 2019  
Review Date: N/A

**Q1 2019:** NHS Fife had **9 SSIs** in Q1; incidence rate of **13%**

This is **UP** from 4 SSIs in Q4 2018; incidence rate of **5.5%**



**HPS National Large Bowel SSI data** has now been issued for *management information only* and not official statistics- as such the content of this data cannot be provided in this report or used in any public statements or publications.

However, for **Q4 2018** NHS Fife was **BELOW** the National SSI % Rate.

**Q1 2019** National data is awaited for comparison

08.04.2019- M. Selbie & E. Dunstan have met with Mr. Yalamarthy to discuss the surveillance programme.

The IC Surveillance team are presenting the data back to the surgeons 21<sup>st</sup> June 2019.

The Surveillance team are working with the Theatre staff to improve the SSI form return rate & full completion of the form, as NHS Fife below national data return rates.

May 2019: HPS have modified the Surveillance form to improve form completion compliance from general surgeons.

## 9. Hospital Inspection Team

- Glenrothes hospital received a two-day inspection on Tuesday 19/03/2019 - Wednesday 20/03/2019. Report to follow.

## 10. Assessment

- CDIs:** Continuing low levels of *Clostridioides difficile* indicate that the initiatives in place to reduce infection rates are working long-term.
- SABs:** The Acute Services Division continues to see intermittent blood stream infections related to vascular access device infections
- Interventions to reduce Peripheral Vascular Catheter infections and Dialysis line infections have been effective but local surveillance continues.
- Numbers of SAB likely to remain high for Q2 2019
- ECBs:** ECBs remain a challenge with a gradually increasing incidence.
- Addressing CAUTI related ECBs through the Urinary Catheter Improvement group aims to reduce these preventable HAI/ HCAI infections.
- Local monthly reporting of total ECBs & CAUTI related ECBs is raising awareness of the issue & challenges.
- SSIs surveillance** continues for all:
  - C-sections,
  - Large bowel surgery and 3 x

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 63 of 70	Review Date: N/A

- Orthopaedic procedure surgeries
  - Total hip replacements,
  - Knee replacements &
  - Repair of # Neck of Femurs.
- Feedback forums to clinical teams for all SSIs is firmly established to address SSI challenges where they occur.

## 11. Healthcare Associated Infection Reporting Template (HAIRT)

### Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each NHS Fife acute hospital, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridioides difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics, which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

### FIFE REPORT CARD

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 64 of 70	Review Date: N/A

TOTAL FIFE <i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MRSA	1	0	0	2	0	0	0	0	2	0	0	0
MSSA	8	10	12	8	9	5	13	8	5	10	7	8
Total	9	10	12	10	9	5	13	8	7	10	7	8

TOTAL FIFE <i>Clostridioides difficile</i> infection (CDI) monthly case numbers												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Ages 15-64	2	3	1	2	2	5	3	0	3	1	1	0
Ages ≥ 65	4	0	3	1	2	3	3	2	3	0	4	2
Total 15+	6	3	4	3	4	8	6	2	6	1	5	2

Hand Hygiene Monitoring Compliance (%) TOTAL FIFE												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Overall	98	99	98	98	99	99	98	99	99	99	99	99
AHP	97	99	97	99	99	99	98	99	98	100	99	99
Medical	98	99	96	98	98	97	97	98	98	98	100	97
Nurse	100	99	100	99	99	99	99	99	99	99	99	100
Other	92	96	98	93	96	99	94	100	95	97	98	97

Cleaning Compliance (%) TOTAL FIFE												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Overall	96	95.9	95.6	95.2	95.9	95.9	95.8	95.5	95.6	95.7	95.7	95.3

Estates Monitoring Compliance (%) TOTAL FIFE												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Overall	96.9	96.7	95.9	94.9	95.8	94.7	95.3	95.3	94.2	95.2	95.3	96.0

## VICTORIA HOSPITAL, KIRKCALDY REPORT CARD

<b><i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
<b>MRSA</b>	0	0	0	2	0	0	0	0	2	0	0	0
<b>MSSA</b>	6	2	2	4	4	0	4	4	2	6	2	1
<b>Total</b>	6	2	2	6	4	0	4	4	4	6	2	1

### ***Clostridioides difficile* infection (CDI) monthly case numbers**

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
<b>Ages 15-64</b>	0	0	0	0	0	1	0	0	0	0	0	0
<b>Ages ≥ 65</b>	2	0	0	0	0	1	0	1	2	0	1	0
<b>Total 15+</b>	2	0	0	0	0	2	0	1	2	0	1	0

### **Cleaning Compliance (%)**

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
<b>Overall</b>	96.4	95.9	95.6	95	96	96	95.6	95.4	95.7	95.7	95.5	94.6

### **Estates Monitoring Compliance (%)**

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
<b>Overall</b>	96.8	96.5	96.2	95.6	95.6	94.7	95.9	95.1	94.6	94.5	95.5	95.6

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 66 of 70	Review Date: N/A

## QUEEN MARGARET HOSPITAL, DUNFERMLINE REPORT CARD

<b><i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	1	0	0	0	0	0	0
Total SABS	0	0	0	0	0	1	0	0	0	0	0	0
<b><i>Clostridioides difficile</i> infection (CDI) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages ≥ 65	0	0	0	0	0	0	0	0	0	0	0	0
Total 15+	0	0	0	0	0	0	0	0	0	0	0	0

<b>Cleaning Compliance (%)</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Overall	96.1	97	96.5	95.5	97.2	96.9	96.5	97.1	96.7	97.4	96.8	97.9
<b>Estates Monitoring Compliance (%)</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Overall	97.1	96.7	96	93.4	95.8	94.1	95.2	95.6	94.7	95.1	95.0	97.9

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 67 of 70	Review Date: N/A

## NHS FIFE COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card are:

- QMH - Queen Margaret Hospital wards 1-4
- LH - Lynebank Hospital
- WBH - Whyteman's Brae Hospital
- RWH - Randolph Wemys Hospital
- CH - Cameron Hospital
- GH - Glenrothes Hospital
- SH - Stratheden Hospital
- AH - Adamson Hospital
- SAC- St Andrews Community Hospital
- QH - QMH Ward 16 Hospice
- VH - Victoria Hospital Hospice

<b><i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	1	0	0	0	0	0	0	0	0	0
Total SABS	0	0	1	0	0	0	0	0	0	0	0	0
<b><i>Clostridioides difficile</i> infection (CDI) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Ages 15-64	0	0	0	0	0	0	0	0	1	0	1	0
Ages ≥ 65	0	0	0	0	1	0	0	1	0	0	0	0
Total 15+	0	0	0	0	1	0	0	1	1	0	1	0

## OUT OF HOSPITAL INFECTIONS REPORT CARD

<b><i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MRSA	1	0	0	0	0	0	0	0	0	0	0	0
MSSA	2	8	9	4	5	4	9	4	3	4	5	7
Total SABS	3	8	9	4	5	4	9	4	3	4	5	7
<b><i>Clostridioides difficile</i> (CDI) monthly case numbers</b>												
	May-17	Jun-17	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Ages 15-64	2	3	1	2	2	4	3	0	2	1	0	0
Ages ≥ 65	2	0	3	1	1	2	3	0	1	0	3	2
Total 15+	4	3	4	3	3	7	6	0	3	1	3	2

### References & Links

Understanding the Report Cards – Infection Case Numbers

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 68 of 70	Review Date: N/A

*Clostridioides difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. SAB cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). More information on these organisms can be found on the NHS24 website:

*Clostridioides difficile*: [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=2139&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1)

*Staphylococcus aureus* : [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=346](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)

MRSA: [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=252&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1)

For each hospital, the total number of cases for each month are those, which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.

### Targets

There are national targets associated with reductions in C.diff and SABs. More information on these can be found on the Scotland Performs website:

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

### Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used.

### Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

### Understanding the Report Cards – ‘Out of Hospital Infections’

*Clostridium difficile* infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to NHS Fife which are not attributable to a hospital.

### **Staphylococcus aureus**

*Staphylococcus aureus* is an organism, which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

*Staphylococcus aureus* : [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=346](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)

MRSA: [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=252](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252)

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 69 of 70	Review Date: N/A

bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for NHS Fife overall and by hospital can be found in Section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at: <http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

### **Clostridioides (formerly Clostridium) difficile Infection (CDI)**

*Clostridioides difficile* is an organism, which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridioides difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for NHS Fife overall and by hospital can be found in Section 2. Information on the national surveillance programme for *Clostridioides difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance. The hand hygiene compliance score for NHS Fife overall and for each acute hospital can be found in Section 11. Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

### **Hand Hygiene**

### **Cleaning and the Healthcare Environment**

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for NHS Fife overall and for each acute hospital can be found in Section 11. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/haic/>

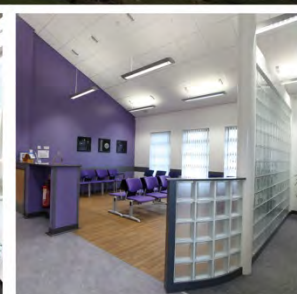
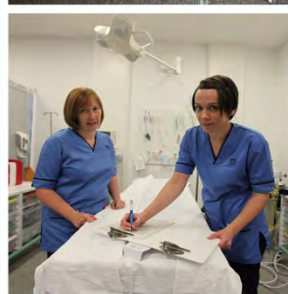
The Healthcare Environment Inspectorate also independently inspects healthcare environment standards. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

Quality Report – 03 July 2019	Version 1.0	Date: 17 June 2019
IMPAC/Clinical Governance	Page 70 of 70	Review Date: N/A

# Quality Report

July 2019



## Contents

1	Introduction .....	3
2	Assessment Methodology .....	4
	a. Priorities.....	4
	b. Measure Status .....	4
	c. Run Chart Interpretation Guidance.....	5
3	A Snapshot of Activity – January 2019 to April 2019 .....	6
4	Executive Summary .....	7
5	Performance Summary Table .....	13
6	Measuring and Monitoring Safety .....	14
	a. Adverse Events .....	14
	b. Major and Extreme Adverse Events .....	15
	c. Clinical Type Adverse Events.....	16
	c. Scottish Patient Safety Programme Measures.....	20
7	Patient Experience.....	37
	a. Care Opinion .....	38
	b. What matters to you .....	41
	b. Participation Standard .....	42
	c. Complaints.....	43
8	Improvement Activity.....	45
	a. Deteriorating Patient.....	45
	b. Safe and Secure Use of Medicines Policy and Procedures .....	46
	c. Medicines Administration Observational Audit: Controlled Drugs and Non-Controlled Drugs Administration Observational Audit.....	46
	d. NHS Fife Clinical Policy and Procedure Authorisation and Co-ordination Group.....	47
9	Glossary .....	48
10	Appendixes .....	50
	Appendix 1 – HSMR Future Reporting Plans .....	50
	Appendix 2 – HAIRT Report .....	52

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 2 of 71	Review Date: N/A

## 1 Introduction

The purpose of the Quality Report is to provide assurance to the Clinical Governance Committee and Board on the overall position in relation to themes identified as a focus for improvement, and national and local priorities which are relevant to both NHS Fife and the Health and Social Care Partnership.

A full report is presented at each NHS Fife Clinical Governance Committee, with an integrated executive summary from the Medical Director and Board Nurse Director.

Our aim is provide high quality care that is safe, effective and person-centred. In order to do that we will continually seek opportunities to improve safety, reduce harm, improve reliability of care and drive person centred care to ensure patients and carers have a positive experience.

We remain committed to providing the highest quality care to our patients and believe that patients should be cared for in environments which minimise risk, and therefore our commitment is to build upon some of the successes achieved to date, and to continually learn and improve the services we provide.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 3 of 71	Review Date: N/A

## 2 Assessment Methodology

### a. Priorities

The priority areas for improvement activity for 2018/19 for the NHS Fife Board and for the Health and Social Care Partnership have been identified as the following:

- In-patients who stated they received the best possible care
- The Participation Standard
- Your Care Experience
- Deteriorating Patient
- All Falls
- Falls with harm
- Pressure Ulcer Care
- Healthcare Associated Infection/SABs/ Surgical Site Infection (SSI) Caesarean Section
- Medicines safety

Identified measures from recognised Scottish Patient Safety programmes will form part of the data set used to monitor and measure quality and safety of the identified priorities.

Such data and improvement plans will be monitored through the Clinical Governance Steering group and **only** the measures which are applicable across the Acute Services Division (ASD) and Health and Social Care Partnership (H&SCP) and align to the Board and the Integration Joint Board (IJB) will be reported through this report as the priority areas. The measures are, and the improvement groups which are set up to work on these priorities are being asked to reset the date for achievement:

1. To reduce HSMR by 10% December 2018,
2. To reduce falls with harm by 20% by December 2017,
3. To reduce all falls by 25% by December 2017,
4. To reduce the pressure ulcer rate by 50% by December 2017,
5. Achieve a maximum rate of SAB (including MRSA) of 0.24/1000 AOB, D,
6. 90% or more of respondents from an inpatient survey "Your care experience" stated they received the best possible care and
7. To achieve level 4 for Patient Focus activity and maintain level 3 for governance arrangements.
8. Stage 1 - to equip staff to deal with complaints promptly at the point of contact, Stage 2 – to provide a comprehensive response in a timely manner to improve the way we share learning from complaints

### b. Measure Status

Healthcare Improvement Scotland (HIS) requires Health Boards to drive and sustain improvements against a number of measures. HIS use the following descriptions to provide status information on specific measures when providing feedback to Boards. NHS Fife scrutinises local improvements and monitors current position against the key areas. These descriptors will be adopted, used for this report to provide status and progress on a number of the improvement priorities.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 4 of 71	Review Date: N/A

Measure Status Definitions	
No Change	No shifts or trends, as defined below, on the run chart
Improvement	Within the most recent 12 data points on the run chart, 6-8 consecutive data points are all below the extended median (a shift) or 5 consecutive data points are all decreasing (a trend)
Sustained Improvement	9 consecutive data points on the run chart area all below the extended median (a sustained shift) – resulting in the most recent median being at a lower level than the baseline
Sustained Improvement & On Target	There is a sustained improvement with the most recent median achieving the aim
On Target	No change but performance has been at Goal level since baseline period
Deterioration	Within the most recent 12 data points on the run chart, 6-8 consecutive data points are all above the extended median (a shift) or 5 consecutive data points are all increasing (a trend)
Sustained Deterioration	9 consecutive data points on the run chart area all above the extended media ( a sustained shift) – resulting in the most recent median being at a higher level than the baseline
Not enough data to make assessment	Not enough data has been reported to allow assessment for improvement from baseline (This means enough to produce a baseline plus six points, in general this means 18 data points for an outcome measure and 12 for a process measure)

For measures where status is described as no change, deterioration or sustained deterioration, the data will be broken down when possible to provide better appreciation and understanding of where the potential for local improvement priorities need to focus.

### c. Run Chart Interpretation Guidance (Taken from ISD website)

The centre line represents the median of the first 12 observation and is shown and labelled on the run charts.

There are a set of rules for interpreting a run chart for detecting special causes (changes).

- **A Shift:** A run of 6 or more consecutive observations, either all above or below the median. Observations on the median do not count towards nor break a shift.
- **Re-base or change to median:** If a shift consists of 9 or more points, a new median is created. This new median will represent the median of the first 8 observations of the shift.\*
- **Trend:** 5 or more successive observations, either increasing or decreasing.

**\*New medians are calculated on 9 points as per SPSP guidance**

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 5 of 71	Review Date: N/A

### 3 A Snapshot of Activity – January 2019 to April 2019



Outpatient  
attendances

Jan 2019	Feb 2019	March 2019	April 2019
29978	28289	30385	28277



Admissions (all )  
(excludes Hospital @Home,  
Mental Health, Learning  
Disabilities, Obstetrics, Neonatal  
and any private activity )

6041	5664	6192	5771
------	------	------	------



Number of  
operations (all)

1621	1587	1866	1624
------	------	------	------



A&E attendances  
(including Minor  
Injuries)

7397	7121	7931	8064
------	------	------	------



PCES contacts

9225	7759	8656	9154
------	------	------	------

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 6 of 71	Review Date: N/A

## 4 Executive Summary

The Committee is asked to consider the following:

### Adverse Events

**Key points to be considered by the committee:**

The Committee is assured all events are reported, reviewed and managed in accordance with the NHS Fife Adverse Events Policy.

There are no exceptions to bring to the attention of the committee for this period.

Hyperglycaemia was introduced as a new sub category for reporting introduced in November 2017. By way of explanation of these events further analysis shows that many of these events relate to individual patients having more than one episode of hypoglycaemia. This will be supported by a brief verbal update from the Medical Director.

**Key areas of improvement/success:**

The changes to the clinical category in Datix have been implemented. The aim of this is to improve reporting.

### HSMR

**Key points to be considered by the committee:**

This will be the last publication reporting on progress towards the current Scottish Patient Safety Programme (SPSP) aim of “*reducing hospital mortality by a further 10% by December 2018*”. The end of the current aim has provided an opportunity to review and refresh the approach for producing and using HSMR.

Having carried out a review of the methodology, ISD intends to make a number of changes to HSMR methodology and reporting from August 2019 onwards. The main changes are summarised below, and will take effect from the publication of HSMR figures in August 2019.

The main change in approach is that while **HSMR will continue to allow hospitals to compare their outcomes with the Scottish average**, it will **no longer be produced in a way that allows HSMR to be monitored over time**. Instead, unadjusted (crude) mortality rates will be used to monitor hospital mortality over time.

The following changes are being made from August 2019 (See ISD information sheet appendix 1):

- The statistical model used to produce HSMR will be **re-based** to a new initial three year reference period of April 2016 to March 2019
- A **twelve month reporting period**, rather than three months as at present, will be used when presenting HSMR figures for hospitals in relation to the Scottish average. Crude mortality data will continue to be published over time using a three month reporting period.

**Key areas of improvement/success:**

At the last publication in this nature linked to Scottish Patient Safety Programme (SPSP) aim of “*reducing hospital mortality by a further 10% by December 2018*”. NHS Fife demonstrates an overall change in HSMR of -9.9.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 7 of 71	Review Date: N/A

## All Falls

### Key points to be considered by the committee:

Following the launch of the NHS Fife and Fife H&SCP Falls strategy – the information produced for this report is separated into in-patient and the community falls sections.

Each of these sub groups meet separately and have discrete activity underway to meet the delivery of the strategy and identified priorities within ward areas and out in the community.

The activity from these sub groups reports into the Fife Frailty Managed Clinical and Care Network to refine action plans and oversee their activity against the strategy.

The frailty WebPages continue to be improved and will be redesigned with the healthy ageing campaign in mind.

### Key areas of improvement/success:

- SAS Falls pathway embedded with an audit of pathways for people over 85 years conveyance to hospital following fall in September 2018 completed showing that conveyance to hospital was appropriate for all individuals. Conveyance to hospital rates for people over 65 who have been attended by SAS in Fife continue to be amongst the lowest in Scotland. While referrals to community colleagues from SAS in Fife are amongst the highest
- Healthy ageing campaign under development
- The post falls flowchart has been reviewed and is being shared with PCES as they provide OOH support to Community hospitals to patients who require assessment following a fall. This is completed and has been submitted to CG and CCG for approval at their next meetings
- Significant work reviewing the Fife Falls toolkit is completed and following submission to ASD Clinical Governance a formal launch is planned in May.
- Older people's Knowledge and Skills framework has been completed and following submission to ASD Clinical Governance will be disseminated. This has been designed to support registered and non-registered staff working with older people.
- Call Don't Fall" poster has been rolled out across in patient settings.
- Falls with Harm within the HSCP have now had 8 points under the median which shows a sustained improvement.
- Improvement collaborative is being launched in Community hospital settings focussing on 5 wards.
- National falls prevention awareness week – stands and promotional materials were available.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 8 of 71	Review Date: N/A

## Pressure Ulcers

### Key points to be considered by the committee:

Overall hospital acquired pressure ulcers have decreased across Fife for the third consecutive month. Both Acute Services Division and the Health & Social Care Partnership continue to place significant focus in reducing community and hospital acquired pressure ulcers.

### Key areas of improvement/success:

There remains a Recognition that Pressure Ulcer incidences continue to be a major harm in Fife, and via an Quality Improvement collaborative approach, reduction in harm and better patient outcomes this can be achieved.

Education and training is a priority as part of the improvement work and this continues to be multi disciplinary. Care and comfort rounding master classes have been rolled out within the HSCP to compliment the PU collaborative programme and also the Falls collaborative programme. All areas in Fife now have a pressure ulcer link nurse to promote/champion TV standards and education.

The TV Steering Group continues to strive to improve pressure ulcer incidences via the Pressure Ulcer Collaborative Programme supporting areas to prevent and reduce PU incidences. The system of reporting pressure ulcers identified as 'on admission' is under discussion, awaiting agreement.

## Healthcare Associated Infection: SABs

### Key points to be considered by the committee:

During April, there were 8 Staphylococcus aureus Bacteraemias (SAB) across Fife, 7 of which were non-hospital acquired, with 1 occurring in VHK. The number of infections in the month was 2 less than in April 2018, so the annual infection rate fell to 0.41.

### Key areas of improvement/success:

The Acute Services Division continues to see intermittent Peripheral Vascular Cannulae (PVC) related SAB. As compliance with insertion and maintenance is variable across the system, work is now urgently needed to ensure the learning from the ePVC data is being reviewed and acted on. It is imperative that teams with high compliance rates share how success is achieved and how it is sustained over time. All PVC and CVC related SAB are Datixed to support learning and improvement.

SAB in People who inject drugs (PWIDs) continues to be reported. This is in stark contrast to the gains made in 2017-2018. Service leads from Addictions are asked to review this data and investigate any commonalities.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 9 of 71	Review Date: N/A

## SSI Caesarean Section

### Key points to be considered by the committee:

NHS Fife were highlighted as an exception in the nationally produced surgical site infection (SSI) funnel plots analysis for caesarean section (C Section) procedures by Health Protection Scotland on six occasions since 2013.

A target for a reduction in incidence was agreed by key stakeholders in April 2018 to reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 2% by March 2019. There has been an incremental reduction quarter on quarter since Q3 2017. NHS Fife achieved a reduction from 4.5% to 1.7% incidence from Q3 2017 to Q4 2018; this demonstrates a 2.8% reduction overall. However, this reduction has not continued through to Q1 2019. The un-validated data for January to March 2019 shows an increase in incidence to 6.5%.

Reporting Period	NHS Fife Incidence rate	Scotland Incidence rate
Q3 2017	4.5%	1.3%
Q4 2017	4.0%	1.6%
Q1 2018	3.3%	1.6%
Q2 2018	3.1%	1.5%
Q3 2018	2.3%	1.5%
Q4 2018	1.7%	1.4%
Q1 2019 (un-validated)	6.5%	Not available at time of report

A thorough review of all SSI cases took place during Q1 2019. This investigation highlighted that NHS Fife has a robust system for identifying and reporting SSI cases. However, it was also apparent that some of the cases were questionable in terms of the patient having a 'true infection'. It was likely that in some cases, clinicians may have diagnosed a 'superficial SSI' and prescribed antibiotics as a precautionary measure. However, in terms of the definition, with which NHS Fife must comply, it would meet 'diagnosis of superficial incisional SSI by surgeon or trained healthcare worker'.

This previous reduction in incidence was achieved by testing other systems for case ascertainment. These tests of change have identified an inherent systems failure in national reporting and were therefore discontinued for Q1 reporting. This has resulted in the increase in incidence in SSI for this quarter.

### Key areas of improvement/success:

All national boards have developed their own systems for SSI identification and reporting. NHS Fife carried out a review of these systems in Q1 and found that there was no consistent approach to the methods used for identification and reporting of SSIs. This led to the hypothesis that national data is historically and currently non-comparable. This hypothesis will be tested from April 2019.

The ICM invited the Senior Nurse Epidemiologist from Health Protection Scotland (HPS) to meet with members of the IPCT on Thursday 6 June 2019 to discuss this hypothesis, SSI definitions and their application in practice. It has now been proposed by HPS that NHS Fife only submit data which follows the national methodology requirements as is the case with other national boards. This will strengthen comparability of rates across the system and

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 10 of 71	Review Date: N/A

provide Fife with an assurance that the national surveillance system is equitable and reliable. This new approach to national reporting will commence Q2 2019 (April to June 2019). In order to provide the board with the assurance that NHS Fife will not fail to identify all SSIs, the Surveillance Team will continue to collect, analyse and feed-back local data to the clinical teams for the time being.

## **Patient Experience**

### **Key points to be considered by the committee:**

A Person Centred Steering Group (PCSG) has been developed with the first meeting taking place in June 2019. The group will focus on a wide range of person centred initiatives both locally and national however the main focus for 2019 will be the implementation of Person Centred Visiting

The PCSG will support the testing and spread of the Care Experience Improvement Tool (CEIT) along with the 'Your Care Experience' tool satisfaction questionnaire used to capture feedback in real time.

Care Opinion continues to be promoted within NHS Fife and Health and Social Care Partnership. Care Opinion has influenced positive change and improved experience for patients.

Quarterly reports: This is a summary of patient experience, feedback and learning captured in individual clinical areas. This is also incorporated into the NHS Fife Feedback, Compliments, Comments, Concerns and Complaints Annual Report.

### **Key areas of improvement/success:**

Identify further test sites for the CEIM model and continue to spread across areas where testing has been successful.

Areas for improvement continue to be identified within services/teams as a result of service user feedback however, a process is required where feedback is reviewed collectively across NHS Fife so an organisational approach can be adopted to support and drive improvement

Care Opinion: The number of responders has increased. There is ongoing focus with clinical teams to ensure changes and improvements in practice as a result of feedback are communicated via care opinion.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 11 of 71	Review Date: N/A

## Participation Standard

### Key points to be considered by the committee:

NHS Fife and HSCP Participation and Engagement model is under review to support the delivery of the Participation and Engagement Strategy for Fife 2015-19.

The review was commissioned as a result of identified gaps in terms of the model of participation required to meet legislative requirement. The initial review highlighted duplication across agendas and a lack of consistency in the approach to public involvement across NHS Fife. It was also identified that there were no agreed outcomes or action plans to help provide assurance of its engagement and participation activity.

Currently both the PFPI and PEN group meetings have been suspended whilst the review is undertaken; with interim arrangements in place to allow the Participation and Engagement Leads across NHS Fife continue to support the delivery of the Participation and Engagement agenda

### Key areas of improvement/success:

Develop a model that will ensure NHS Fife and Fife's HSCP meet its legal obligations around national legislative and policy context for participation and engagement. Develop a model that has the ability to drive continual improvement using public/patient experience.

## Complaints

### Key points to be considered by the committee:

The reasons for failing to meet the 20-day completion target are;

- Delays at approval and sign off due to lack of detail within complaint response.
- Delays in producing first drafts due to quality of drafting.
- Delays receiving investigation statements from services
- Quality of information within statements

### Key areas of improvement/success:

Monthly complaints meeting within ASD will continue to ensure monitoring of performance and address any delays and quality issues.

Continue to monitor and escalate to senior manager concerns with delays and process within the Partnership.

Improve the process for providing response with 20 working days where complaint triggers LAER/SAER.

Guidance on the Chief Executive's style and preference for final drafts has been shared with service to minimise delays.

Patient Relations senior team will continue to monitor the quality of draft response and work with Officer to improve writing style.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 12 of 71	Review Date: N/A

## 5 Performance Summary Table

Quality Report, Performance Summary Dashboard (NHS Fife)							
Status	Measure	Target for 2017-18	Current Period		Previous Period		Location in Report
			Period	Performance	Period	Performance	
N/A	HSMR	10% reduction by December 2018	Oct - Dec 2018	0.86	Jul - Sept 2018	0.81	Section 6 c
	Falls with Harm Rate	2.16 per 1000 OBD	April 2019	1.86 / 1000 OBD	March 2019	1.43 / 1000 OBD	Section 6 c
	Falls Rate	5.97 per 1000 OBD	April 2019	7.49 / 1000 OBD	March 2019	6.70 / 1000 OBD	Section 6 c
No Change	Pressure Ulcers Rate	0.38 per 1000 OBD	April 2019	0.53 / 1000 OBD	March 2019	0.92 / 1000 OBD	Section 6 c
No Change	SAB Infection Rate	0.24 per 1000 AOB	12 months ending April 2019	0.41 / 1000 AOB	12 months ending March 2019	0.42 / 1000 AOB	Section 6 c
	Patient Experience "Your care experience"(Inpatient Survey)	90.0%	April 2019	No data	March 2019	No Data	Section 7
	Scottish Participation Standard	Level 4	April 2019	Level 4	March 2019	Level 4	Section 7
N/A	Major and Extreme Clinical Adverse Events	N/A	Mar - Apr 2019	98	Jan - Feb 2019	112	Section 6 a
N/A	Clinical Adverse Events	N/A	Mar - Apr 2019	1734	Jan - Feb 2019	1844	Section 6 a

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 13 of 71	Review Date: N/A

## 6 Measuring and Monitoring Safety

### a. Adverse Events

An adverse event is defined as an event that could have caused (a near miss), or did result in, harm to people or groups of people.

Harm is defined as an outcome with negative effect. Harm to a person or groups of people may result from unexpected worsening of a medical condition, the inherent risk of an investigation or treatment, violence or aggression, system failure, provider performance issues, service disruption, financial loss, or adverse publicity.

Organisations have a responsibility to ensure there are systems and processes in place that protect people from harm and reduce the risk of recurrence by responding appropriately and maximising the opportunities to learn from when things go wrong.

Experience in other industries has shown that as an organisation's reporting culture matures, staff become more safety aware and reporting levels may increase.

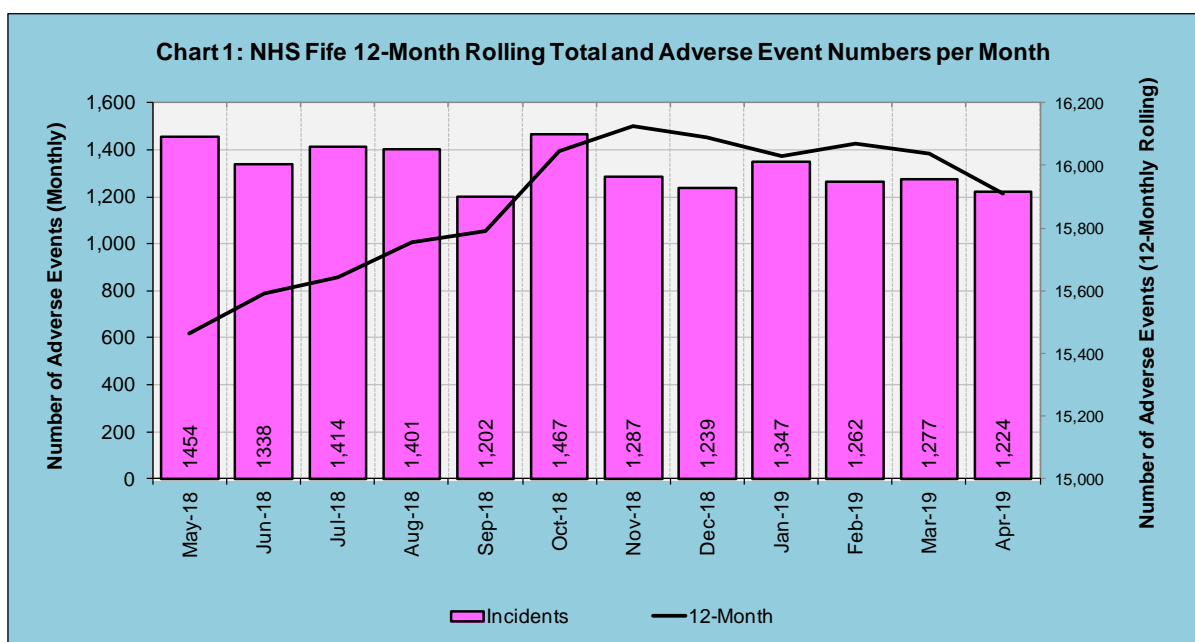
NHS Fife promotes adverse event reporting and management, and all events, regardless of the severity of harm and who or what is affected, are reviewed.

Events graded major or extreme are subject to executive director oversight, from decision making on the type of investigation required, to the conclusion of the review and the production of a meaningful report and learning summary.

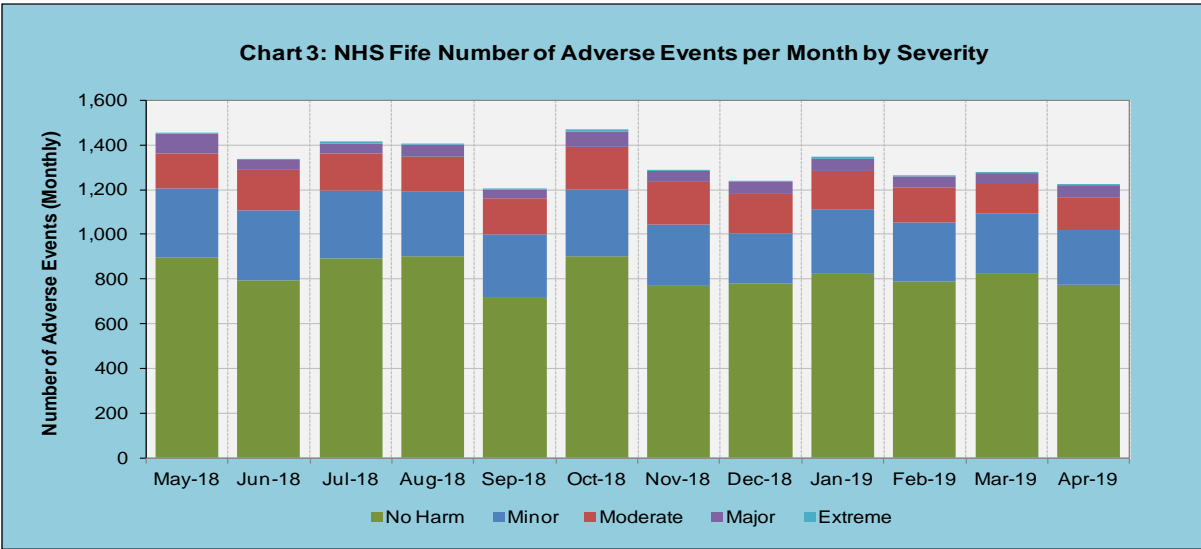
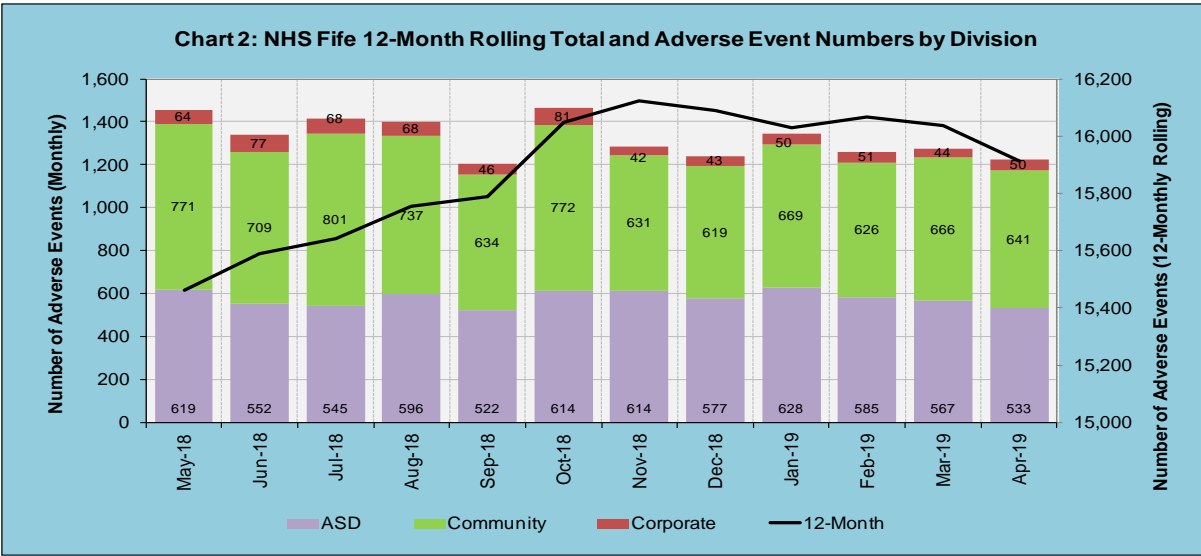
The data in charts 1, 2, and 3 show that there is organisational consistency in both reporting and grading of adverse events.

These charts show our levels of reporting per month

- range between approximately 1200 -1500
- majority of events are reported in the community
- most events are reported as no harm than any other grading

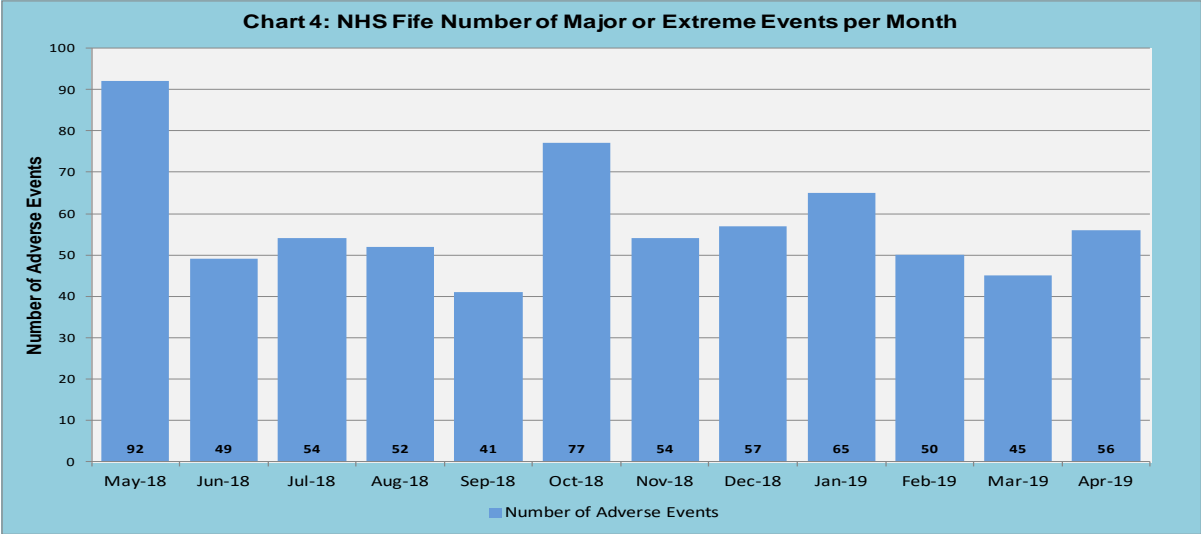


Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 14 of 71	Review Date: N/A



**b. Major and Extreme Adverse Events**

Chart 4 shows the monthly average is 57, and the months of reporting for March and April 2019 are within normal monthly variation.



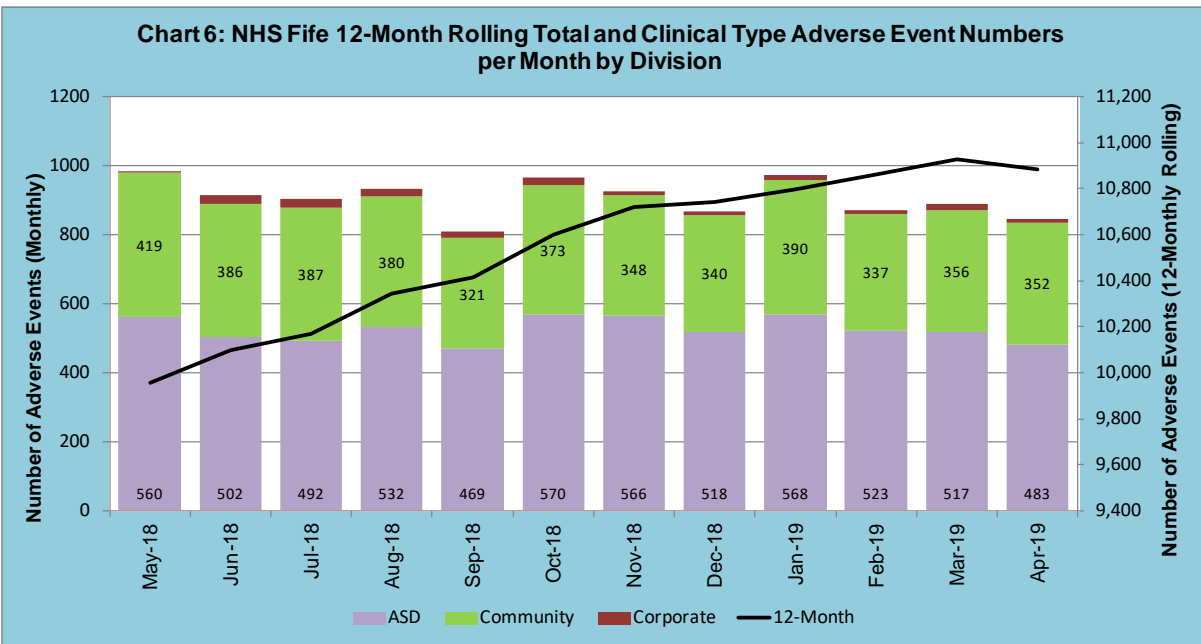
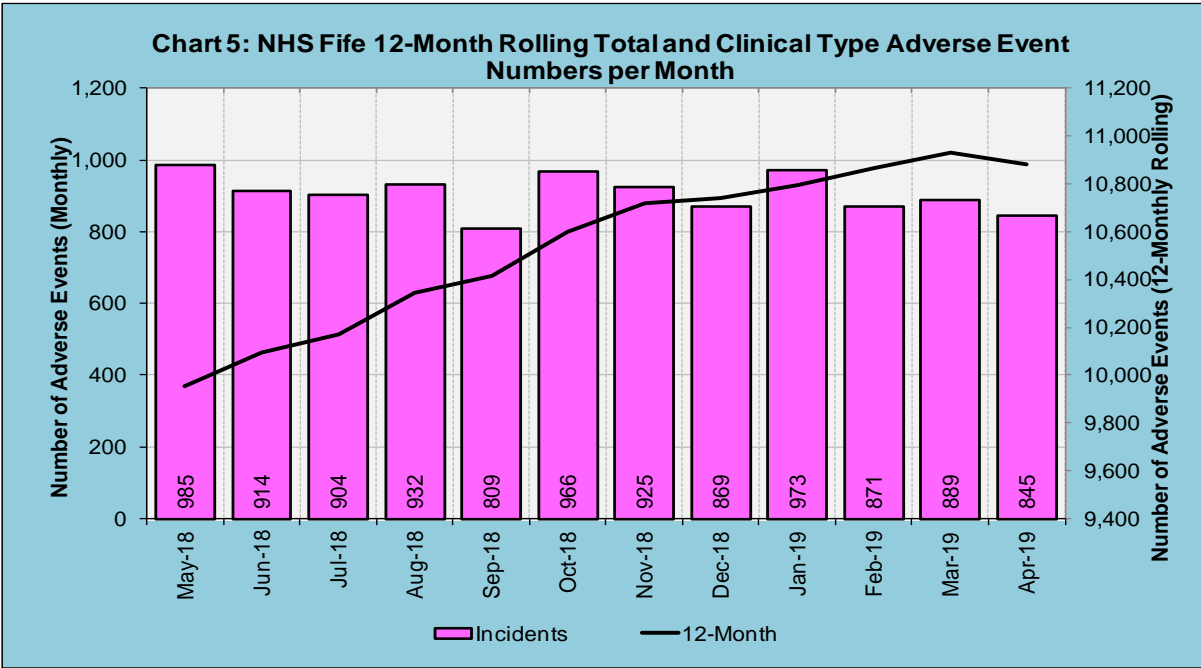
c. Clinical Type Adverse Events

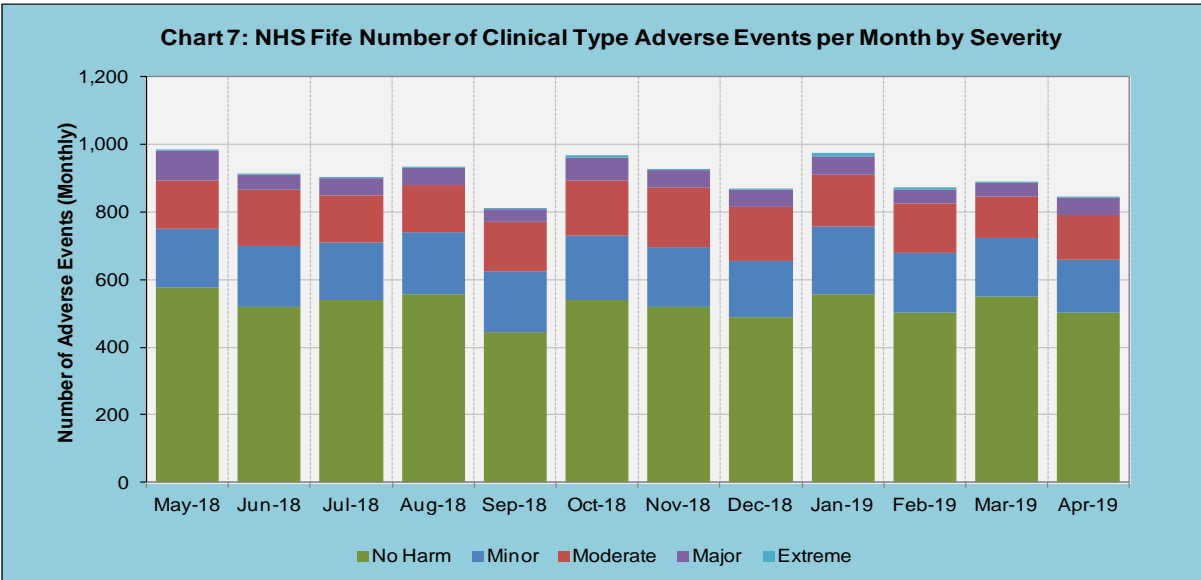
The remainder of this report will focus on these events which are of particular interest to the Clinical Governance Committee. This grouping of events does not include any event relating to Fire / Security • Infrastructure (Accommodation / Availability / Staffing) • I.T. Systems • Personal Accident • Vehicle Incident • Unwanted behaviours, violence & aggression. In the main these events relate to those affecting a patient.

In the year May 2018 to April 2019, these events accounted for approximately 68% of all events reported.

In this period, charts 5, 6 and 7 show

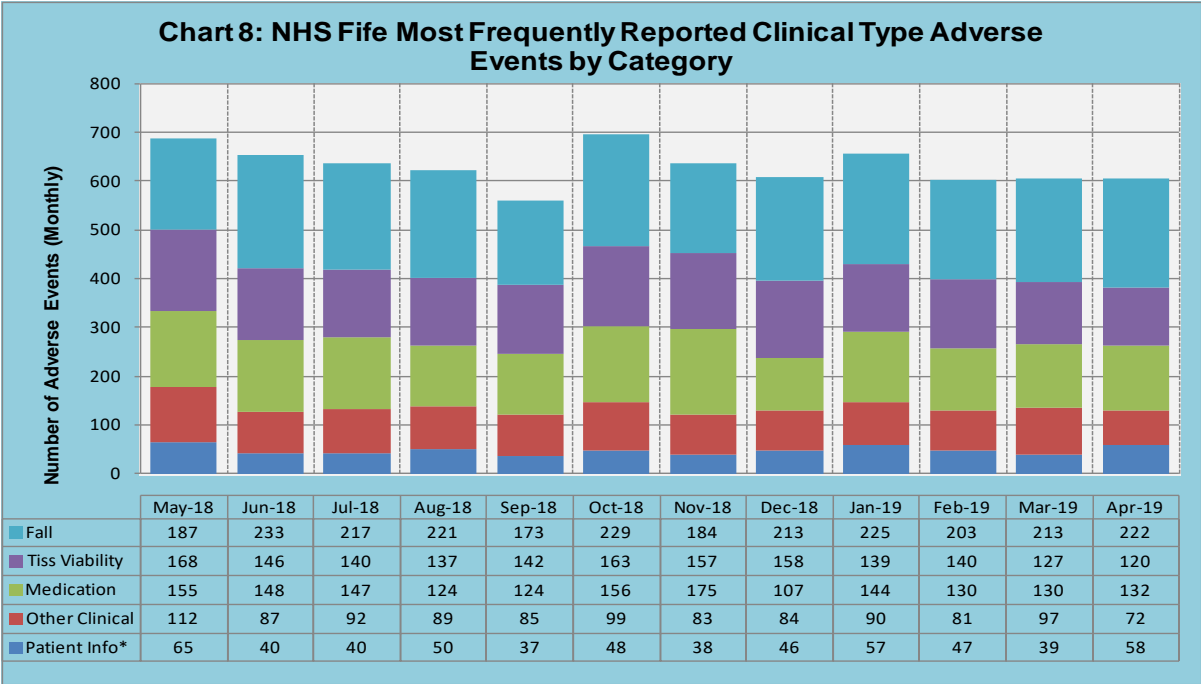
- our range of reported clinical type events was between 800 and 990
- more are reported within ASD, as in chart 6
- the majority are of no harm and minor severity





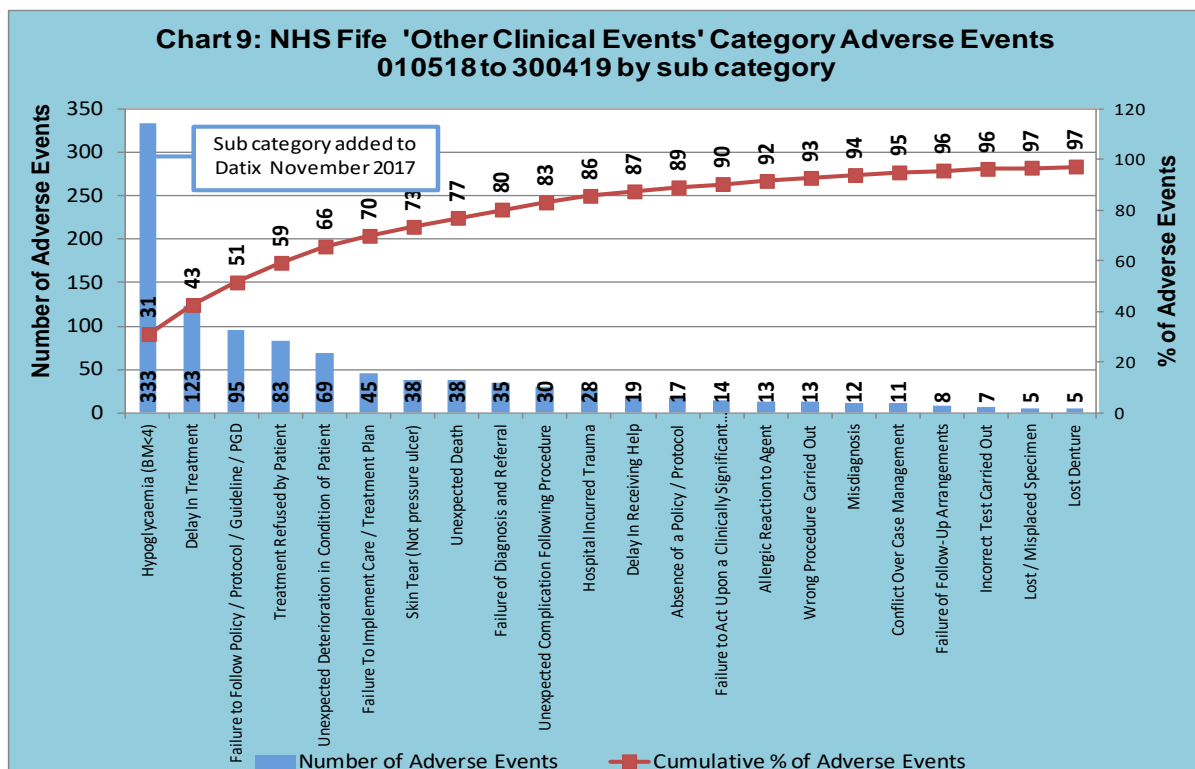
**I. Most frequently reported Clinical Type Adverse Events**

The monthly breakdown is shown in Chart 8.



*\*Patient Information - this includes (Records / Documentation / Tests / Results)*

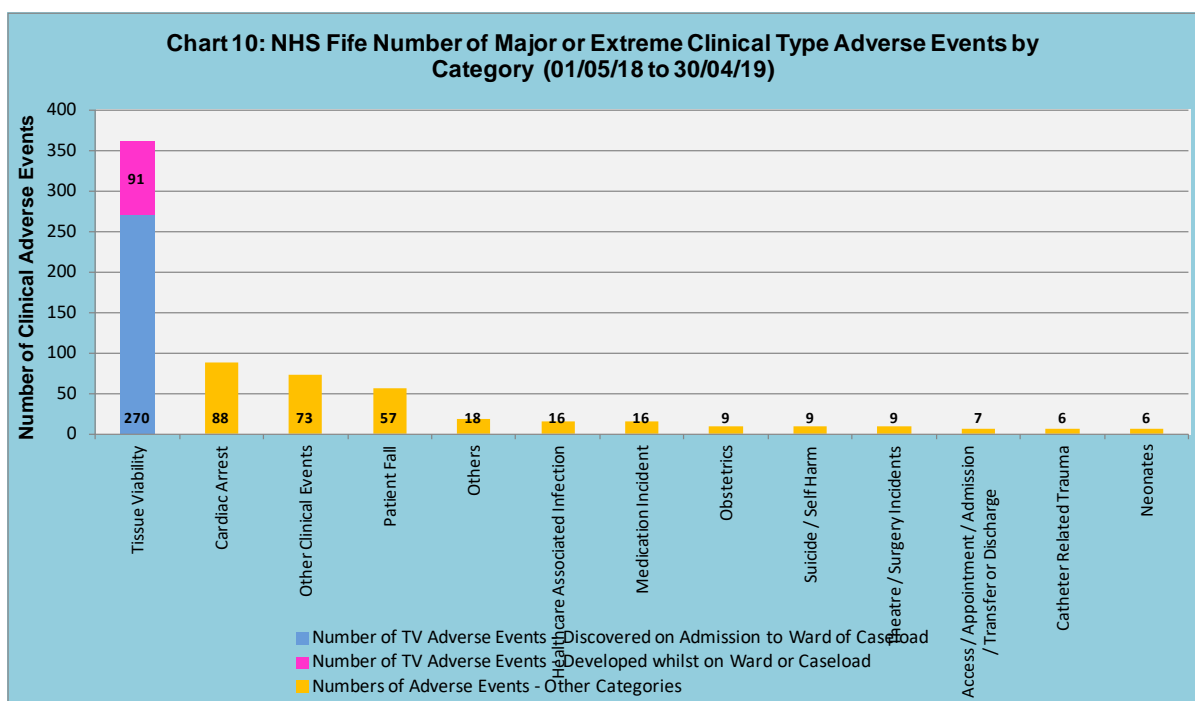
Pareto Chart 9 depicts the detail of the most frequently reported events with the sub category of “other clinical” events. This is a newly renamed sub- category following extensive work to improve and simplify the reporting under the clinical category.



As shown in chart 9, hypoglycaemia is the most frequently reported event in the reporting year 010518 to 300419. As well as this being a new sub category for reporting introduced in November 2017, further analysis of these events shows that in each month, many of these events relate to individual patients having more than one episode of hypoglycaemia. As previously reported there are wards within the acute setting where related improvement work is underway.

## II. Major and Extreme Clinical Type events

The events shown in Chart 10 continue to be organisational priorities for improvement and the details of related work underway can be found on page xx.



Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 18 of 71	Review Date: N/A

**d. Organisational Duty of Candour (DoC)**

The overall purpose of the duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended adverse event resulting in death or harm, as defined in the Act.

The NHS Fife Adverse Events / Duty of Candour Group has oversight of the implementation of Duty of Candour through a comprehensive work plan and continues to monitor progress.

The organisation is in the process of producing the Duty of Candour Annual Report required by legislation. This will comprise the following:

- I. The number of events which activated the 'Duty'
- II. Details relating to each of the outcome e.g. death or increase in a person's treatment
- III. The extent to which the DoC procedure was followed
- IV. Changes as result of review of the DoC events

The Committee is assured there has been considerable work undertaken across the organisation in this first year of implementation.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 19 of 71	Review Date: N/A

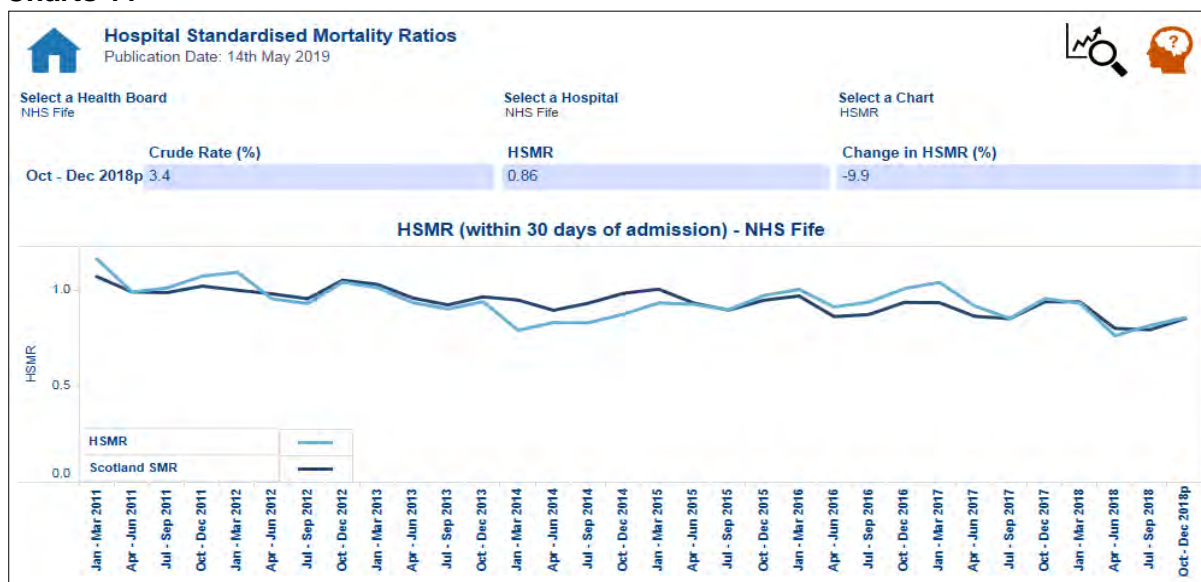
## c. Scottish Patient Safety Programme Measures

These measures are applied across the system and are relevant to both acute and community areas. These originated from an identified Scottish Patient Safety Programme, which Fife has moved beyond the boundaries of the programme. These are indicators of safety within clinical areas.

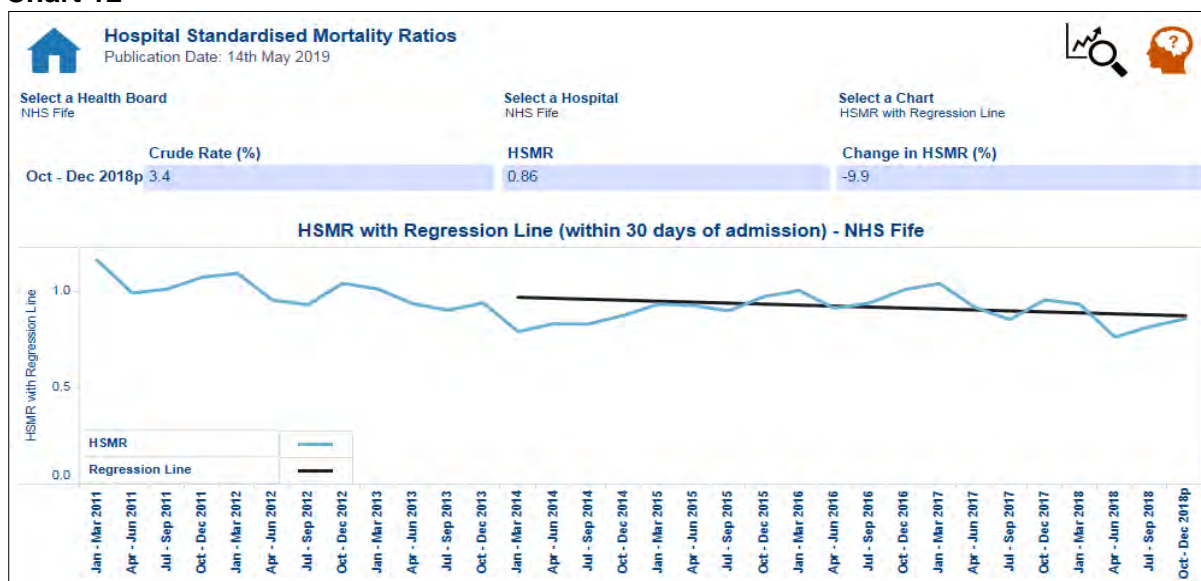
### Hospital Standardised Mortality Ratio (Commenced 2012)

Measure or Aim	To reduce HSMR by 10% December 2018
Data Source	ISD Scotland
Measure Status	N/A
Scotland Performance	0.85 (Oct-Dec 2018)
Current Performance	0.86 (Oct-Dec 2018)
Target Performance	The reference point is 1.

### Charts 11



### Chart 12



Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 20 of 71	Review Date: N/A

Previous 3 periods	Jan-Mar 2018	Apr-Jun 2018	Jul - Sept 2018
	0.93	0.77	0.81
<b>Contextual review of data (presented above)</b> (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)	<p>HSMR is a measure which promotes reflection on patient care within boards. The reference point is a value of 1. It should be used by Boards to reflect when a value is greater or less than 1. A high value of the HSMR is not sufficient evidence on which to conclude that a poor quality or unsafe service is being provided. It should be regarded as a trigger for review and further understanding.</p> <p>The current reporting period October – December 2018 on chart 11 shows NHS Fife HSMR to be 0.86, which is in line with Scottish performance. Overtime NHS Fife demonstrates an overall downward trend, as seen Chart 12 which indicates progress in reducing mortality over time. At the end of this period of reporting the change in HSMR % for NHS Fife is -9.9.</p> <p>This will be the last publication reporting on progress towards the current Scottish Patient Safety Programme (SPSP) aim of “<i>reducing hospital mortality by a further 10% by December 2018</i>”.</p> <p>Local work and interventions continue to focus around recognition of deteriorating patients and improving patient safety.</p> <p>The next update, reporting on admissions to March 2019, will be published in August 2019.</p> <p>The end of the current aim has provided an opportunity to review and refresh the approach for producing and using HSMR.</p> <p><b>Changes to production and publication of HSMR</b></p> <p>Having carried out a review of the methodology, ISD intends to make a number of changes to HSMR methodology and reporting from August 2019 onwards. The main changes are summarised below, and will take effect from the publication of HSMR figures in August 2019.</p> <p>The main change in approach is that while HSMR will continue to allow hospitals to compare their outcomes with the Scottish average, it will no longer be produced in a way that allows HSMR to be monitored over time. Instead, unadjusted (crude) mortality rates will be used to monitor hospital mortality over time.</p> <p>More specifically, the following changes are being made from August 2019 (details in ISD information sheet appendix 1):</p> <ul style="list-style-type: none"> <li>• The statistical model used to produce HSMR will be <b>re-based</b> to a new initial three year reference period of April 2016 to March 2019 (the current reference period is January 2011 to December 2013). Further to this, the <b>reference period will be advanced by three months</b> for each subsequent reporting period. This ensures that comparisons in relation to the national average are robust for each point in time.</li> <li>• A <b>twelve month reporting period</b>, rather than three months as at present, will be used when presenting HSMR figures for hospitals in relation to the Scottish average. Crude mortality data will continue to be published over time using a three month reporting period.</li> </ul>		

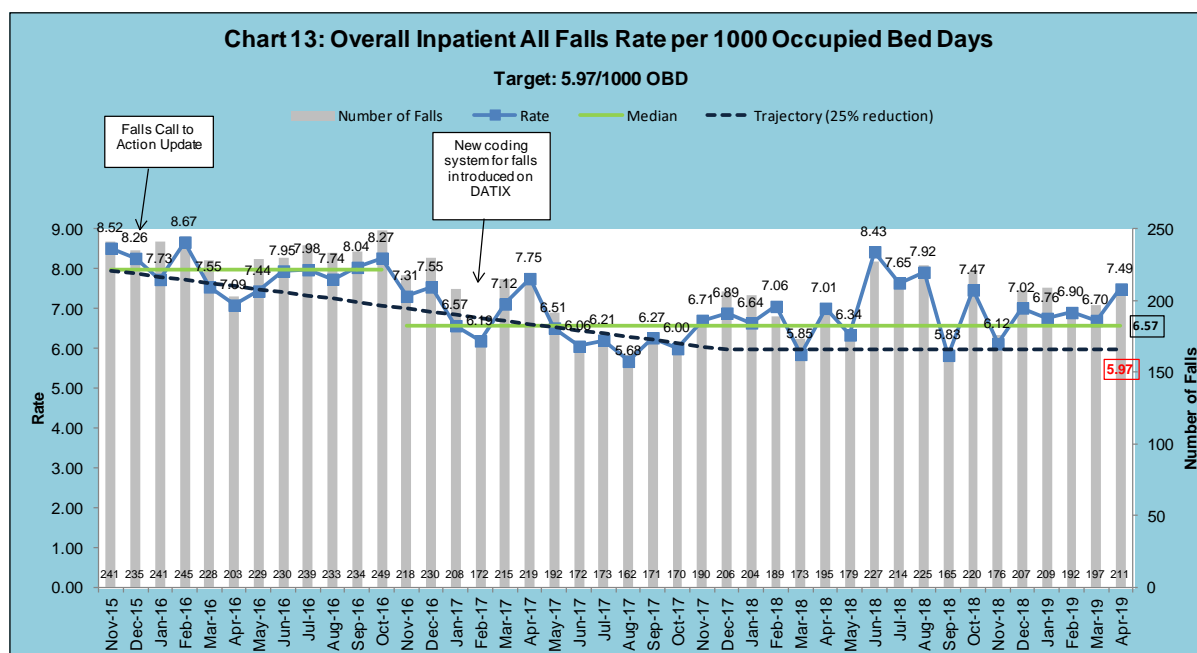
Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 21 of 71	Review Date: N/A

	<p><b>Use of HSMR</b></p> <p>It is widely accepted that hospital mortality data have an important role in learning about and improving the quality of patient care, recognising that such data need to be used alongside other data/intelligence and there is no single measure of safety. HSMR will continue to be used in Scotland, however with less emphasis being placed on HSMR in relative isolation.</p> <p>Scottish Government, Healthcare Improvement, and the Information Services Division expect that NHS boards will continue to use data on mortality associated with hospitalisation, including HSMR, to help learn about and improve the quality of patient care. This includes high/increasing mortality rates being identified and responded to as part of NHS boards' local governance mechanisms. Healthcare Improvement Scotland and the Information Services Division will continue to offer advice/support to NHS boards, on request, about using hospital mortality data.</p> <p>Healthcare Improvement Scotland will continue to monitor HSMR figures in the context of other data/intelligence. However, Healthcare Improvement Scotland will no longer routinely engage formally with an NHS board on the sole basis of a high/increasing HSMR. There might be more exceptional circumstances under which a high/increasing HSMR, when considered alongside other data/intelligence, leads Healthcare Improvement Scotland to engage with an NHS board.</p> <p>Healthcare Improvement Scotland will not set a further aim for reducing HSMR. As stated above, HSMR will no longer be produced in a way that it can be monitored over time.</p>
<p><b>Current issues</b></p>	<p>None identified during this period.</p>

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 22 of 71	Review Date: N/A

## All Falls (Commenced 2012)

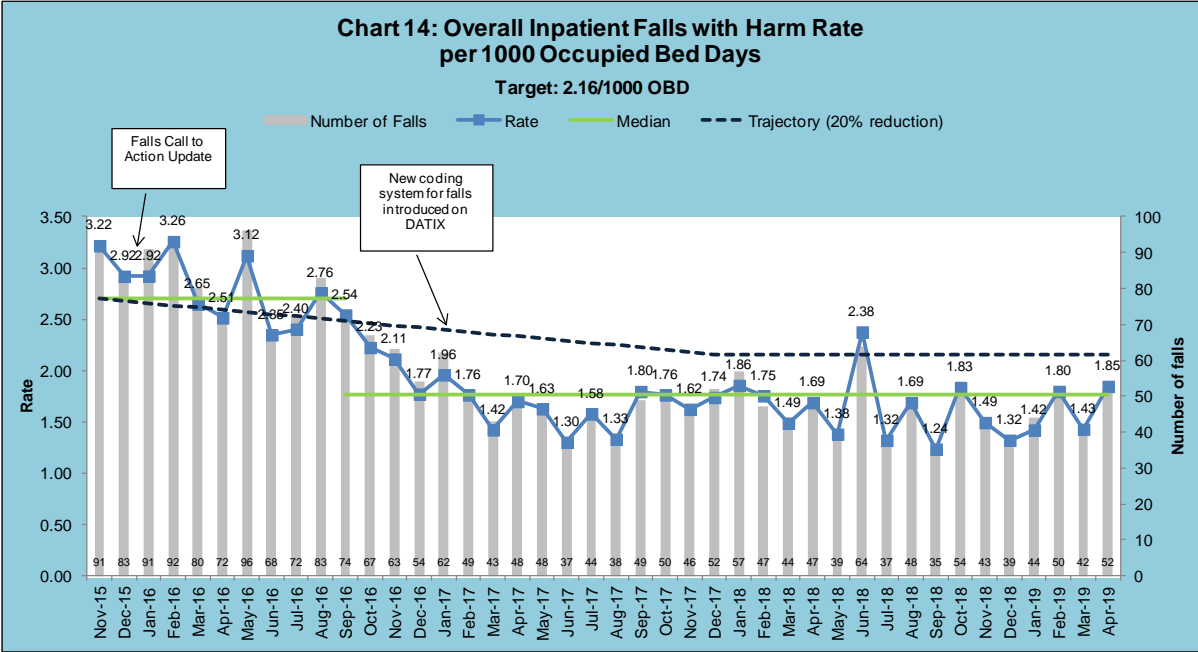
Measure or Aim	To reduce all falls by 25%
Data Source	DATIX
Measure Status	No change
Scotland Performance	Not known
Current Performance	7.49/1000 OBD (April 2019)
Target Performance	Target rate 5.97/1000 OBD (end of December 2017)



Previous 3 periods	January 2019	February 2019	March 2019
	6.76/1000 OBD	6.90/1000 OBD	6.70/1000 OBD

## Falls with Harm (Commenced 2012)

Measure or Aim	To reduce falls with harm by 20%
Data Source	DATIX
Measure Status	Sustained Improvement & On Target
Scotland Performance	Not known
Current Performance	1.86/1000 OBD (April 2019)
Target Performance	Target rate 2.16/1000 OBD (by end December 2017)



Previous 3 periods	January 2019	February 2019	March 2019
	1.42/1000 OBD	1.80/1000 OBD	1.43/1000 OBD

<p><b>Contextual review of data (presented above)</b> (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)</p>	<p>As with all areas of Scotland, Fife will experience a shift in its demography, with increasing numbers of older people. Evidence suggests that one third of people aged over 65 fall each year, and one half of people aged over 80 fall each year. As we live longer falls are becoming an even bigger issue.</p>
<p><b>Current issues</b></p>	<p>Prevention and management of falls is a multi-disciplinary and multi-agency responsibility and our ambition in Fife is to reduce the number of falls. A healthy ageing campaign is planned for spring 2019 the MCCN will explore how key messages can be aligned across services.</p> <p>The recently launched Falls Strategy, for the next 5 years, focuses on ensure effective processes are consistently implemented for the early identification, effective assessment and management of people who are at risk of falling. This will ensure a high quality, cost efficient service that will reduce the incidence and severity of falls between now and 2022.</p>

Improvement Activities/Interventions	Due By	Status
<p>The inpatient falls group have reviewed the Falls toolkit and supporting appendices. These have been approved in principal by the Frailty MCCN and have been submitted to CCG and ASD CG (July)for approval at next meetings and a formal re-launch will occur thereafter supported by the Falls champions</p> <p>The post falls flowchart has been reviewed and is being shared with PCES as they provide OOH support to Community hospitals to patients who require assessment following a fall. This has also been submitted to CG and CCG for approval at their next meetings</p>	<p>May 2019 July 2019</p>	<p>On track Delayed</p>
A SLWG linked to the Inpatient Falls group developed and tested a falls alarm risk assessment and care plan. This has been submitted to CCG groups for approval at next meetings	<p>May 2019 July 2019</p>	<p>On Track Delayed</p>
Terms of Reference of In-patient Falls group has been reviewed to reference the Fife Falls Strategy. A workplan is being developed to support this focus.	<p>March 2019</p>	<p>Complete</p>
A workplan is being finalised and will be located on a shared drive folder to allow members of the Inpatient falls group to update on an ongoing basis. Work is underway to ensure all members have the appropriate access to this	<p>May 2019</p>	<p>Complete</p>
A new falls collaborative commenced in February 2019 to focus QI work in five wards within the HSCP that had the highest number of falls in 2018.	<p>April 2019</p>	<p>Complete</p>
Preliminary meetings with the five wards in the collaborative have been completed and baseline data reviewed. Further meetings are arranged with Clinical Governance facilitator to complete QI awareness training and agree individual tests of change.	<p>June 2019</p>	<p>Complete</p>
Comfort round education sessions have been trialled in SACH 1 and a plan is in place to roll out this across the wards in the collaborative (other areas have been incorporated also)	<p>June 2019</p>	<p>Complete</p>
The 'A Patient has Fallen What Now' document is being reviewed, adapted and tested with the collaborative,	<p>May 2019</p>	<p>Complete</p>
The 'A Patient has Fallen What Now' document following initial adaption and testing is undergoing further adaption and testing prior to potential roll out.	<p>July 2019</p>	<p>On Track</p>
Tarvit Ward are commencing cycle two of PDSA for comfort round reminders on side room doors, whiteboards for the doors instead so further testing to take place.	<p>May 2019</p>	<p>Complete</p>
Tarvit Ward now have comfort round reminders as standard practice within the ward.	<p>July 2019</p>	<p>Complete</p>
SACH 1 is testing safe effective handover and delivery of the safety brief information. Currently on PDSA cycle 1 of this test of change.	<p>April 2019</p>	<p>Complete</p>

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 25 of 71	Review Date: N/A

SACH 1 safe effective handover and delivery of the safety brief information, now embedded into practice	June 2019	Complete
Further testing of the revised process measures continues, prior to HSCP roll out.	April 2019	Complete
Early work being embarked on with care home sector to standardise recording and support best practice in managing falls risk	June 2019	On Track
The Community Hospital Falls Group is continuing to meet bi-monthly to maintain the improvement work/data and plan next steps of a further collaborative and share best practice and learning to date.	December 2019	On Track

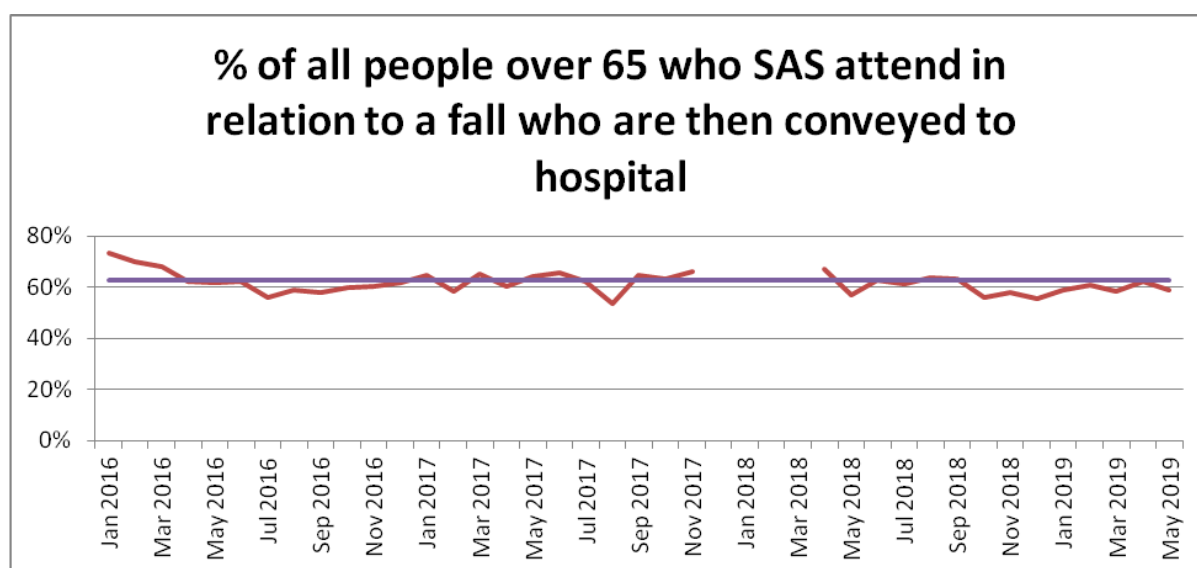
### Community (non in-patient) Falls

As noted in the last report the partnership has been approached by the National Telecare Improvement Programme Lead to share learning from the MECS / Fife Falls Response Service (FFRS) in relation to models which support uninjured fallers. Information on Fife was included as the first 'spot light' in the programmes Flash reports.

Improvement Activities/Interventions	Due By	Status
Early work being embarked on with care home sector to standardise recording and support best practice in managing falls risk	June 2019	On Track On Hold
Healthy ageing campaign under development. Work in progress for public campaign aligning with the national Falls Awareness week in September. Core materials agreed and shared.	Spring 2019	Complete
Draft action plan for the Healthy Aging campaign in development. Work will be developed in line with local and national public health objectives. Initial scoping work has been concluded.  Work on this progresses and the chairs of the MCCN met in May with the chair of the Healthy ageing group to agree content/ timescales and delivery of the campaign. Agreed messages are consistent with all other MCNs/Strategies therefore messaging will be combined where possible across Health and Social Care.	22 September	On Track
The Community Falls Group is developing a set of metrics to understand falls within community setting and responded to by community services to support: <ul style="list-style-type: none"> <li>Understanding of falls</li> <li>Early intervention/Targeting of service (including input to Community Health and Wellbeing Hub programme)</li> <li>Developing locality element to support targeting of improvement work</li> </ul>	Spring 2019	Version 1 Complete
A Dashboard is currently in development which will cover the following areas: <ul style="list-style-type: none"> <li>ICASS</li> <li>SAS</li> </ul>	Spring 2020	On Track

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 26 of 71	Review Date: N/A

<ul style="list-style-type: none"> <li>• MECS</li> <li>• FFRS</li> </ul> Later phase <ul style="list-style-type: none"> <li>• Care Homes</li> <li>• Consideration with partners of joint measures that evidence uptake of healthy ageing activities</li> </ul>		
A review of SAS conveyance rates to hospital in over 85 has been undertaken by the community falls group. The review findings support conveyance rates to hospital are appropriate whilst providing assurance that the current SAS Falls & Frailty Pathway appropriately identifies treatment pathways for individuals. Final report is planned for early June 2019	Early June 2019	Complete
Following successful pilot of Level 1 Screening with Fire Service rollout programme to all fire stations agreed. Fire Service has halted the rollout at this time due to national reorganisation within the service.	July 2019	On Track On Hold
Discussions have taken place with START managers, with pilot planned for START teams in GNEF.	July 2019	On Track
Agreement that rollout to all START teams will commence on completion of pilot.	December 2019	On Track
Community Falls Pathway: Verifying Minor Injuries Units referral pathways in NEF to provide baseline of people who act on advice.	October 2019	On Track



Scottish Ambulance Service data shows a consistently relatively low conveyance rate for people over the age of 65 who fall being conveyed to hospital. This data is observed nationally to support the embedding of local falls pathways. SAS data was not available for a period while a new information system was installed.

Utilising data collated by the Single Point of Access (formerly known as PACT) to support the falls pathway the Community Falls Group reviews the number of Falls packs shared and referrals received following screening. This is monitored to understand the effectiveness of the roll out of the level 1 screening tool in supporting early intervention. Please note due to a change in team arrangements spreadsheets have moved and data linkages are being fixed.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 27 of 71	Review Date: N/A

**The Number of Referrals ( Including packs given out as well as direct referrals to the service)**



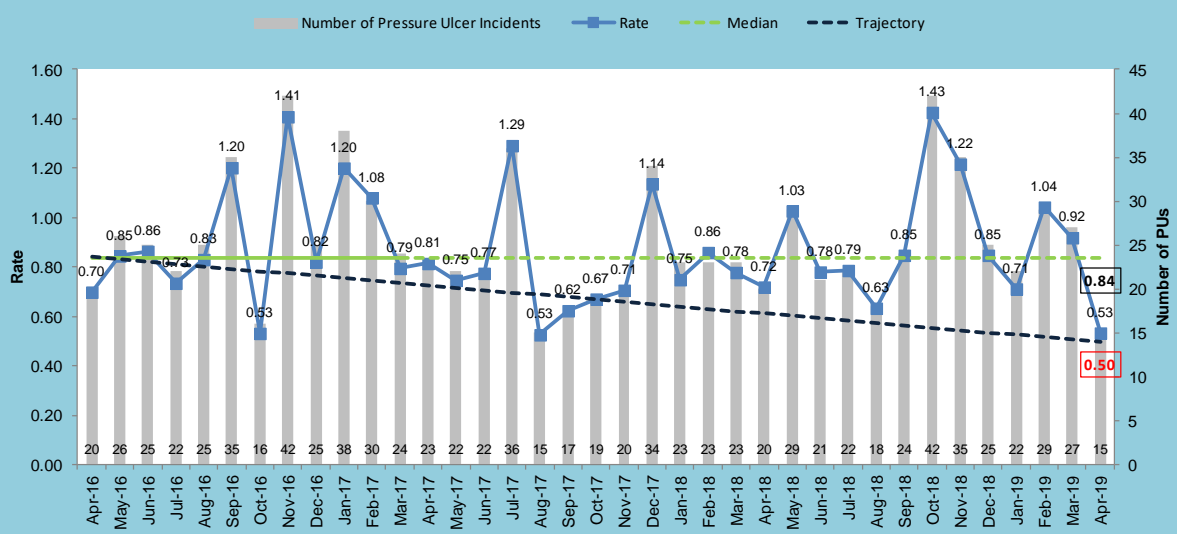
Falls admissions are also monitored- 2018/19 data is not yet available.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 28 of 71	Review Date: N/A

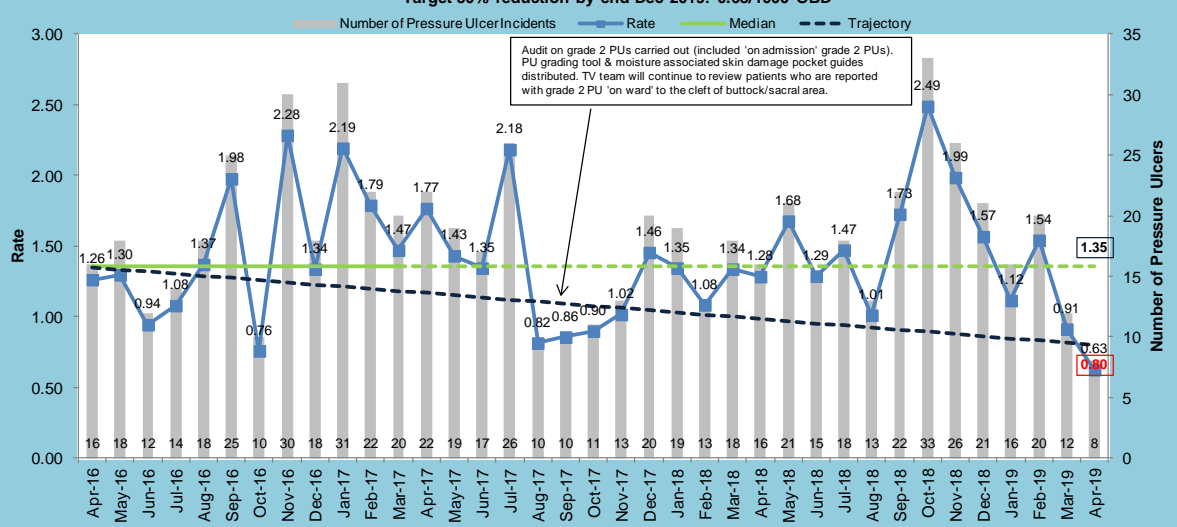
## Pressure Ulcer Incidents – (Hospital Acquired) (Commenced 2012)

Measure or Aim	To reduce pressure ulcers by 50% by December 2019
Data Source	DATIX
Measure Status	No Change
Scotland Performance	Not known
Current Performance	0.53/1000 OBD (April 2019)
Target Performance	Target rate 0.42(by end December 2019)

**Chart 15: Overall Hospital Acquired Pressure Ulcer Incidents  
per 1000 Occupied Bed Days  
(Acute and Community Services Inpatients)**  
Target 50% reduction by end Dec 2019: 0.42/1000 OBD



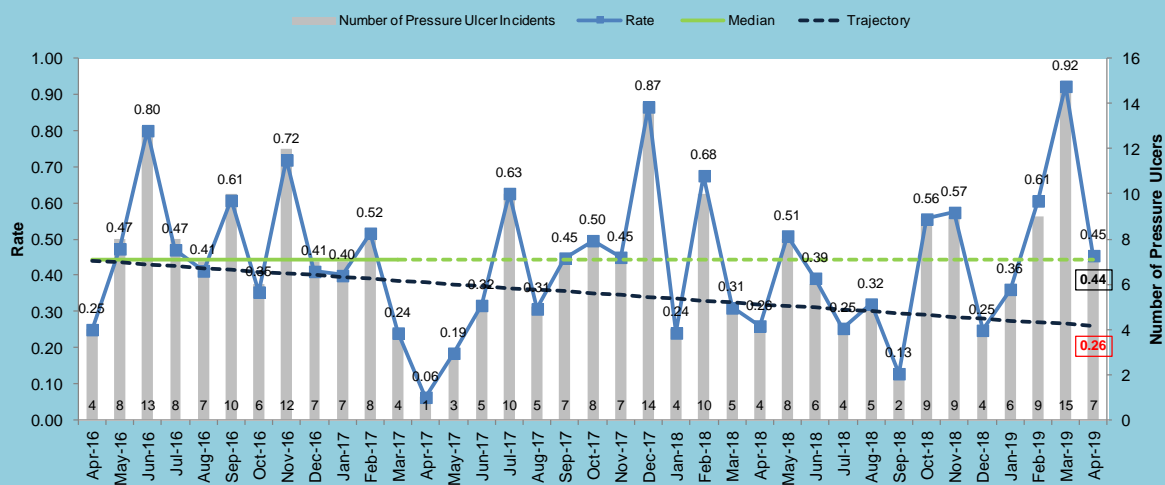
**Chart 16: Hospital Acquired Pressure Ulcer Incidents  
per 1000 Occupied Bed Days  
Victoria Hospital**  
Target 50% reduction by end Dec 2019: 0.68/1000 OBD



Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 29 of 71	Review Date: N/A

**Chart 17: Hospital Acquired Pressure Ulcer Incidents per 1000 Occupied Bed Days**  
**Health and Social Care Partnership**  
 (Community Services Inpatients)

Target 50% reduction by end Dec 2019: 0.22/1000 OBD



Previous 3 periods	January 2019 0.71/1000 OBD	February 2019 1.04/1000 OBD	March 2019 0.92/1000 OBD
<b>Contextual review of data (presented above)</b> (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)	<p>Current data for Fife Health &amp; Social Care Partnership (FHSCP) continues to demonstrate random variation. However data for april shows a half in PU development compared to last month. Within ASD the data demonstrates a further fall in incidences in March and April.</p> <p>The Quality Improvement (QI) work is ongoing across Fife; Senior Nurses from the wards that are in the collaborative have pledged senior leadership support for their wards to attain sustained improvement.</p> <p>Both the Acute and HSCP show normal variation with no change in terms of improvement.</p>		
<b>Current issues</b>	<p>All Hospital acquired pressure ulcers in April 2019 were at the lowest since August 2017, and on the third consecutive decrease. Work is ongoing to continue with this improvement and sustain.</p> <p>Inpatient areas involved in the 90 day improvement collaborative continue to monitor weekly, their compliance against process measures.</p>		

Improvement Activities/Interventions	Due By	Status
Ongoing scrutiny and actions taken by the Fife Tissue Viability Steering Group, currently self assessing and updating National Standards for the Prevention & Management of Pressure Ulcers (2016). Terms of Reference of the group will be agreed by the end of the March.	March 2019	Complete
The 90 day improvement project has been extended	March 2019	Complete

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 30 of 71	Review Date: N/A

<p>for a further 90 days January to March 2019 within ASD, recognising the valuable learning in the first 90 days, to inform further improvement work in the second part of the project. Key objectives from the ASD work stream include:</p> <ul style="list-style-type: none"> <li>Weekly compliance measures with SSKIN bundle elements</li> <li>Use of revised documentation to enable a more person centred approach to care, and recognition of device related risks</li> </ul> <p>Pathway for patients with hip fracture –</p> <ul style="list-style-type: none"> <li>supporting pressure ulcer risk assessment and prevention in A&amp;E</li> <li>Working with theatres to increase awareness of, and support with pressure ulcer prevention when patients are in theatre and in recovery</li> </ul>		
<p>A further collaborative commenced within HSCP in February 2019, involving five ward areas (two of which were involved in the previous collaborative). Wards at SACH, Adamson QMH and Hospice VHK are on their 90 day improvement journey. Questionnaires for patients and staff have been designed to identify the level of knowledge and awareness around prevention and management. Some areas have undertaken tests of change for handovers and safety briefs and applying PDSA approach to testing ideas. Another area is evaluating changes made via audit. Training sessions have been provided for nursing staff on how to undertake comfort rounds – incorporating falls and pressure ulcers areas are carrying out tests of change, one area is testing a comfort rounding tool (Care Clock). All areas continue to collect compliance data weekly to monitor performance and provide focus on specific aspects process measures.</p> <p>It is anticipated that the current collaborative will be completed by 30 April 2019, and that a meeting to bring all the improvement collaborative work together will be held at the beginning of May 2019.</p>	30 April 2019	Complete
<p>A systematic and coordinated approach to training and education to be developed and implemented across the both Acute Division and HSCP encompassing, LearnPro and CPR for Feet, lead by the HoN East Division and TV Steering Group.</p>	April 2019 August 2019	On-track Delayed
<p>Refocus on promoting CPR for feet, top to tie skin assessment and continence management within ASD as themes for learning from recent case review.</p>	March 2019	Completed
<p>A fife wide task and finish group has been commissioned to review clarify and standardise SBAR/LAER/reporting and remapping issues. The delay for this is due to requiring organisational process agreement.</p>	April 2019 July 2019	On-track Delayed
<p>A PU collaborative stock take &amp; learning and sharing event was held on 2<sup>nd</sup> May 2019 with representation</p>	May 2019	Complete

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 31 of 71	Review Date: N/A

from all 10 wards (and all their senior nurse sponsors) attend by the Executive Director of Nursing and Associate Director of Nursing for the HSCP. The event acknowledged the work taken place to date and the areas of improvements that had been achieved. It was also agreed to continue with the collaborative approach to quality improvement and for the PU collaborative to continue with the same 10 wards		
The 90 day improvement project extended from May to July 2019 across Fife as one collaborative.	August 2019	On track

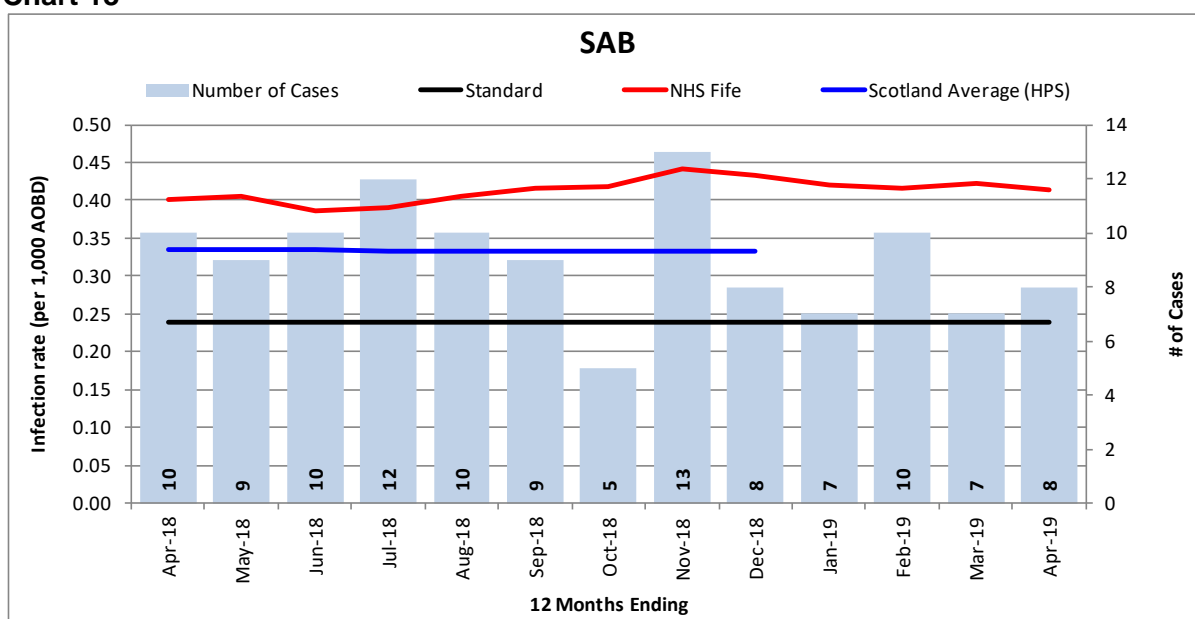
Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 32 of 71	Review Date: N/A

## Healthcare Associated Infection/SABS

### Healthcare Associated Infection/SABS (Commenced 2012)

Measure or Aim	Achieve a maximum rate of SAB (including MRSA) of 0.24/1000 AOB
Data Source	
Measure Status	No Change
Scotland Performance	0.33 cases per 1,000 acute occupied bed days, for 12 months to end of December
Current Performance	0.41 cases per 1,000 acute occupied bed during 12-month period ending April 2019
Target Performance	Target rate of 0.24/1000 AOB

Chart 18



Previous 3 periods	12 Months to Jan 2019	12 Months to Feb 2019	12 Months to Mar 2019
	0.42/1000 AOB	0.42/1000 AOB	0.42/1000 AOB
Contextual review of data (presented above) (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)	SABs – although the infection rate during 2018 remained above the Standard, progress has been made to reduce the trajectory in recent months. Unfortunately, we are still seeing VAD, urinary catheter associated and skin and soft tissue infections. During 2019, more work also needs to be done to focus on vulnerable patient groups within the community setting such as people living with Diabetes, PWIDs and those with multiple co-morbidities.		

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 33 of 71	Review Date: N/A

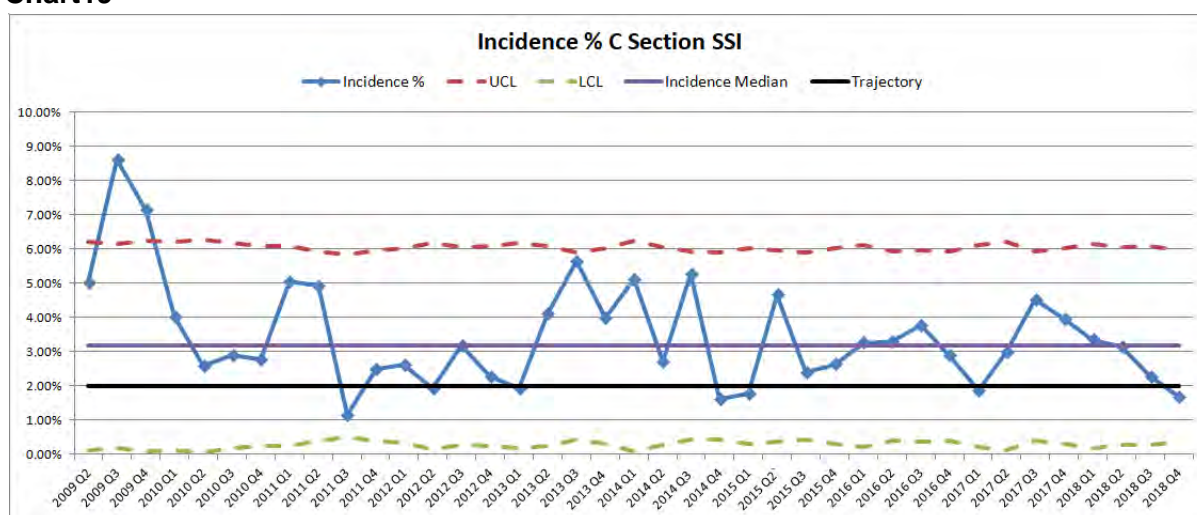
<b>Current issues</b>	Compliance with Insertion and Maintenance Bundles within agreed targets is proving difficult for staff to achieve. Understanding why this is will be the focus for the next report.  The long standing work with the Addictions Services and Addaction has supported a clear pathway for advice for service users presenting with skin and soft tissue infections. However, fresh conversations with the HSCP will hopefully help to explain the recent surge in cases.	
<b>Improvement Activities/Interventions</b>	<b>Due By</b>	<b>Status</b>
Work with Clinical and Care Governance colleagues to determine interventions and improvement work required to support safe clean care and a reduction in Skin and Soft Tissue infections (SSTI) in our Diabetic population.	June 2019 September 2019	On Track Delayed
Community SAB to be highlighted as standing agenda item at Clinical and Care Governance Groups Emergence of common themes which will target areas for improvement activity.	June 2019	Complete
Complete work mandated by the Vascular Access Strategy Group <ul style="list-style-type: none"><li>• Strategy deliverables achieved</li><li>• Improved systems and processes in place to manage VADs</li><li>• Governance arrangements are robust, are working and provide assurance and data for improvement</li><li>• Reduction in the number of VAD associated SAB</li></ul>	March 2020	On Track
<i>Design a new programme of work focusing on reducing the risk of SAB in diabetic patients</i> <ul style="list-style-type: none"><li>• Reduction in the number of cases of SAB in patients with Diabetes</li><li>• Improved clinical outcomes</li><li>• Co-production with improvement focused outcomes across health and social care</li></ul>	March 2020	On Track

## SSI Caesarean Section

### SSI Caesarean Section

<b>Measure or Aim</b>	To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 2% by March 2019.
<b>Data Source</b>	HPS
<b>Measure Status</b>	N/A
<b>Scotland Performance</b>	1.50% infection rate July- September 2018
<b>Current Performance</b>	1.68% infection rate October – December 2018
<b>Target Performance</b>	1.40% infection rate by year end December 2018.

Chart19



<b>Previous 3 periods</b>	Apr-Jun 2018 (Q2) 3.1%	July to Sept 2018 (Q3) 2.3%	Oct to Dec 2018 (Q4) 1.7%
<b>Contextual review of data (presented above)</b> (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)	NHS Fife achieved an incremental reduction in the incidence of C Section SSI over a 15-month period from October 2017 to December 2018. <b>However</b> , Q1 2019 data demonstrates a 4.8% increase in incidence from 1.7% to 6.5%. This will most likely trigger an Exception Report.		
<b>Current issues</b>	NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate.		

Improvement Activities/Interventions	Due By	Status
Review of compliance with the Management of Anaemia Guidance	June 2019	Complete
Review of compliance with improvements to prophylactic antibiotic policy	June 2019	Complete
Support a review of local epidemiological data to establish any links to inequalities, deprivation.	June 2019 September 2019	On track Delayed

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 35 of 71	Review Date: N/A

<p>Establish an Obesity Prevention and Management Strategy for pregnant women in Fife which will support lifestyle interventions during pregnancy and beyond.</p> <p>June 2019: Review of services currently available and impact on health being undertaken. HPS are working collaboratively with NHS Fife to understand the enablers, barriers and responsible services for health promotion in child bearing women.</p>	<p>June-2019 September 2019</p>	<p>On-track Delayed</p>
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Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 36 of 71	Review Date: N/A

## 7 Patient Experience

### Person Centred Steering Group

A Person Centred Steering Group will lead on a range of local and national initiatives as well as identify and drive improvement opportunities as a result of service user feedback. The group's membership will include nursing and AHP staff across NHS Fife. The group will report directly to the Director of Nursing. The first meeting on 5 June 2019 will focus on;

- The implementation of Person Centred Visiting
- End of Life Care
- Assessment and Support for Veterans.

Further information on the progress of the group will be reported in the next quality report.

### Your Care Experience

The 'Your Care Experience' questionnaire aims to seek feedback from service users in real time about their experience of health care. The questionnaire and IT platform used to collect the data has been reviewed. The questionnaire aims to gather qualitative and quantitative data and be relevant to all clinical services rather than solely in - patient services. The revised tool is undergoing testing in a number of in-patient and out-patient settings. The revised questions have been set in accordance with some local and national initiatives

1. Staff always introduced themselves when providing care
2. Staff always treated you with care and compassion
3. You always included in decisions about your care
4. You always felt safe when staff delivered care to you
5. One thing we did well
6. One thing we can do better

### Care Experience Improvement Model

Health Improvement Scotland is currently promoting the implementation of the Care Experience Improvement Model (CEIM). This model aims to offer a sustainable care team led approach to capturing and utilising feedback for improvement, which can be embedded into the everyday practice of front-line teams.

NHS Fife has tested the model in a number of areas within Acute and Mental Health Older Adult Services. Mental Health Services have been proactive in using the feedback to identify improvement opportunities and are currently testing changes to their admission procedure. They have also delivered training on their experience of testing the model and its outcome to other areas across Mental Health to influence and encourage spread.

There are plans to test within the Hospice and this will be pursued through the PCSG.

### What Matters To You Day

Preparations are underway for the 'What matters to you' day which will take place on 6 June 2019. The aim of the day is to encourage and support more conversations between people who provide health and social care and the individuals, families and carers who receive that care.

The Patients Relations Team will be visible within Phase 3 Victoria Hospital entrance and will be actively seeking feedback from patient's staff and visitors. The key theme will be

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 37 of 71	Review Date: N/A

around what people value most about our health service and any suggestions to make it better. A feedback tree will be available for all to post their opinions.

A number of other events will take place across NHS Fife which will be reported in the next quality report.

The information focuses on NHS Fife's priority areas; however, there is an ongoing commitment to hear from people using services utilising a range of existing mechanisms. NHS Fife's website clearly states the way in which feedback can be provided which includes; by email, telephone, text, web, social media, face to face as well as by pro actively seeking feedback via questionnaires/surveys and focus groups. The work we have undertaken within our local communities has identified the desire for the Board to remain flexible in its approach to encouraging and gathering feedback and for that reason we have continued to meet with people in community setting to provide information about providing feedback about NHS Services.

NHS Fife has committed to responding directly to all forms of feedback, which means feedback received is acknowledged and responded to, detailing any action taken or explaining why it is not possible to act on the feedback received.

Improvement Activities/Interventions	Due By	Status
Implement revised 'Your Care Experience tool'	June 2019 October 2019	On track Delayed due to evaluation of testing
Continue to test and spread the use of the Care Experience Improvement Tool	Dec 2019	On track
Increase the number of responders for Care Opinion	Dec 2019	On track
Implement Person Centred Visiting	Dec 2019	On track

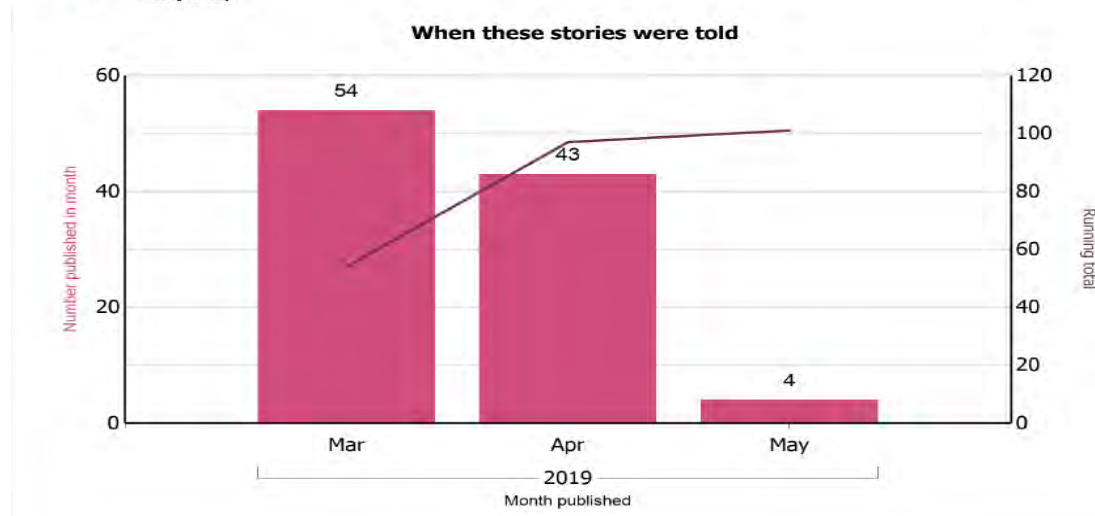
#### a. Care Opinion

Work continues to promote Care Opinion across NHS Fife and the Health and Social Care Partnership. The objective for 2019 is to achieve level 7 of Care Opinion's development measure, by widening staff involvement and encouraging staff to share care improvements as a result of stories.

Staff continue to be supported to increase knowledge and confidence on the use of Care Opinion.

The reports provided by Care Opinion are shared with clinical teams, with updates in regard to changes made and actions resulting from the comment / on line post.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 38 of 71	Review Date: N/A

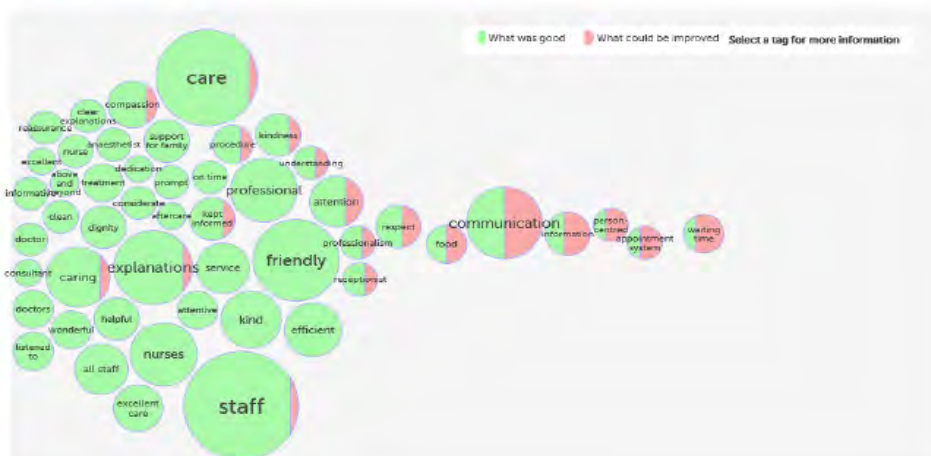


The graphic “Tag Bubbles” highlights/themes information extracted from individual stories posted on Care Opinion. The green colour indicates positive opinions where individuals have stated what was good about their experience. The pink colour identifies what could be improved. This is a screenshot of an interactive tool which allows the user to hover over the individual ‘bubbles’ (which are scaled according to their numbers) in order to display information relevant to each. Specific examples are:

Staff: 31 positive opinions / 1 negative opinion  
 Care: 24 positive opinions / 1 negative opinion  
 Friendly: 18 positive opinions  
 Communication: 7 positive opinions / 1 negative opinion

We have seen an increase in the number of stories relating to the following;  
 Food; Information; Appointment System; Person Centred and Waiting Times. See below;  
 Food: 2 positive opinions / 2 negative opinions  
 Information: 2 positive opinions / 3 negative opinions  
 Appointment System: 1 positive opinion / 2 negative opinions  
 Person Centred: 1 positive opinion / 2 negative opinions  
 Waiting Times: 1 positive opinion / 3 negative opinions

Chart 21  
**Tag bubbles**



Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 39 of 71	Review Date: N/A

**Examples of Care Opinion across the Board:**

**Story about – GP & Children’s Ward** - My son was unwell on Tuesday the care he received was excellent, seen at GP at 0950 children’s ward by 1030 and home by 1400 with advice. Everyone treated him with with respect, making a scary experience very easy. Dr Garvey at Rothies Medical Practice and the care at GP assessment in the children’s ward within NHS Fife were fantastic. Thank you for making our experience a good one xxx

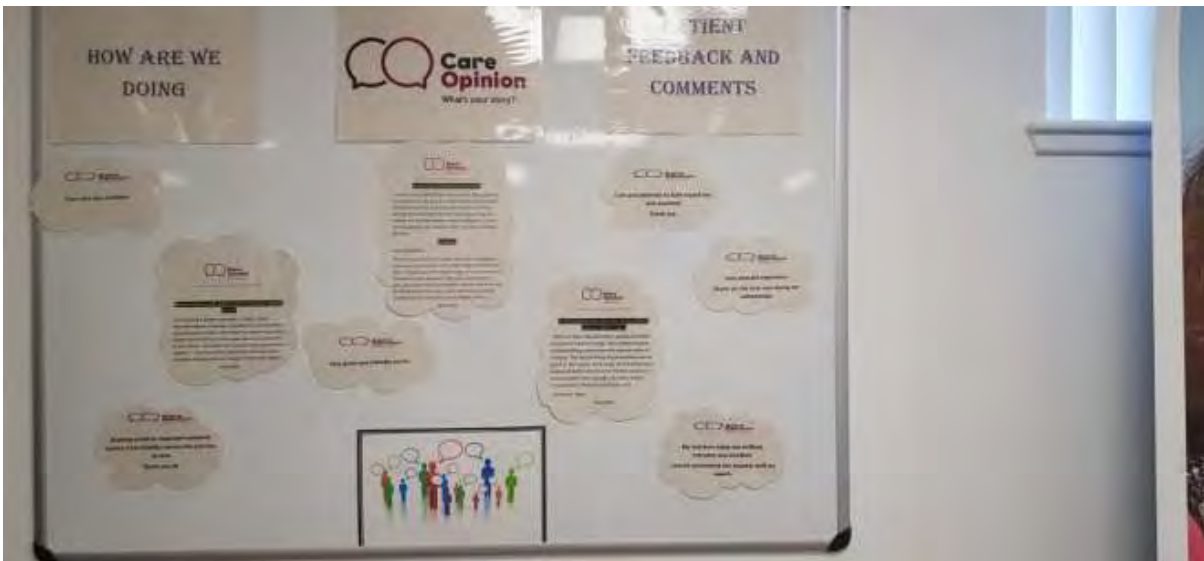
**Response** - Hello, and thank you so much for your positive feedback. It's great to hear that our different services worked so well together to make this potentially scary experience as positive as it could have been for you and your son, who I hope is now well on the way to recovery.

**Story about – Day Surgery, Queen Margaret Hospital** – Complications after day surgery meant staying in overnight. No complaints. Was well cared for. Of course, you take to some staff more than others and the overnight nurse was the best! I very much appreciated her approach and kindness.

**Response** - Thank you for taking the time to post feedback in Care Opinion, sorry to see that you had to stay overnight but glad to see that you were well cared for by the overnight staff. I will share your post with the team and wish you well in your recovery.

Within the Acute Services Division patient experience feedback is used to provide assurance of quality care, and identify areas where care could be improved. Review the quarter 4 care opinion summary the feedback remains positive in the most part, with the themes around areas for improvement changing. Reporting during quarter has improved with 50 episodes of feedback received in March 2019.

**Endoscopy QMH** currently display their care opinion feedback at the reception area where they hope patients would have an opportunity to see the feedback. The team hope that feedback will reduce patients’ anxieties about what to expect when attending for their procedures. Below is a picture of their Care opinion Board:



Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 40 of 71	Review Date: N/A

b. What matters to you



**SCN Teresa Robertson, Victoria Hospital Kirkcaldy**  
**Yvonne Telfer, NHS Fife SHPO Acute**

The Patient had been in hospital for approximately 5 months. He had very complex needs and was unable to leave his side room during his time on the ward. His wife visited every day for about 2 hours and this was his only contact with the outside world, apart from the nursing staff looking after him.

During a conversation with him one day whilst doing his dressing, we started chatting away about random things and got onto the subject of pets. His mood was very low at this time and I really thought that he would never leave hospital, that he was losing his fight. He told me he had two dogs and he didn't think they would remember him as he had been in hospital so long; his eyes filled with tears as he spoke about them.

Being a pet owner myself I felt really sad for him. When I left the room I contacted infection control to ask where I stood allowing animals into the ward. I explained he was in a side room and could not leave it due to his wound and the risk of infection. I also explained that I thought seeing his dogs again would help his emotional and mental wellbeing. Infection control advised that, as long as I carried out a risk assessment, the dogs could be allowed to come in.

I contacted his wife and asked if she would like to bring the dogs in as a surprise for her husband. To say she was delighted was an understatement! We arranged for them to be brought in the next day. It was hard keeping such a big secret from the patient but we managed. Unfortunately I was at a meeting when the dogs arrived, but I was told that – between the patient and the staff on the ward – there wasn't a dry eye to be found.

The patient's mood lifted and he began to find that fight again to aim for home. He was in for about another 6 weeks, and during this time his wife was able to bring the dogs in one day every weekend when there were fewer people around. I truly believe that this simple gesture helped change this man's outlook on life and it helped build relationships with his wife. He has had to return to hospital a couple of times since, for a few days at a time, and always requests to come back to this ward as he feels secure and well cared for here. That is a real compliment to our staff.

NHS Fife has updated its guidance on the management of pets and animals in hospital.

*With gratitude to Roddy and Anthea Gairdner for allowing us to share their story.*



 @WMTYScot  whatmatters2you [www.whatmatterstoyou.scot](http://www.whatmatterstoyou.scot)

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 41 of 71	Review Date: N/A

## b. Participation Standard

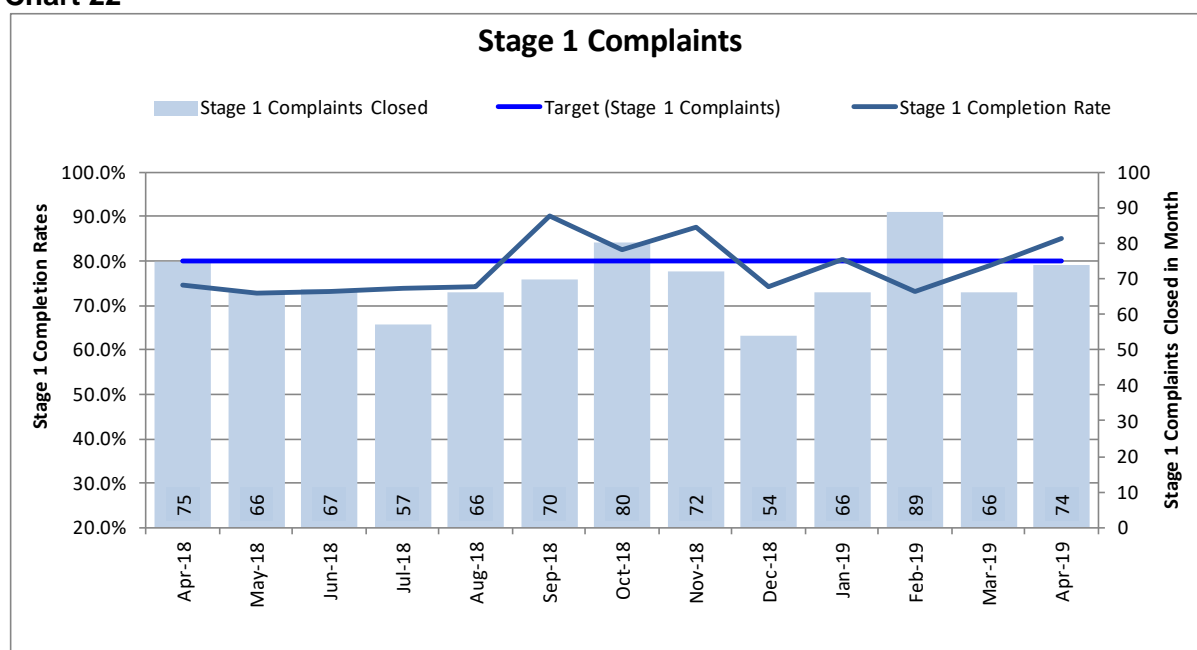
The Participation Standard	
<b>Measure or Aim</b>	To achieve level 4 for Patient Focus activity and maintain level 3 for governance arrangements
<b>Data Source</b>	Participation Standard 2014-2015 – Initial Analysis on NHS Fife
<b>Measure Status</b>	Sustained Improvement & On Target
<b>Scotland Performance</b>	NHS Fife only Board to have achieved level 4 for Patient Focus
<b>Current Performance</b>	Level 4
<b>Target Performance</b>	Level 4

Improvement Activities/Interventions	Due By	Status
Further consultation to take place with regard to Phase 2 Pilot of Interpreter on Wheels. This project aims to improve access to communication supports for people for whom English is not their first language (BSL, Community Language)	May 2019	Complete
Consultation on Scottish Ambulance Emergency Call Handling	<del>April 2019</del> Further date not provided	<del>On track</del> Delayed by SAS
Consultation on Dental Access Strategy	May 2019	Complete
Review and align NHS Fife and HSCP Public Participation and Engagement Strategy 2016 -2019.	October 2019	On track

## c. Complaints

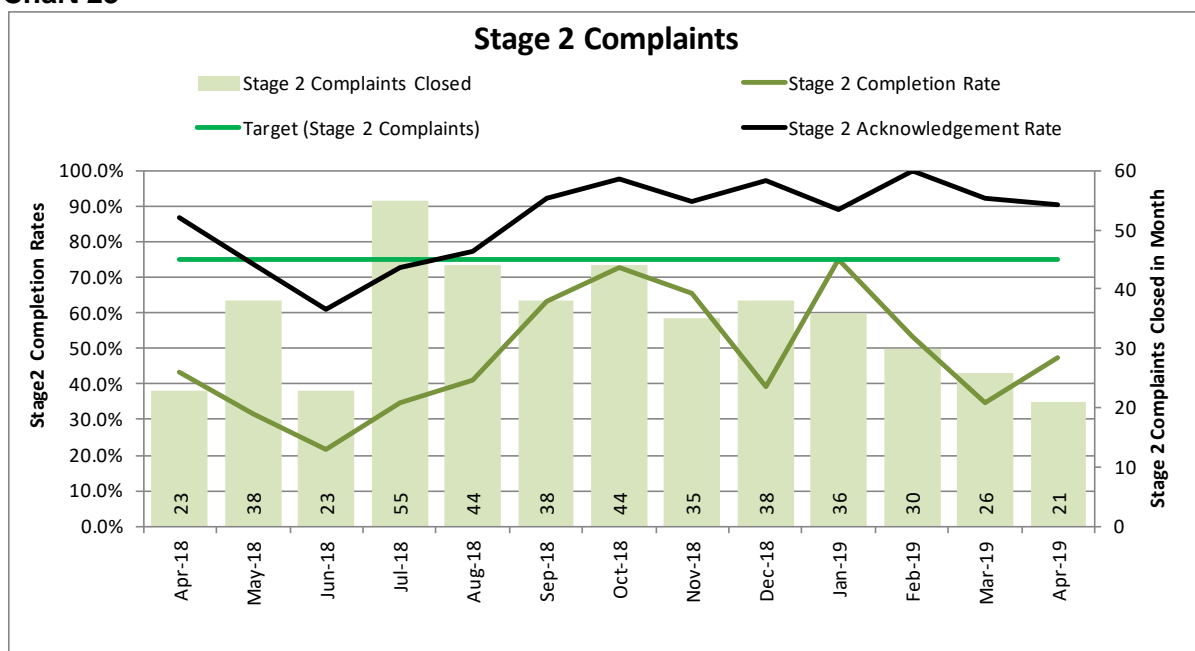
Complaints	
<b>Measure or Aim</b>	Stage 1 - to equip staff to deal with complaints promptly at the point of contact Stage 2 – to provide a comprehensive response in a timely manner To improve the way we share learning from complaints
<b>Data Source</b>	DATIX
<b>Measure Status</b>	
<b>Scotland Performance</b>	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)
<b>Current Performance</b>	85.1% (63 out of 74) Stage 1 complaints closed in April were completed within 5 working days (or 10 working days if extension applicable) 47.6% (10 out of 21) Stage 2 complaints closed in April were completed within 20 working days
<b>Target Performance</b>	Local Target: 80% of stage 1 complaints responded to within 5 working days 75% of stage 2 complaints responded to within 20 working days

Chart 22



Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 43 of 71	Review Date: N/A

Chart 23



Previous 3 periods	January 2019	February 2019	March 2019
	Stage 1: 80.3% Stage 2: 75.0%	Stage 1: 73.0% Stage 2: 53.3%	Stage 1: 78.8% Stage 2: 34.6%
<b>Contextual review of data (presented above)</b> (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)	Data in respect of stage 1 complaints demonstrates the number of complaints closed (and the times to closure) fell below the local target. This continues to be monitored. During the first quarter of 2019, 52 out of 93 Stage 2 Complaints (56%) were either Fully or Partially Upheld, while 23 (25%) were Not Upheld; for Stage 1 Complaints, 107 out of 219 (49%) were Fully or Partially Upheld while 86 (39%) were Not Upheld.		
<b>Current issues</b>	Stage 2 –. Delays in receiving medical statements continues to affected performance. There has been delay with approval within the Partnership mainly due to additional information being requested to ensure complaint points are addressed fully. Significant sickness absence within PRD has also resulted in a delay with drafting response letters.		
Improvement Activities/Interventions		Due By	Status
Patient Relations senior team to undertake peer review to improve quality of first drafts		September 2019	On track
Deliver education to service to improve the quality of investigation statements		September 2019 December 2019	On track Delayed
Agree with ASD a process for managing the delay with medical statements		June 2019	On track
Agree with ASD a consistent style for responses		June 2019	On track

## 8 Improvement Activity

### a. Deteriorating Patient

#### Deteriorating Patient Work Stream – Know the Score: Hospital Anticipatory Care Plan (HACP)

##### HACP - HOSPITAL ANTICIPATORY CARE PLAN



Patients who are risk of deteriorating health and dying may benefit from a Hospital Anticipatory Care Plan. The Hospital Anticipatory Care Plan is a communication tool that records discussions about care preferences with the patient and their families, and communicates an agreed treatment plan to the wider clinical team. Feedback on its use from clinical staff is that the HACP provides help and confidence with clinical review and decision making.

The HACP is often put in place alongside a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), however can be used as a standalone care plan to describe an individual anticipatory care plan, providing clinical teams with clear direction and support in relation to;

- Confirming CPR status
- Detailing treatment escalation (whether a patient would benefit from intensive care or high dependency care, or if in a community hospital would admission to acute care be appropriate,
- Confirming what investigations and interventions are appropriate, preventing inappropriate invasive intervention or investigation, reflecting the principle of realistic medicine
- Detailing a summary of the persons treatment plan,
- Providing narrative detailing the conversations with patients and their family about their understanding of their condition, and any care preferences they have shared.

**NHS**  
Hospital Anticipatory Care Plan (HACP)  
(CHECK HACP VALID DATES ON REVERSE OF PAGE)

Has a DNACPR order been completed? YES ☐ NO ☐

See Supportive & Palliative Care Indicators Tool (SPICT) to assist with the identification of people at risk of deteriorating health and dying.

Patients who may benefit from an HACP when admitted to hospital include those with:

- Very severe frailty, completely dependent for ADLs
- Progressive organ failure with or without multiple co-morbidities
- Advanced cancer (not receiving potentially curative treatment)
- Progressive neurological illness e.g. Dementia, MCI, MND in the final stages
- Refractory somatic observations e.g. DCL, IL, BP, <80 systolic, SPO2 <95% in which a diagnosis of dying has been confirmed and documented.

MAIN DIAGNOSIS:

Indicate appropriate escalation of treatment if required: select one of the four boxes below:

ITU referral and possibility of mechanical ventilation (if DNACPR is present or if ITU failure anticipated)	
HDU care (including CCU) and possibility of NIV, phosphate etc.	
Ward based care including analgesics and fluids	
*For community based services only - for transfer to WMC: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Comfort care limited to relieving symptoms only	

INVESTIGATIONS & INTERVENTIONS: Consider and indicate the most appropriate options below. Changes can be made at any time later if necessary - please date and sign changes.

	YES	NO	Comments/Instructions / Plan of Care
Invasive Procedures (please detail)			
Intravenous Access			
Intravenous Fluids			
Intravenous Medication			
Analgesics			
Fluid Therapy			
Respiratory Support			
Other relevant investigations / interventions / treatments can be detailed in text below			

Form: Hospital Anticipatory Care Plan  
Version: 2.0  
Review Date: 10/01/2019

Approved by: [Signature]  
Review Date: 10/01/2019

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
Clinical Governance	Page 45 of 71	Review Date: N/A

To provide assurance in relation to the use and completion on the HACP there is a Fife wide monthly audit of HACP forms in place. The audit looks at use of HACP alongside DNACPR as well as compliance with the full and accurate completion of the documentation. Audit outcomes provide feedback on areas of good practice as well as recommendations identified for learning. Following the review of trends in the use of the HACP in the monthly audit, a focussed piece of work is underway in collaboration with the acute respiratory service to consider opportunities to increase the use of HACP alongside DNACPR in this speciality area, to identify any learning and inform practice across the wider organisation.

## **b. Safe and Secure Use of Medicines Policy and Procedures**

Medicines continue to be the most common therapeutic intervention in healthcare and the Safe and Secure Use of Medicines Policy and Procedures (SSUMPP) is the main document that details the systems and processes in place to ensure the safe and secure prescribing, administration, supply, storage and destruction of medicines, including Controlled Drugs.

Following a number of serious medication incidents in late 2016/early 2017 a wholesale review of the policy and procedures was undertaken and an audit programme developed to provide assurance that the requirements of the policy and procedures were being implemented and met.

The SSUOM (Safe and Secure Use of Medicines) Group agreed to review the audit programme to create a sustainable Medicines Audit and Assurance Programme going forward.

The 'Medicines Administration Observational Audit: Controlled Drugs' - took place between September 2018 and January 2019 in conjunction with 'Non-Controlled Drugs Administration Observational Audit'.

## **c. Medicines Administration Observational Audit: Controlled Drugs and Non-Controlled Drugs Administration Observational Audit**

Using the agreed audit cycle methodology all inpatient clinical areas across the Acute Service Division and Health and Social Care Partnership were fully compliant for Controlled and Non-controlled medicines administration at the end of the audit cycle 1 to 3.

Reflecting on both medicines administration audits (non-controlled drugs and controlled drugs) overall outcomes there were common themes for learning.

Ensure

- that the patient's identity is checked against prescription chart using a reliable source, which is wristband or photograph
- registrants re-check a patient's allergy status at the bedside as part of medication administration checks
- all patient medication is stored securely and not left unattended

Further recommendations:

- Audit tools to be added to the SSUMPP intranet pages, to allow Senior Charge Nurses/ Clinical Nurse Managers/ Head of Nurses to undertake self assessment reviews in between main audit cycles
- Include medicines as part of Excellence in Care Indicators – available on dashboards at ward level
- Share audit results with the relevant governance committee/ group, directorate/ division and clinical team

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 46 of 71	Review Date: N/A

#### d. NHS Fife Clinical Policy and Procedure Authorisation and Co-ordination Group

Table 1 below details the total number and breakdown of Clinical Policies and Procedures that are reviewed and approved within the governance arrangements delivered by the NHS Fife Clinical Policy and Procedure Authorisation and Co-ordination Group.

	Policies	Procedures	Standard Operating Procedures	Total
NHS Fife Wide	20	39	1	
Acute Services Division		11		
Fife Health & Social Care Partnership	1	1		
Total	21	50	1	73

#### New Fife Wide Procedure

FWP-BBMHB-01 Fife Wide Procedure for Babies Born to Mothers with Hepatitis B Infection and/or Babies born into a Household where a member (other than the mother) is known to be infected with Hepatitis B

#### Outstanding Policies and Procedures

Following the last meeting of NHS Fife Clinical Policy & Procedure Authorisation and Coordination Group on Monday 29 April 2019 there are 2 policies and 1 procedure past their review date.

**95.8%** of all clinical policies and procedures are current and in date.

The progress of policies and procedures which are past the review date are as follows:

#### Fife Wide Policy

##### C2 - NHS Fife Policy on obtaining Informed Consent for Treatment (30/06/2018)

The review of the Consent Policy is complete and is out for final consultation review. The policy is due to be submitted electronically to the group prior to the next meeting scheduled for 1 July 2019

##### DC-U-01 NHS Fife Dress Code and Uniform Policy (31/03/2019)

The review of the Dress Code and Uniform Policy is complete. The policy is due to be submitted to the next meeting on 1 July 2019.

#### Acute Services Division

##### ASD-BP-01 Boarding Procedure for Patients within the Acute Services Division (31/03/2019)

The review is now completed. The procedure will be discussed at the next Acute Services Division Clinical Governance Committee on 24 July 2019. It will then be submitted electronically to the group prior to the next meeting scheduled for 26 August 2019

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 47 of 71	Review Date: N/A

## 9 Glossary

ADTC	Area Drugs and Therapeutics Committee		
A&E	Accident & Emergency		
AOBD	Acute Occupied Bed Days		
ASD	NHS Fife Acute Services Division		
AWI	Adults with Incapacity		
CDI	Clostridium Difficile Infection		
CEIM	Care Experience Improvement		
CEIT	Care Experience Improvement Tool		
CF	Cystic Fibrosis		
CN	Charge Nurse		
COPM	Canadian Occupational Performance Measure		
CVC	Central Vascular Catheter		
DoC	Duty of Candour		
ECB	Escherichia Coli Bacteraemia		
ePVC	Electronic Peripheral Vascular Catheter		
FEWS	Fife Early Warning Score		
FFRS	Fife Falls Response Service		
HACP	Hospital Anticipatory Care Plan		
HAI	Hospital Acquired Infection		
HAIRT	Healthcare Associated Infection Reporting Template		
HDU	High Dependency Unit		
HIS	Healthcare Improvement Scotland		
HSMR	Hospital Standardised Mortality Rate		
HPS	Health Protection Scotland		
H&SCP	NHS Fife Health & Social Care Partnership		
ICASS	Integrated Community Assessment and Support Services		
ICC	Infection Control Committee		
ICU	Intensive Care Unit		
IJB	Integration Joint Board		
IPCT	Infection Prevention Control Team		
ISD	Information Services Division		
KPI	Key Performance Indicators		
KTS	Know The Score		
LAER	Local Adverse Event Reviews		
LPD	Local Delivery Plan		
MECS	Mobile Emergency Care Service		
MRSA	Meticillin resistant Staphylococcus aureus		
N/A	Not Applicable		
NOK	Next of Kin		
NPA	Naso-Pharyngeal Aspiration		
OBD	Occupied Bed Days		
PCES	Primary Care Emergency Service		
PCSG	Person Centred Steering Group		
PDSA	Plan Do Study Act		
PEN	Participation Engagement Network		
PFPI	Patient Focus Public Involvement		
PICC	Peripherally Inserted Central Catheter		
PVC	Peripheral Vascular Catheter		
PWID	People Who Inject Drugs		
QI	Quality Improvement		
SAB	Staphylococcus Aureus Bacteraemia		
Quality Report – 03 July 2019		Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance		Page 48 of 71	Review Date: N/A

SACT	Systemic Anti-Cancer Therapy
SAER	Significant Adverse Events Review
SAS	Scottish Ambulance Service
SCN	Senior Charge Nurse
SHC	Scottish Health Council
SICP	Standard Infection Control Precautions
SMR	Standardised Mortality Rate
SPSP	Scottish Patient Safety Programme
SSI	Surgical Site Infection
SSKIN	Surface, Skin, Keep Incontinence, Nutrition
SSR	Scottish Structured Response
SSTI	Skin and Soft Tissue Infections
SSUOM	Safe and Secure Use of Medicines Group
SUMPP	Safe Use of Medicines Policy and Procedures
TVWG	Tissue Viability Working Group
VAD	Vascular Access Device
VASG	Vascular Access Support Group
WHO	World Health Organisation
WMTY	What Matters to You

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 49 of 71	Review Date: N/A

## Appendix 1 – HSMR Future Reporting Plans

## Hospital Standardised Mortality Ratio (HSMR)

## Future Reporting Plans 2019

## Introduction

Information Services Division (ISD) has produced quarterly Hospital Standardised Mortality Ratios (HSMR) for all Scottish hospitals participating in the Scottish Patient Safety Programme (SPSP) since December 2009.

The current HSMR methodology was agreed in 2015/16. The purpose of the HSMR at that time was to measure change in mortality over time, and to enable acute hospitals to monitor their progress towards the Scottish Patient Safety Programme (SPSP) aim of reducing hospital mortality by a further 10% by December 2018. HSMR information for the period up to December 2018 will be published in May 2019.

The end of this phase of the SPSP provides the opportunity to review the model methodology and subsequently update/refine it. This ensures that the methodology continues to be robust and that comparisons which are made against the national average continue to be appropriate and relevant for each point in time.

## Future Reporting

Having carried out a review of the methodology, ISD intends to make the following changes to HSMR methodology and reporting from August 2019 onwards:

## Change 1:

*In line with previously agreed methodology, re-base the model as planned to a new initial three year reference period of April 2016 to March 2019 (The current reference period is January 2011 to December 2013). Further to this, advance the reference period by three months for each future reporting period.*

## Impact:

- This will ensure that the Scottish HSMR is always representative of current outcomes and reflective of changing case-mix and provision of services.
- The focus of HSMR will be to allow hospitals to compare their outcomes to the Scottish average at a fixed point in time, in line with the English Summary Hospital-level Mortality Indicator (SHMI), rather than monitor trends in HSMR over time (Figure 1).
- The Scottish HSMR will have a baseline of 1.0, making interpretation more intuitive and comparison with individual hospitals more transparent. For example if a hospital's HSMR is 0.85, it has 15% fewer deaths than predicted. Similarly an HSMR of 1.20 would indicate 20% more deaths than predicted.
- National trends in mortality will continue to be monitored using crude mortality.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 50 of 71	Review Date: N/A

Change 2:

Use less aggregated specialty groupings within the modelling. At present, two overarching groups are used to categorise the patient activity.

Impact:

- Moving to a more specific grouping improves the performance of the model.
- Provides more detailed groupings for further in-depth analysis.

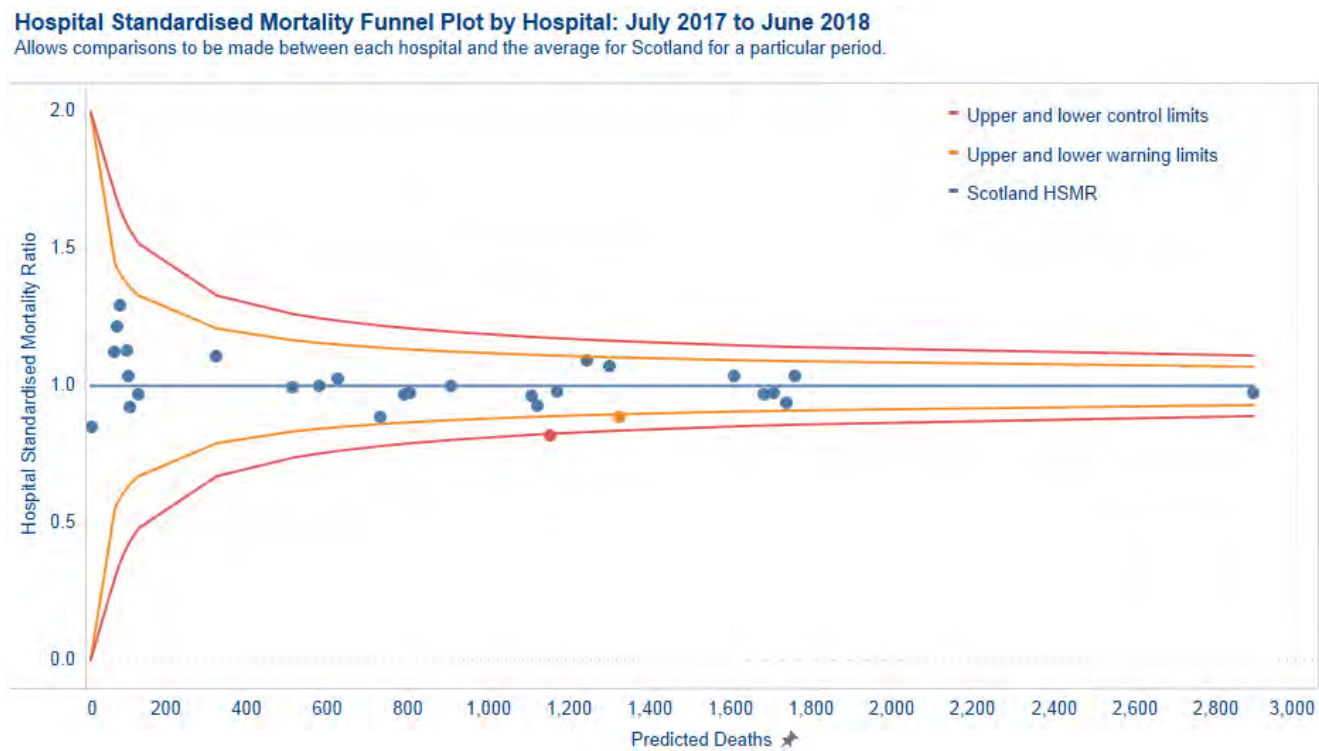
Change 3:

Use a twelve month reporting period - rather than three months as at present - when drawing comparisons against the Scottish average.

Impact:

- This will smooth out seasonal variations and provide a larger cohort of patients for smaller hospitals thus reducing variation in the reporting of the HSMR (Figure 1).
- HSMR will be reported alongside longer term quarterly-based crude mortality trends and other contextual indicators.

Figure 1: Chart allowing hospitals to compare their outcomes to the Scottish average at a fixed point in time, with each dot representing an individual hospital.



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Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 51 of 71	Review Date: N/A

### Section 1– Board Wide Issues

#### Final Report for ICC on 05 June 2019 (Validated Data up to 30 April 2019)

#### 1. Key Healthcare Associated Infection Headlines up to 05 June 2019

##### 1.1 Achievements:

- The IPCT have welcomed a new Infection Prevention and Control Surveillance Nurse to our team.
- Safe and Clean Care SICPs auditor training has begun, sessions held throughout NHS Fife.
- World Hand Hygiene day 5 May was supported by the very successful weeklong programme of events held by the IPCT across NHS Fife, for full details please see report in the main agenda.
- Members of the IPCT were fortunate to attend “Lesson from Ebola Outbreak” an evening ran by the RCN with inspirational lectures from healthcare workers who were involved and worked in Sierra Leone in 2014 during the largest outbreak of Ebola.
- May 2019: HPS have issued a new modified SSI form to make surgical completion easier.

##### 1.2 Challenges:

- Caesarean Section SSI incidence continues to remain above the national average.
- Quarterly Medical Midwifery meetings ensure feedback from the IC Surveillance team. The next meeting, to discuss Q1 2019 cases, is arranged for 18 June 2019.
- SABs
  - Raised incidence of PWIDs related SABs: meeting with IPCT and Addiction Services set for 06.06.2019.
- ECBs
  - Ongoing challenge with raised ECB incidence; above national rate for HCAI & CAI Q4 2018
  - Working closely with Urinary Catheter Improvement group to optimise care & reduce infection rate.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 52 of 71	Review Date: N/A

## 2. *Staphylococcus aureus* (including MRSA)

### Annual report: *S. aureus* Bacteraemias (SAB) summary NHS Fife from 1<sup>st</sup> January 2018 to 31<sup>st</sup> December 2018

#### Comment from Dr Keith Morris, Microbiologist & Infection Control Doctor

In 2018, compared to 2017 there has been a **7.3% INCREASE** in the number of SABs. This is the second consecutive year where the number of SABs has increased and the TOTAL is **ABOVE** 100 for the first time in 3 years.

The rise is due to an **increase** in the number of **hospital acquired SAB**  
*In addition, an **increase** in **healthcare associated** bloodstream infections.*

In 2018, there were just five MRSA bacteraemia, one more than in 2017.

This is the second year where the proportion of invasive MRSA has been less than 5%.

**NHS Fife has **ACHIEVED** the local improvement target** set by the ICC for MRSA bacteraemia to be less than 5% of total *S. aureus* Bacteraemias.

The proportion of **hospital acquired SAB** in 2018 **INCREASED** to **40.7%** from 37.5% in 2017.

The increase is concerning because the hospital environment is the main area where interventions can and are being targeted.

The proportion of **VADs** resulting in a hospital acquired SAB in 2018 has **FALLEN** to 34.7% from 38.9% in 2017 (No of HO VAD SABs in 2018 was 16).

**NHS Fife has **ACHIEVED** the local improvement target** set by the ICC of ≤35% of hospital acquired SAB due to VAD.

However NHS Fife only achieved this target because the denominator increased (total number of HAI) rather than an absolute reduction in VAD

Eight SAB were associated with PVC This is **UP** by two, compared to 2017.

**NHS Fife has **failed** to achieve the local improvement target** set by the ICC.

Skin and soft tissue infections (SSTI) are the primary cause of non-hospital acquired SAB.

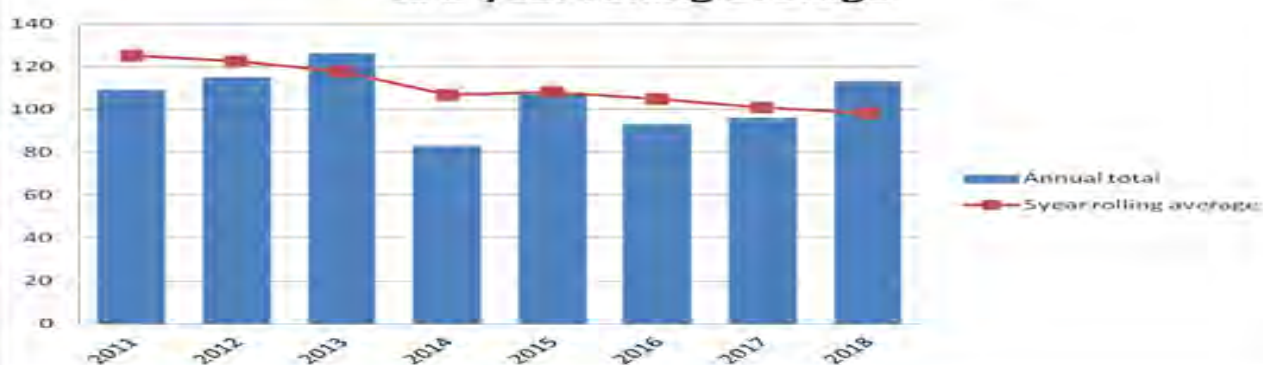
In past, Infected **IV drug abuse** sites were most common entry point for non-hospital acquired SAB.

The proportion of non-hospital SAB due to Illicit IV drug abuse **ROSE** to **7.46%** from 3.3% in 2017.

More concerning is the **RISE** in **urethral catheter related SAB**.

These are the main devices recorded under "Medical device"

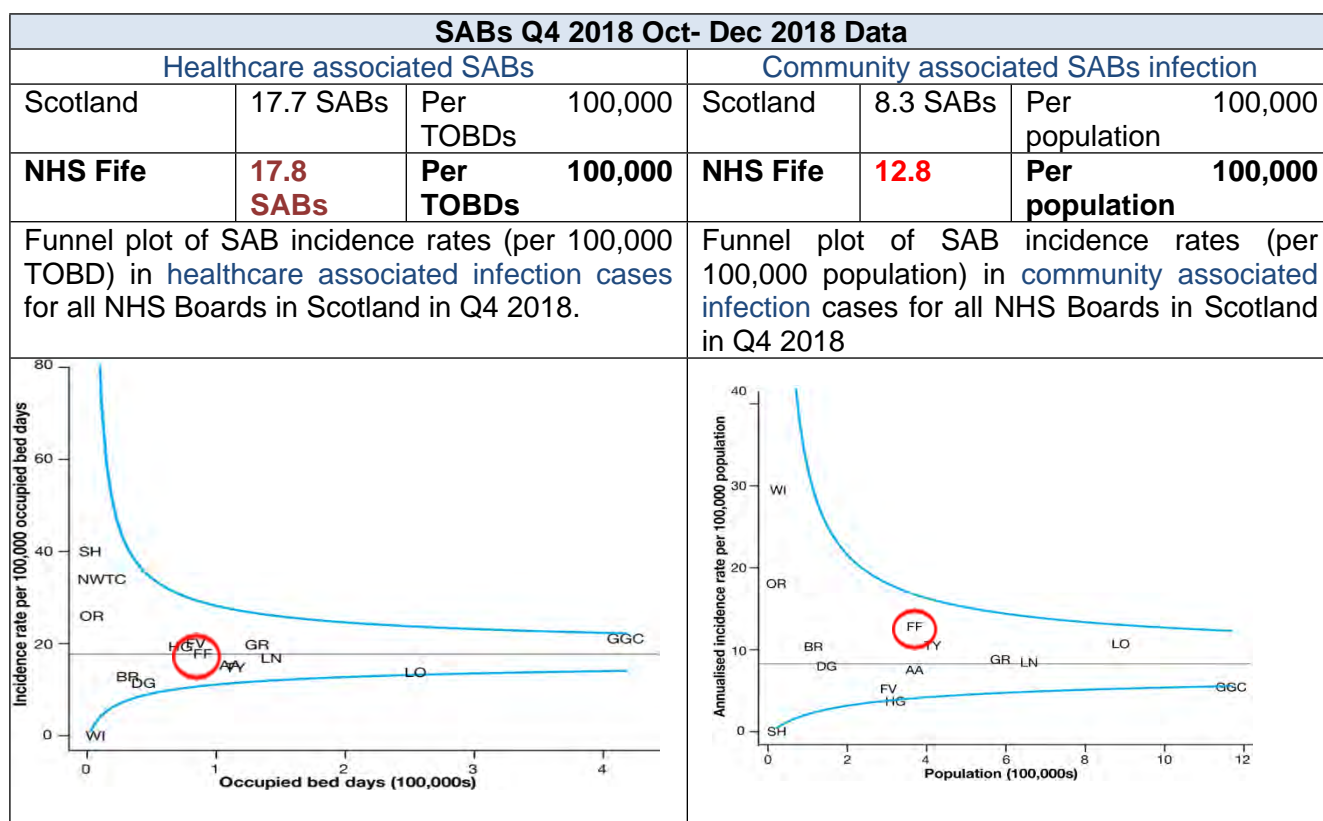
**Annual total of *S. aureus* bacteraemia compared to 5 year rolling average**



**Number of *S. aureus* bacteraemia by origin**



For the full SAB summary & graphs see attachments in Agenda 4.1b			
<b>2.1 Trends - Quarterly</b>			
<b><i>Staphylococcus aureus</i> Bacteraemias (SABs)</b>			
<b>Q4 2018 Oct- Dec 2018 Validated data</b>			
With HPS Quarterly epidemiological data Commentary			
<b>Q4 2018 NHS Fife had:</b>	<b>26 cases</b>	<b>0.394</b>	<b>Cases Per 1000 AOBs</b>
This is <b>DOWN</b> from:	31 cases in Q3 2018	0.48	Cases per 1000 AOBs
NHS Fife is <b>ABOVE</b> the national rate for the quarter of:		<b>0.324</b>	cases per 1000 AOBs)
This remains <b>RED</b> against the Local Delivery Plan (LDP) Standard for SABs		0.24	Cases per 1000 AOBs



<b><i>Staphylococcus aureus</i> Bacteraemias (SABs)</b>	
<b>Q1 2019 Jan- March 2019 Validated data</b>	
Awaiting HPS Quarterly epidemiological data Commentary	
<b>Q1 2019 NHS Fife had:</b>	<b>24 SABs</b>
This is <b>DOWN</b> from Q4 2018:	26 SABs

#### **Local Device related SAB surveillance**

- Localised enhanced surveillance focuses on high-risk clinical areas and vascular line SABs.
- Weekly reports are issued to Senior Charge Nurses if their ward has failed to achieve **90%** of all PVC being removed prior to the 72hr breach.
- This is in response to SAERs, which demonstrated PVC remaining in >72hr resulted in a SAB.
- CVC related SABs will be Datixed.
- PVC related SABs will continue to be Datixed by Dr Morris and undergo a SAER.

As of **14/05/2019** the number of days since the last confirmed SAB is as follows:

Acute services PVC (Peripheral venous cannula) SABs	<b>4 days</b>
Renal Services Dialysis Line SABs	<b>157 Days</b>

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 54 of 71	Review Date: N/A

Please see other SAB graphs & report attachments within 4.1b of Agenda

## 2.2 National MRSA & CPE screening programme

MRSA								
An uptake of 90% with application of the MRSA Clinical Risk Assessment (CRA) screening is necessary in order to ensure that the national policy for MRSA screening is effective								
NHS Fife achieved <b>88%</b> compliance with the <b>MRSA</b> CRA in Q1 2019								
This was <b>DOWN</b> on Q4 2018 (95%) & <b>BELOW</b> the compliance target of 90%.								
However, this was <b>ABOVE</b> the National rate of 83%								
<b>MRSA</b> Critical risk assessment (CRA) screening KPI compliance summary:								
Quarter	Q2 2017 Apr-June	Q3 2017 Jul- Sep	Q4 2017 Oct-Dec	Q1 2018 Jan-Mar	Q2 2018 April- June	Q3 2018 Jul-Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar
Fife	93%	95%	88%	85%	83%	95%	95%	88%
Scotland	85%	90%	88%	83%	84%	84%	83%	83%

CPE (Carbapenemase Producing Enterobacteriaceae)					
From April 2018, CRA has also included screening for CPE.					
NHS Fife achieved <b>73%</b> compliance with the <b>CPE</b> CRA for Q1 2019 (Jan-Mar)					
This is <b>UP</b> from 64% in Q4 2018					
However, this is <b>BELOW</b> the National Scottish Average of <b>81%</b> Q4 2018					
Quarter	Q2 2018 April- June	Q3 2018 July- Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar	
Fife	85%	85%	64%	<b>73%</b>	
Scotland	71%	79%	78%	81%	
<b>CPE</b> CRA screening KPI compliance Summary- Commenced from April 2018					

### EiC Update

- Excellence in Care data collection for which MDRO admission screening was selected as the HAI measure and roll out began in April 2019.
- The data collection through the MDRO KPI tool will continue to run in parallel in the meantime.
- HPS & Stakeholder engagement will be undertaken this year to support decision making about the future how screening uptake is monitored locally and nationally.

## 2.3 Current Initiatives

*Fife-wide Collaborative Improvement Initiatives:*

*NHS Fife will continue to:*

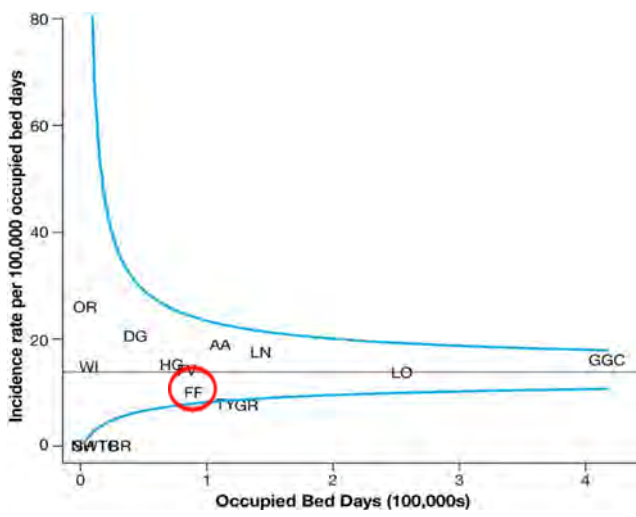
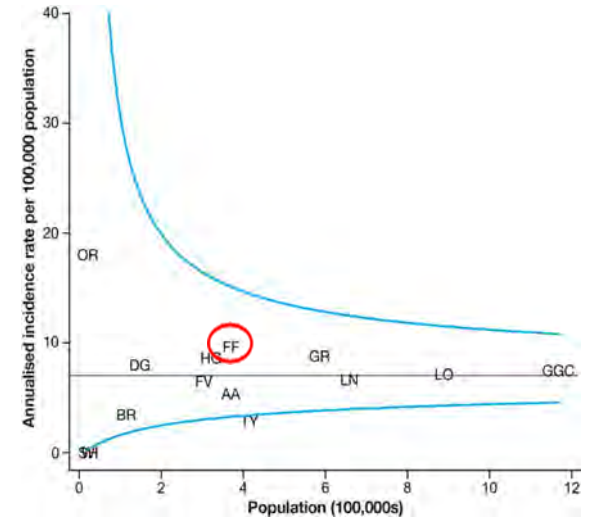
- Collect and analyse SAB data on a monthly basis to better understand the magnitude of the risks to patients in Fife.
- Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.
- Examine the impact of interventions targeted at reducing SABs.
- Use results locally for prioritising resources.
- Use the data to inform clinical practice improvements thereby improving the quality of patient care.
- Liaise with Drug addiction services re IVUD SABs

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 55 of 71	Review Date: N/A

### 3. Clostridioides (formerly Clostridium) difficile Infection (CDI)

#### 3.1 Trends

<b>Clostridioides difficile Infection (CDI)</b>				
<b>Q4 2018 Oct- Dec 2018 Validated data</b>				
With HPS Quarterly epidemiological data Commentary				
In total for 2018, NHS Fife had its <b>best year on record</b> (since 2006) with <b>47 cases</b> in total. This was <b>BELOW</b> 2017's total (62 cases)				
<b>Q4 2018 NHS Fife had:</b>	<b>17 cases</b>	<b>0.276</b>	<b>Cases Per 1000 NAOBDs</b>	
This is <b>UP</b> from:	11 cases in Q3 2018			
NHS Fife is <b>SLIGHTLY ABOVE</b> the <b>national</b> rate for Q4		<b>0.258</b>	Cases per 1000 NAOBDs)	
This quarter is <b>GREEN</b> against the LDP Standard trajectory		0.32	Cases per 1000 NAOBDs	
NHS Fife is well <b>WITHIN</b> the 95% confidence interval when compared to NHS Scotland Q4 2018				

<b>CDI Q4 2018 Oct- Dec 2018 Data</b>					
<b>Healthcare associated CDIs</b>			<b>Community associated CDIs infection</b>		
Scotland	13.8	Per 100,000 TOBDs	Scotland	7.0	Per 100,000 population
<b>NHS Fife</b>	<b>10.0</b>	<b>Per 100,000 TOBDs</b>	<b>NHS Fife</b>	<b>9.6</b>	<b>Per 100,000 population</b>
Funnel plot of CDI incidence rates (per 100,000 TOBD) in <b>healthcare associated infection cases</b> for all NHS Boards in Scotland in Q4 2018.			Funnel plot of CDI incidence rates (per 100,000 population) in <b>community associated infection cases</b> for all NHS Boards in Scotland in Q4 2018		
					

<b>Q1 2019 Jan- March 2019 Validated data CDI</b>	
Awaiting HPS Quarterly epidemiological data Commentary	
<b>Q1 2019 NHS Fife had:</b>	<b>11 CDIs</b>
This is <b>DOWN</b> from Q4 2018:	17 CDIs

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 56 of 71	Review Date: N/A

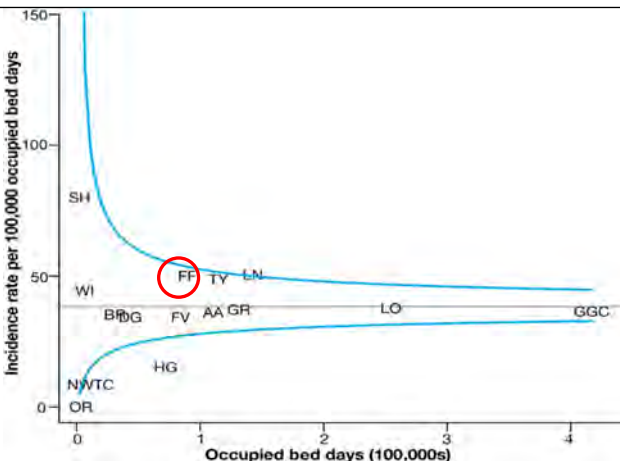
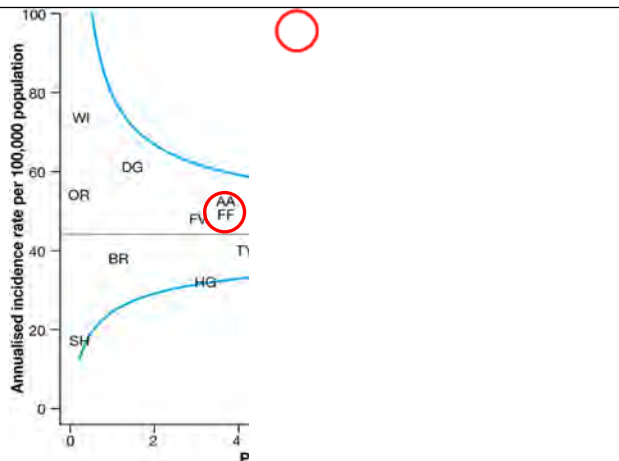
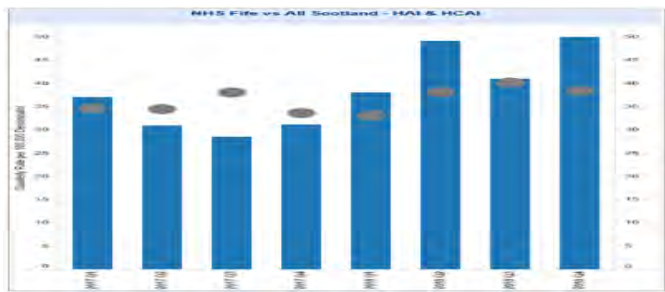
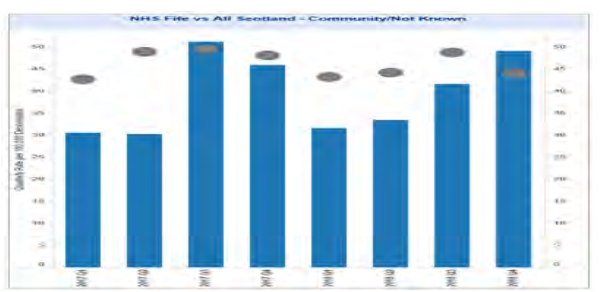
### 3.2 Current CDI initiatives

- Follow up of all hospital and community cases continues to establish risk factors for CDI
- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
- Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
- Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.

Please see other CDI graphs & reports within Section 4.1c of Agenda

## 4.0 *Escherichia coli* Bacteraemias (ECB)

### 4.1 Trends:

Escherichia coli Bacteraemias (ECB)				
Q4 2018 Oct- Dec 2018 Validated data				
With HPS Quarterly epidemiological data Commentary				
For Healthcare Associated Infections (HCAI):				
Q4 2018 NHS Fife had:	45 ECBs	HCAI	0.500	Cases Per 1000 TOBDs
This was ABOVE the National rate for HCAI			0.383	Cases Per 1000 TOBDs
For Community Associated Infections (CAI)				
Q4 2018 NHS Fife had	46 ECBs	CAI	0.491	Per 1000 population
This was ABOVE the National rate for CAI ECBs			0.441	Per 1000 population
NHS Fife was just WITHIN the 95% confidence interval in the funnel plot analysis as shown below				
Healthcare associated CDIs		Community associated CDIs infection		
Funnel plot of ECB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q4 2018		Funnel plot of ECB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q4 2018		
				
NSS Discovery Quarterly Trendline NHS Fife vs TOTAL Scotland				
Q4 2018 was the first quarter since Q1 2017 that NHS Fife was ABOVE all Scotland for both HAI/HCAI & CO/Not known source.				
NHS Fife vs ALL Scotland – HAI/HCAI onset		NHS Fife vs ALL Scotland – Community/ Not known onset		
				
Quality Report – 03 July 2019		Version 2.0		Date: 28 June 2019
IMPAC/Clinical Governance		Page 57 of 71		Review Date: N/A

Q1 2019 Jan- March 2019 Validated data ECBs	
Awaiting HPS Quarterly epidemiological data Commentary for Q1 2019	
<b>Q1 2019 NHS Fife had:</b>	<b>60 ECBs</b>
This is <b>DOWN</b> from Q4 2018:	88 ECBs

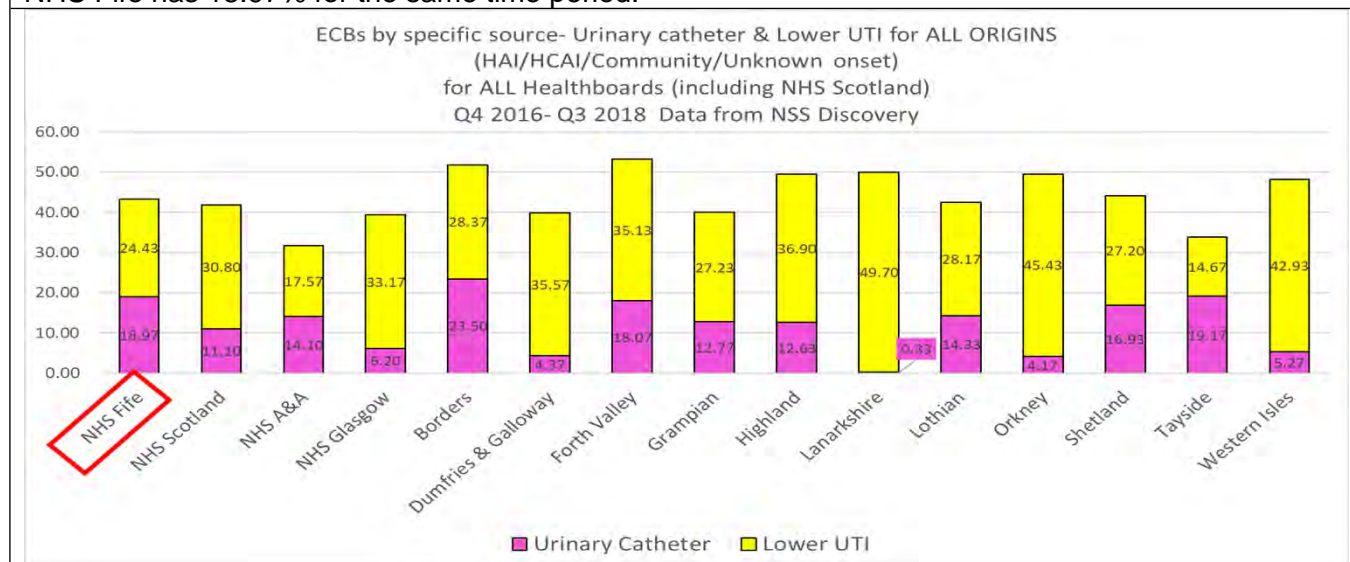
- Please see other ECB graphs & reports in Section 4.1d of Agenda
- **4.2 Current ECB Initiatives**

NHS Fife's Urinary catheter Associated ECBs
NHS Fife remains <b>ABOVE</b> NHS Scotland for Urinary Catheter (UC) Associated ECBs
<b>Q4 2018:</b>
NHS Fife had 11 Urinary Catheter associated ECBs
NHS Fife had <b>35.5 %</b> HCAI UC ECBs compared to Total Scotland at <b>21.5 %</b>

Healthcare Associated Infections (HCAI) CATHETER Device related <i>E.coli</i> Bacteraemia (ECBs) 2017- Q4 2018			
	NHS Scotland	NHS Fife	Rate calculation
2019 Q1	21.5 %	35.5 %	Count of Device- Catheter over Total Fife HCAI ECBs
2018 Q3	22.3 %	35.0 %	
2018 Q2	22.0 %	44.8 %	
2018 Q1	22.5 %	23.1 %	
2017 -TOTAL	18.3 %	35.3 %	
Data from NSS Discovery ARHI Indicators			

Q4 2016-Q3 2018

However, In-depth analysis of Urinary catheter associated ECBs as submitted to Discovery of all other health boards in Scotland, when combining onset of ECB from **HAI, HCAI & CO/Unknown** onset, shows a wide variation of ECB CAUTI rates from 0.33% (Lanarkshire) to 23.5% (Borders) NHS Fife has 18.97% for the same time period.



### Urinary catheter Group work following raised ECB CAUTI incidence

The Infection Control Surveillance team continue to liaise with the Urinary Catheter Improvement Group, first meeting in October 2017.

This group aims to minimise urinary catheters to prevent catheter associated healthcare infections & trauma associated with UC insertion/maintenance/ removal & self-removal & to establish Catheter Improvement work in Fife.

The Infection control surveillance team continue to work with the Catheter Care group meeting- last held on **17<sup>th</sup> April 2019** & 3 Subgroup meetings have been held.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 58 of 71	Review Date: N/A

Infection control surveillance alert the patients care team Manager by Datix when an ECB is associated with a traumatic catheter insertion, removal or maintenance.
Monthly ECB reports & graphs are distributed within HSCP & Acute services
NHS Fife visited NHS Ayrshire & Arran on 01.04.2019 following an invitation there to present Catheter Improvement work with them, as they try to address their Catheter associated ECBs.
Up to <b>24.05.2019</b> : There have been <b>NO</b> trauma associated ECB CAUTIs in 2019

## 5 Hand Hygiene

- Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.
- NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance.
- The hand hygiene compliance for the last 12 months NHS Fife can be found in Section 11.
- Reporting of Hand Hygiene performance is based on local data submitted by each ward.
- A minimum of 20 observations are required to be audited per month per ward.
- Hand Hygiene audit results of all staff groups by individual ward, hospital or directorate within both the Acute services & HSCP can be viewed on 'Ward Dashboard'

Hand Hygiene Monitoring compliance (percentage) for Total Fife

Staff observed	MONTH	TREND	Previous Month
	Apr-19		Mar-19
<b>Overall</b>	99	<b>SAME</b>	99
<b>AHP</b>	99	<b>SAME</b>	99
<b>Medical</b>	97	<b>DOWN</b>	100
<b>Nurse</b>	100	<b>UP</b>	99
<b>Other</b>	97	<b>DOWN</b>	98

### 5.1 Trends

- NHS Fife overall results remain consistently **ABOVE** 98%
- This **ABOVE** the Overall target set of 95%

## 6. Cleaning and the Healthcare Environment

- Keeping the healthcare environment clean is essential to prevent the spread of infections.
- NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%.
- The cleaning compliance score for NHS Fife overall and for each acute hospital can be found in Section 11

### 6.1 Trends

- All hospitals and health centres throughout NHS Fife have participated in the *National Monitoring Framework for NHS Scotland National Cleaning Services Specification*. Since April 2006, all wards and departments have been regularly monitored with quarterly reports being produced through Health Facilities Scotland (HFS).
- The *National Cleaning Services Specification* – quarterly compliance report results for October to December 2017 (Q3) and January to March 2018 (Q4) show NHS Fife achieving **GREEN** status with 95.8% for Q3 and again 95.8% for Q4; Scottish average for Q3 95.6% and Q4 95.5%.
- The *Estates Monitoring* quarterly compliance results for October to December 2017 (Q3) and January to March 2018 (Q4) shows NHS Fife achieving **GREEN** status with 96.3% for Q3 and 96.6 % for Q4; Scottish average for Q3 97.9% and Q4 97.8%.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 59 of 71	Review Date: N/A

## 6.2 Current Initiatives

- Areas with results below 90% for all Hospital & Healthcare facilities have been identified to relevant managers for action.

## 7. Outbreaks

- This section gives details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none has taken place.
- Where there has been an outbreak this states the causative organism, when it was declared, number of patients & staff affected & number of deaths (if any) & how many days the closure lasted.
- A summary of all outbreaks since the last report will be within Section 4.1h of the Agenda.
- All ward/ bay closures due to Norovirus & Influenza are reported to HPS weekly plus all closures due to an Acute Respiratory Illness (ARI).
- All Influenza patients admitted to ICU are also notifiable to HPS>
- No ward or bay closures during May 2019

### 7.1 Trends

#### Norovirus

HPS announced on 11 November the official start of 2018-2019 Norovirus Season.

Report from HPS weekending 19<sup>th</sup> May 2019

- National Infection Pressure Bulletin:

- Norovirus activity remains at **LOW** activity (Green).

#### Influenza and other respiratory pathogens

- **HPS announced that Ward Closures for influenza/influenza-like illness surveillance for 2018/19 reached its end on Monday 20 May 2019**
- Report from HPS weekending 19<sup>th</sup> of May 2019- **National** Infection Pressure Bulletin:
- Influenza activity is **BELOW** the seasonal activity (Green).
- The Influenza like illness (ILI) national rate in week 20, 2019 was **1.3** per 100,000
- This was **DOWN** from week 19 (2.3 in week)
- The dominant influenza strain so far this season is Influenza A (H1N1), which is affecting the younger age group, compared to last year.
- No new cases of lab confirmed influenza requiring ICU were reported (SARI cases).
- The cumulative number of **ICU** cases for Scotland since week 40 2018 is **169**.
- The cumulative number of SARI **deaths** for Scotland since week 40/2018 is **34**.
- The SARI case-fatality rate (CFR) is 20.1% (34/169) and is **below** expected seasonal levels (range 22.9% - 35.6%).

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 60 of 71	Review Date: N/A

8) Surgical Site Infection Surveillance Programme

8 a) Caesarean section SSI

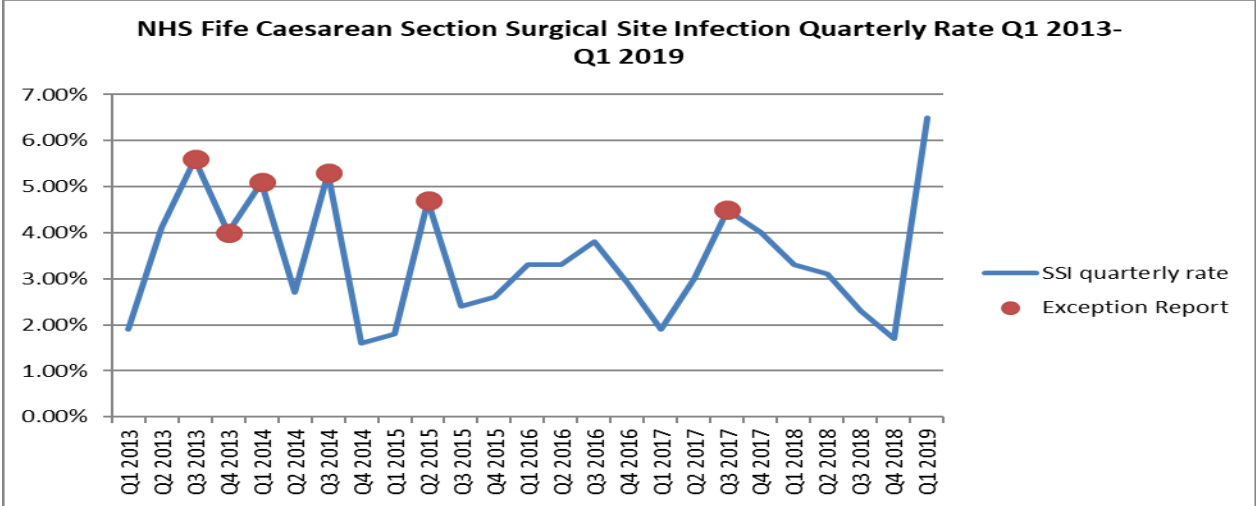
Q1 2019:

For Jan- March 2019 they are 12 confirmed SSIs in the 10-day surveillance period.

This gives an incidence rate **6.5 %**.

This is **UP** from 1.7% in Q4 2018

Q1 2019 National data is still to be published for comparison.



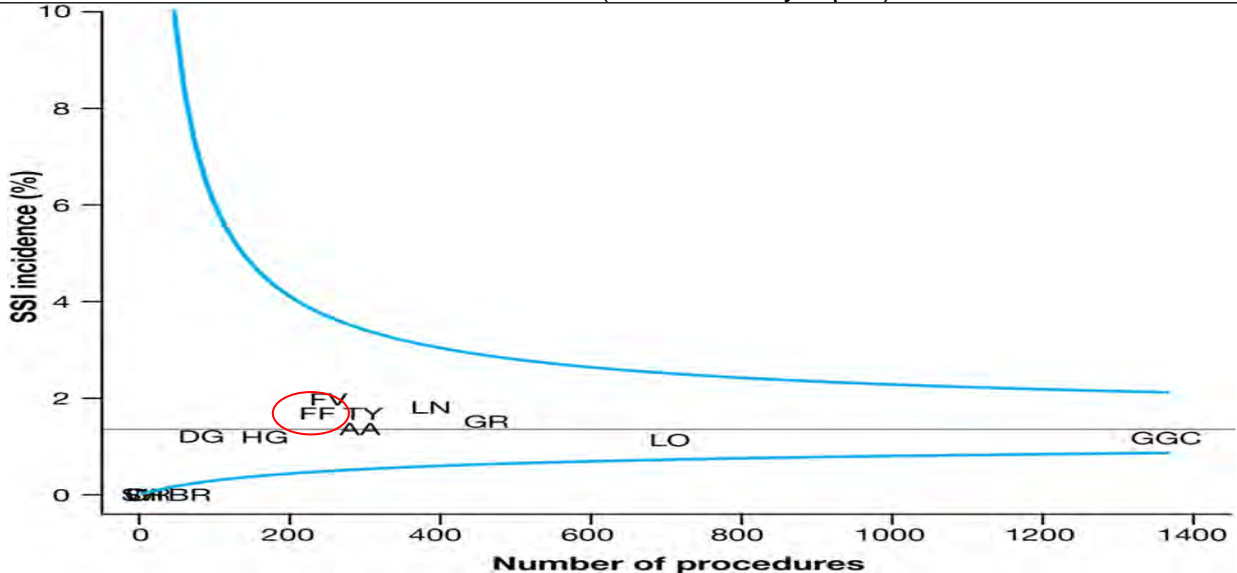
For Q4 2018:

NHS Fife is **IN LINE** the national average incidence rate of 1.4% for Q4 2018

Q4 2018 was within the 95% confidence interval

Q4 2018's Funnel plot chart- HPS

Funnel plot of caesarean section SSI incidence (per 100 procedures) in inpatients and PDS to day 10 for all NHS Boards in Scotland in Q4 2018 (HPS Quarterly report)



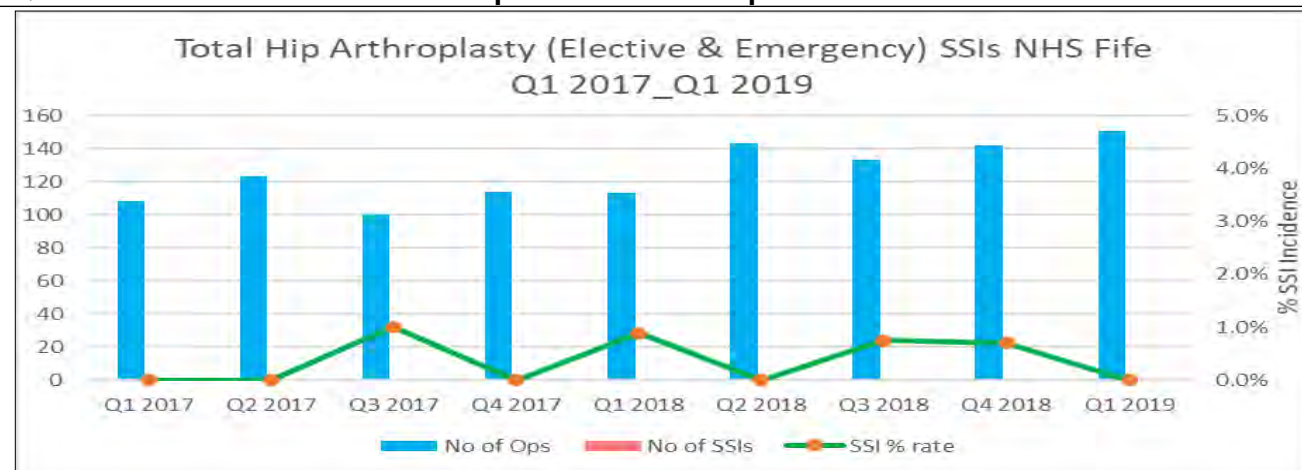
Improvement work is ongoing with the support of Health Protection Scotland.

## 8 b) Hip Arthroplasty SSI

**Q1 2019:** NHS Fife had NO SSIs in Q1 2019 (Jan - March); incidence rate **0.0%**

This is an **DOWN** from 0.7% (1 SSIs) in Q4 2018

**Q1 2019 National data is still to be published for comparison**



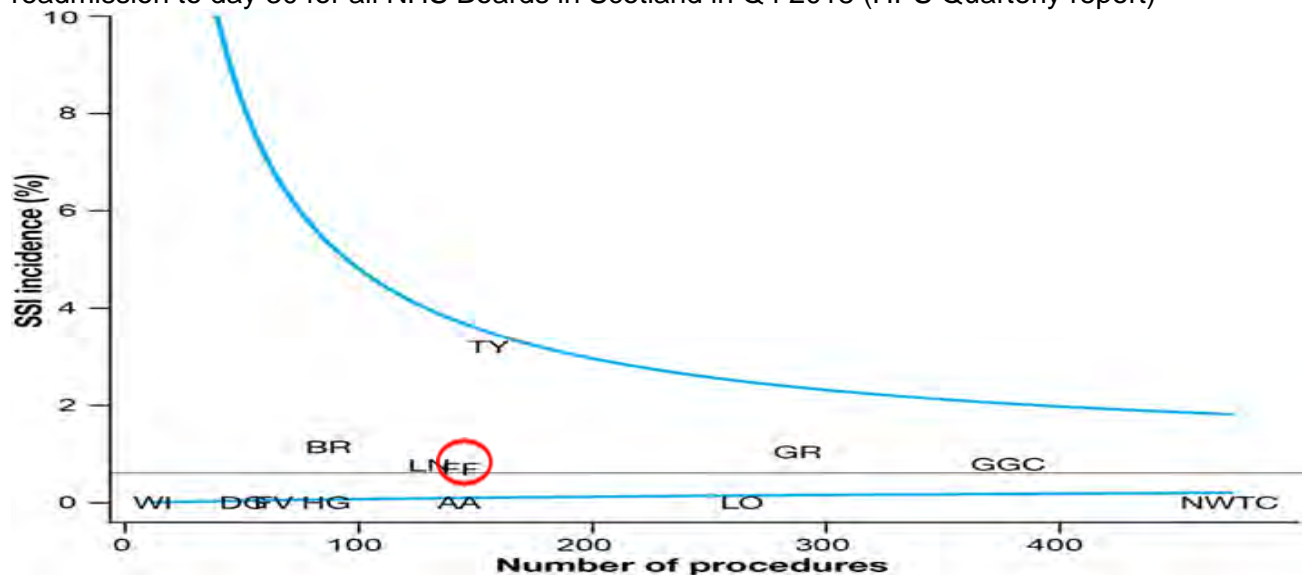
### Q4 2018:

NHS Fife had **1** case of SSI in Q4 (Oct - Dec 2018); incidence rate **0.7%**

NHS Fife is well within the 95% confidence interval compared to NHS Scotland Q4

NHS Fife is **IN LINE** with the National incidence of 0.6% for Q3

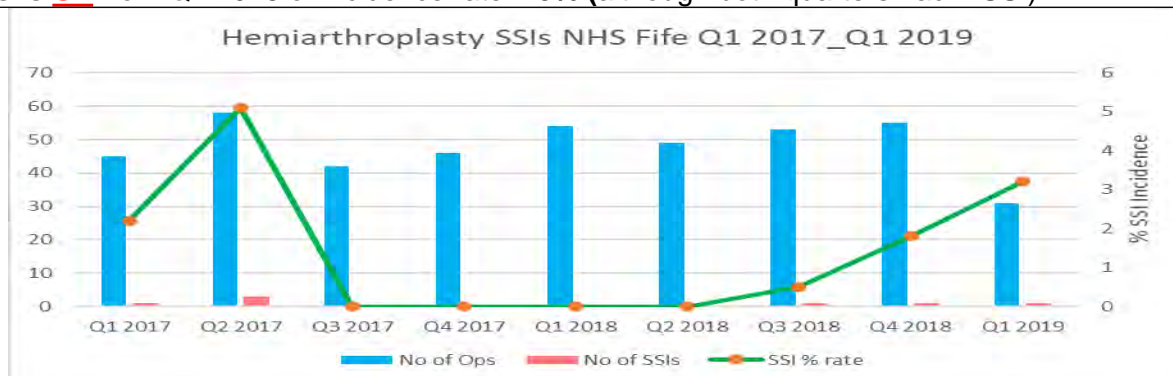
Funnel plot of **hip arthroplasty** SSI incidence (**per 100 procedures**) in inpatients and on readmission to day 30 for all NHS Boards in Scotland in Q4 2018 (HPS Quarterly report)



**8 c) Hemi arthroplasty SSI**

**Q1 2019:** NHS Fife had 1 case of SSI in Q1 (Jan- March 2019); incidence rate **3.2%**

This is **UP** from Q4 2018 of incidence rate **1.8%** (although both quarters had 1 SSI).

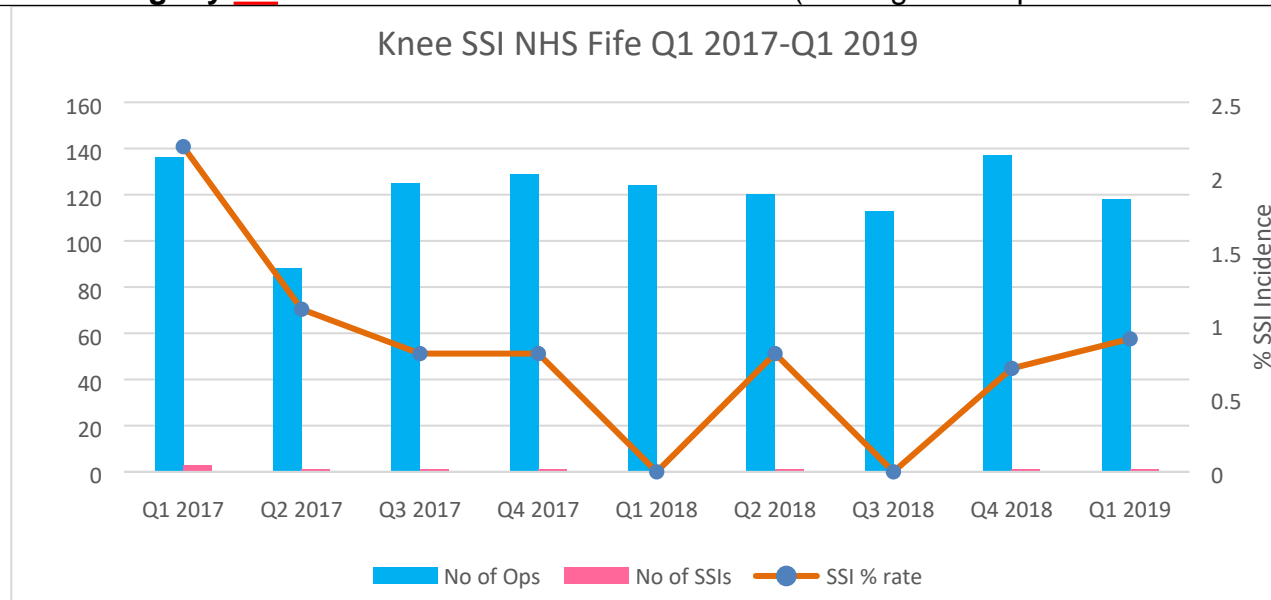


There is NO HPS national reporting of Hemiarthroplasty data to compare

**8 d) Knees SSI**

**Q1 2019:** NHS Fife had 1 case of SSI in Q1 2019 (Jan-March); incidence rate **0.9%**

This is **slightly UP** from **Q4 2018** incident rate of **0.7%** (although both quarters had 1 SSI)



There is NO nationally reporting of Hemiarthroplasty data to compare

8 e)	Large Bowel SSI																																				
Q1 2019: NHS Fife had 9 SSIs in Q1; incidence rate of 13%																																					
This is UP from 4 SSIs in Q4 2018; incidence rate of 5.5%																																					
<div>Large Bowel SSI data NHS Fife Q2 2017- Q1 2019</div> <table><thead><tr><th>Quarter</th><th>No of Ops</th><th>No of SSIs</th><th>SSI % rate</th></tr></thead><tbody><tr><td>Q2 2017</td><td>50</td><td>5</td><td>10.00%</td></tr><tr><td>Q3 2017</td><td>45</td><td>2</td><td>4.44%</td></tr><tr><td>Q4 2017</td><td>55</td><td>5</td><td>9.09%</td></tr><tr><td>Q1 2018</td><td>65</td><td>5</td><td>7.69%</td></tr><tr><td>Q2 2018</td><td>70</td><td>5</td><td>7.14%</td></tr><tr><td>Q3 2018</td><td>85</td><td>5</td><td>5.88%</td></tr><tr><td>Q4 2018</td><td>75</td><td>4</td><td>5.33%</td></tr><tr><td>Q1 2019</td><td>70</td><td>9</td><td>12.86%</td></tr></tbody></table>		Quarter	No of Ops	No of SSIs	SSI % rate	Q2 2017	50	5	10.00%	Q3 2017	45	2	4.44%	Q4 2017	55	5	9.09%	Q1 2018	65	5	7.69%	Q2 2018	70	5	7.14%	Q3 2018	85	5	5.88%	Q4 2018	75	4	5.33%	Q1 2019	70	9	12.86%
Quarter	No of Ops	No of SSIs	SSI % rate																																		
Q2 2017	50	5	10.00%																																		
Q3 2017	45	2	4.44%																																		
Q4 2017	55	5	9.09%																																		
Q1 2018	65	5	7.69%																																		
Q2 2018	70	5	7.14%																																		
Q3 2018	85	5	5.88%																																		
Q4 2018	75	4	5.33%																																		
Q1 2019	70	9	12.86%																																		
HPS National Large Bowel SSI data has now been issued for management information only and not official statistics- as such the content of this data cannot be provided in this report or used in any public statements or publications.																																					
However, for Q4 2018 NHS Fife was BELOW the National SSI % Rate.																																					
Q1 2019 National data is awaited for comparison																																					
08.04.2019- M. Selbie & E. Dunstan have met with Mr. Yalamarathi to discuss the surveillance programme.																																					
The IC Surveillance team are presenting the data back to the surgeons 21 <sup>st</sup> June 2019.																																					
The Surveillance team are working with the Theatre staff to improve the SSI form return rate & full completion of the form, as NHS Fife below national data return rates.																																					
May 2019: HPS have modified the Surveillance form to improve form completion compliance from general surgeons.																																					

## 9. Hospital Inspection Team

- Glenrothes hospital received a two-day inspection on Tuesday 19/03/2019 - Wednesday 20/03/2019. Report to follow.

## 10. Assessment

- CDIs:** Continuing low levels of *Clostridioides difficile* indicate that the initiatives in place to reduce infection rates are working long-term.
- SABs:** The Acute Services Division continues to see intermittent blood stream infections related to vascular access device infections
- Interventions to reduce Peripheral Vascular Catheter infections and Dialysis line infections have been effective but local surveillance continues.
- Numbers of SAB likely to remain high for Q2 2019
- ECBs:** ECBs remain a challenge with a gradually increasing incidence.
- Addressing CAUTI related ECBs through the Urinary Catheter Improvement group aims to reduce these preventable HAI/ HCAI infections.
- Local monthly reporting of total ECBs & CAUTI related ECBs is raising awareness of the issue & challenges.
- SSIs surveillance** continues for all:
  - C-sections,

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 64 of 71	Review Date: N/A

- Large bowel surgery and 3 x
- Orthopaedic procedure surgeries
  - Total hip replacements,
  - Knee replacements &
  - Repair of # Neck of Femurs.
- Feedback forums to clinical teams for all SSIs is firmly established to address SSI challenges where they occur.

## 11. Healthcare Associated Infection Reporting Template (HAIRT)

### Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each NHS Fife acute hospital, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridioides difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics, which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 65 of 71	Review Date: N/A

## FIFE REPORT CARD

### TOTAL FIFE *Staphylococcus aureus* bacteraemia (SAB) monthly case numbers

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MRSA	1	0	0	2	0	0	0	0	2	0	0	0
MSSA	8	10	12	8	9	5	13	8	5	10	7	8
Total	9	10	12	10	9	5	13	8	7	10	7	8

### TOTAL FIFE *Clostridioides difficile* infection (CDI) monthly case numbers

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Ages 15-64	2	3	1	2	2	5	3	0	3	1	1	0
Ages ≥ 65	4	0	3	1	2	3	3	2	3	0	4	2
Total 15+	6	3	4	3	4	8	6	2	6	1	5	2

### Hand Hygiene Monitoring Compliance (%)

#### TOTAL FIFE

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Overall	98	99	98	98	99	99	98	99	99	99	99	99
AHP	97	99	97	99	99	99	98	99	98	100	99	99
Medical	98	99	96	98	98	97	97	98	98	98	100	97
Nurse	100	99	100	99	99	99	99	99	99	99	99	100
Other	92	96	98	93	96	99	94	100	95	97	98	97

### Cleaning Compliance (%) TOTAL FIFE

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Overall	96	95.9	95.6	95.2	95.9	95.9	95.8	95.5	95.6	95.7	95.7	95.3

### Estates Monitoring Compliance (%)

#### TOTAL FIFE

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Overall	96.9	96.7	95.9	94.9	95.8	94.7	95.3	95.3	94.2	95.2	95.3	96.0

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 66 of 71	Review Date: N/A

## VICTORIA HOSPITAL, KIRKCALDY REPORT CARD

<b><i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
<b>MRSA</b>	0	0	0	2	0	0	0	0	2	0	0	0
<b>MSSA</b>	6	2	2	4	4	0	4	4	2	6	2	1
<b>Total</b>	6	2	2	6	4	0	4	4	4	6	2	1

### ***Clostridioides difficile* infection (CDI) monthly case numbers**

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
<b>Ages 15-64</b>	0	0	0	0	0	1	0	0	0	0	0	0
<b>Ages ≥ 65</b>	2	0	0	0	0	1	0	1	2	0	1	0
<b>Total 15+</b>	2	0	0	0	0	2	0	1	2	0	1	0

### **Cleaning Compliance (%)**

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
<b>Overall</b>	96.4	95.9	95.6	95	96	96	95.6	95.4	95.7	95.7	95.5	94.6

### **Estates Monitoring Compliance (%)**

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
<b>Overall</b>	96.8	96.5	96.2	95.6	95.6	94.7	95.9	95.1	94.6	94.5	95.5	95.6

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 67 of 71	Review Date: N/A

## QUEEN MARGARET HOSPITAL, DUNFERMLINE REPORT CARD

<b><i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	1	0	0	0	0	0	0
Total SABS	0	0	0	0	0	1	0	0	0	0	0	0
<b><i>Clostridioides difficile</i> infection (CDI) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages ≥ 65	0	0	0	0	0	0	0	0	0	0	0	0
Total 15+	0	0	0	0	0	0	0	0	0	0	0	0

<b>Cleaning Compliance (%)</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Overall	96.1	97	96.5	95.5	97.2	96.9	96.5	97.1	96.7	97.4	96.8	97.9
<b>Estates Monitoring Compliance (%)</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Overall	97.1	96.7	96	93.4	95.8	94.1	95.2	95.6	94.7	95.1	95.0	97.9

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 68 of 71	Review Date: N/A

## NHS FIFE COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card are:

- QMH - Queen Margaret Hospital wards 1-4
- LH - Lynebank Hospital
- WBH - Whyteman's Brae Hospital
- RWH - Randolph Wemys Hospital
- CH - Cameron Hospital
- GH - Glenrothes Hospital
- SH - Stratheden Hospital
- AH - Adamson Hospital
- SAC- St Andrews Community Hospital
- QH - QMH Ward 16 Hospice
- VH - Victoria Hospital Hospice

<b><i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	1	0	0	0	0	0	0	0	0	0
Total SABS	0	0	1	0	0	0	0	0	0	0	0	0
<b><i>Clostridioides difficile</i> infection (CDI) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Ages 15-64	0	0	0	0	0	0	0	0	1	0	1	0
Ages ≥ 65	0	0	0	0	1	0	0	1	0	0	0	0
Total 15+	0	0	0	0	1	0	0	1	1	0	1	0

## OUT OF HOSPITAL INFECTIONS REPORT CARD

<b><i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers</b>												
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MRSA	1	0	0	0	0	0	0	0	0	0	0	0
MSSA	2	8	9	4	5	4	9	4	3	4	5	7
Total SABS	3	8	9	4	5	4	9	4	3	4	5	7
<b><i>Clostridioides difficile</i> (CDI) monthly case numbers</b>												
	May-17	Jun-17	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Ages 15-64	2	3	1	2	2	4	3	0	2	1	0	0
Ages ≥ 65	2	0	3	1	1	2	3	0	1	0	3	2
Total 15+	4	3	4	3	3	7	6	0	3	1	3	2

### References & Links

Understanding the Report Cards – Infection Case Numbers

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 69 of 71	Review Date: N/A

*Clostridioides difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. SAB cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). More information on these organisms can be found on the NHS24 website:

*Clostridioides difficile*: [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=2139&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1)

*Staphylococcus aureus* : [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=346](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)

MRSA: [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=252&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1)

For each hospital, the total number of cases for each month are those, which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.

### Targets

There are national targets associated with reductions in C.diff and SABs. More information on these can be found on the Scotland Performs website:

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

### Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used.

### Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

### Understanding the Report Cards – ‘Out of Hospital Infections’

*Clostridium difficile* infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to NHS Fife which are not attributable to a hospital.

### **Staphylococcus aureus**

*Staphylococcus aureus* is an organism, which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

*Staphylococcus aureus* : [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=346](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)

MRSA: [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=252](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252)

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 70 of 71	Review Date: N/A

bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for NHS Fife overall and by hospital can be found in Section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

### **Clostridioides (formerly Clostridium) difficile Infection (CDI)**

*Clostridioides difficile* is an organism, which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridioides difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for NHS Fife overall and by hospital can be found in Section 2. Information on the national surveillance programme for *Clostridioides difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance. The hand hygiene compliance score for NHS Fife overall and for each acute hospital can be found in Section 11. Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

### **Hand Hygiene**

### **Cleaning and the Healthcare Environment**

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%.The cleaning compliance score for NHS Fife overall and for each acute hospital can be found in Section 11. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/ha/>

The Healthcare Environment Inspectorate also independently inspects healthcare environment standards. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

Quality Report – 03 July 2019	Version 2.0	Date: 28 June 2019
IMPAC/Clinical Governance	Page 71 of 71	Review Date: N/A

# Integrated Performance Report

Produced in June 2019



## Contents

<b>Section A</b>	<b>Overview and Executive Summary</b>	
	Overview	3
	Performance Summary Table	4
	Performance Data Sources	5
	Executive Summary	6
	Performance Assessment Methodology	12
<b>Section B:1</b>	<b>Clinical Governance</b>	
	Executive Summary	13
	Performance Summary Table	14
	HAI/SABS Drill-down	15
	Complaints Drill-down	16
<b>Section B:2</b>	<b>Finance, Performance &amp; Resources</b>	
	Executive Summary	18
	Performance Summary Table	22
	Performance Drill-down	
	<u>NHS Acute Division</u>	
	4-Hour Emergency Access	23
	Cancer 62 Day Referral-to-Treatment	24
	Patient Treatment Time Guarantee	25
	Diagnostics Waiting Times	26
	18 Weeks Referral-to-Treatment	27
	<u>Health &amp; Social Care Partnership</u>	
	Delayed Discharge	28
	Smoking Cessation	29
	Child and Adolescent Mental Health Service (CAMHS) Waiting Times	30
	Psychological Therapies Waiting Times	31
	Financial Position	32
	Capital Programme	41
<b>Section B:3</b>	<b>Staff Governance</b>	
	Executive Summary	45
	Performance Summary Table	47
	Sickness Absence Drill-down	48

## Section A: Introduction

### Overview

The purpose of the Integrated Performance Report (IPR) is to provide assurance on NHS Fife's performance relating to National Standards, local priorities and significant risks.

The IPR comprises 4 sections:

- Section A Introduction
- Section B:1 Clinical Governance
- Section B:2 Finance, Performance & Resources
- Section B:3 Staff Governance

The section margins are colour-coded to match those identified in the Corporate Performance Reporting, Governance Committees Responsibilities Matrix.

A summary report of the IPR is produced for the NHS Fife Board.

**The IPR is undergoing a major refresh for 2019/20, and a revised version will be produced from July onwards. One of the biggest changes will be to use the 2019/20 Annual Operational Plan (AOP) as a source of Improvement Actions. This means that existing actions which are not complete at this stage will be replaced by new ones.**

**Where measures are not included in the AOP (Complaints and Smoking Cessation), existing open actions will be carried forward and will be reworded to fit into the new structure.**

# Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2019-20 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Apr 2019	0.20	12 months to Mar 2019	0.20	↔	0.10	y/e Dec 2018	0.19	4th	0.27
	GREEN	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Apr 2019	85.1%	Mar 2019	78.8%	↑	85.1%	Only published annually: NHS Fife was 7th for FY 2017/18			
	RED	Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Apr 2019	47.6%	Mar 2019	34.6%	↑	47.6%	Only published annually: NHS Fife was 6th for FY 2017/18			
	RED	HAI - SABs	Safe	0.24	12 months to Apr 2019	0.41	12 months to Mar 2019	0.42	↑	0.36	y/e Dec 2018	0.43	10th	0.33
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	Apr 2019	100.0%	Mar 2019	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		Outpatients Waiting Times	Clinically Effective	95.0%	Apr 2019	98.0%	Mar 2019	98.0%	↔	N/A	End of March	98.2%	1st	75.0%
		Antenatal Access	Clinically Effective	80.0%	Feb 2019	86.1%	Jan 2019	93.6%	↓	91.5%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	Feb 2019	94.1%	Jan 2019	87.0%	↑	N/A	q/e Dec 2018	96.8%	4th	93.9%
		Alcohol Brief Interventions	Clinically Effective	4,187	FY 2018/19	4,601	Apr to Dec 2018	2,873	↑	N/A	Only published annually: NHS Fife was 8th for FY 2017-18			
	AMBER	4-Hour Emergency Access *	Clinically Effective	95.0%	Apr 2019	94.7%	Mar 2019	94.5%	↑	94.7%	y/e Mar 2019	95.2%	3rd	91.2%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Apr 2019	99.7%	Mar 2019	99.9%	↓	N/A	End of March	99.9%	1st	84.0%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
		Cancer 31-Day DTT	Clinically Effective	95.0%	Apr 2019	89.9%	Mar 2019	96.0%	↓	89.9%	q/e Dec 2018	95.6%	6th	94.9%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Apr 2019	84.4%	Mar 2019	75.6%	↑	84.4%	q/e Dec 2018	87.1%	4th	82.7%
		18 Weeks RTT	Clinically Effective	90.0%	Apr 2019	80.9%	Mar 2019	76.9%	↑	80.9%	Mar-19	76.9%	7th	77.3%
		Patient TTG	Person-centred	100.0%	Apr 2019	87.6%	Mar 2019	78.8%	↑	87.6%	q/e Mar 2019	69.1%	6th	68.4%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Dec 18	25.5%	2 years to Sep 18	24.9%	↑	27.6%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	25th Apr Census	41	28th Mar Census	43	↑	N/A	28th Mar Census	11.58	7th	9.60
		Smoking Cessation	Clinically Effective	490	Apr 18 to Jan 19	331	Apr to Dec 2018	290	↓	331	q/e Dec 2018	59.2%	5th	63.6%
		CAMHS Waiting Times	Clinically Effective	90.0%	Apr 2019	72.3%	Mar 2019	79.8%	↓	72.3%	q/e Mar 2019	72.8%	7th	73.6%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	Apr 2019	66.1%	Mar 2019	69.8%	↓	66.1%	q/e Mar 2019	67.6%	10th	77.4%
Staff Governance	RED	Sickness Absence	Clinically Effective	4.00%	Apr 2019		Mar 2019	5.34%			Only published annually: NHS Fife had the 4th highest sickness absence rate in FY 2018-19 (Fife performance 5.51%, Scotland performance 5.39%)			

\* The 4-Hour Emergency Access performance in April was 94.7% (all A&E and MIU sites) and 92.6% (VHK A&E, only)

## Performance Data Sources

LDP Target / Standard / Local Target	LMI / Published	LMI Source	Period Covered by Published Data	Time Lag in Published Data
Hospital-Acquired Infection: Sabs	LMI	Infection Control	Quarter	3 months
Hospital-Acquired Infection: C Diff	LMI	Infection Control	Quarter	3 months
Complaints	LMI	DATIX (Business Objects Report)	Year	6 months
IVF Treatment Waiting Times	LMI	ISD Management Report	Quarter	2 months
18 Weeks RTT	LMI	Information Services	Quarter	2 months
4-Hour Emergency Access	LMI	Information Services	Month	1 month
Delayed Discharge	Published (ISD)	N/A	Month	1 month
Alcohol Brief Interventions	LMI	Addiction Services	Year	3 months
Drugs & Alcohol Waiting Times	Published (ISD)	N/A	Quarter	3 months
CAMHS Waiting Times	LMI	Mental Health	Quarter	2 months
Psychological Therapies Waiting Times	LMI	Information Services	Quarter	2 months
Dementia: Referrals	LMI	ISD Management Report	Quarter	9 months
Dementia: Post-Diagnosis Support	LMI	ISD Management Report	Quarter	9 months
Smoking Cessation	LMI	Smoking Cessation Database	Year	6 months
Sickness Absence	LMI	HR (SWISS)	Year	3 months
Detect Cancer Early	LMI	Cancer Services	2 Years	7 months
Antenatal Access	LMI	ISD Discovery	N/A	N/A
Cancer Waiting Times: 62-Day RTT	LMI	Cancer Services	Quarter	3 months
Cancer Waiting Times: 31-Day DTT	LMI	Cancer Services	Quarter	3 months
Patient TTG	LMI	Information Services	Quarter	2 months
Outpatient Waiting Times	LMI	Information Services	Final Month of Quarter	2 months
Diagnostics Waiting > 6 Weeks	LMI	Information Services	Final Month of Quarter	2 months

GREEN

AMBER

RED

Local Management Information (LMI) and Published data almost always agree

LMI and Published data may have minor (insignificant) differences

LMI and Published data will be different due to fluidity of Patient Tracking System

## Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit.

This section of the IPR provides a summary of performance Standards and targets that have not been met, the challenges faced in achieving them and potential solutions. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

### CLINICAL GOVERNANCE

**Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target:** We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During April, there were 8 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 7 of which were non-hospital acquired, with 1 occurring in VHK. The number of infections in the month was 2 less than in April 2018, so the annual infection rate fell to 0.41.

Assessment: This year there is enhanced focus on PVCs with weekly reports being issued to Senior Charge Nurses if their ward has failed to achieve 90% for all PVCs being removed prior to the 72hr breach. This is in response to SAERs which demonstrated PVCs were remaining in beyond 72hr and resulting in a SAB.

In addition, it has been agreed that CVC-related SABs will be captured in Datix, while PVC-related SAB will continue to be captured in Datix by Dr Morris and also undergo an SAER.

**Complaints local target:** At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

Performance against closing Stage 1 complaint closure in April was above the local target, with 63 out of 74 complaints (85.1%) being closed within the timescale. The Stage 2 performance (47.6%) recovered to an extent in April, but remained well below the local target.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

### FINANCE, PERFORMANCE & RESOURCES

#### Acute Services Division

**4-Hour Emergency Access target:** At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.

In April, 94.7% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. This was the second successive monthly increase, but we have been below the Standard since December 2018.

Performance at the VHK A&E site alone was 92.6%, and the Standard there has not been achieved since August 2018.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance.

There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A group has been formed to look at performance improvement strategies for ED and will review breach reasons and trends as a starting point for potential service redesign.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

**Cancer 62 day Referral to Treatment** target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In April, 84.4% of patients (81 out of 96) started treatment within 62 days of an urgent suspected cancer referral, almost 10% higher than in March. Breaches were spread across 6 specialties, with the highest number being in Breast (4) and Urology (6).

Assessment: There are continuing significant issues within the prostate cancer pathway with delays to MRI before TRUS, waits for TRUS biopsy and delays to post MDT appointments.

We continued to see issues in breast due to consultant retiral but expect performance to improve over the coming months.

The backlog of patients who have breached and are still awaiting treatment will result in continuing challenges with performance in May and June.

**Patient Treatment Time Guarantee** target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

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Assessment: Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of additional capacity to meet the gap and reduce the backlog.

The additional in-house activity for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside has sustained the improved performance in patients waiting over 12 weeks.

Discussions are ongoing with the Scottish Government about the level of additional funding available to sustainably meet the gaps in capacity for 2019/20 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

**Diagnostics Waiting Times** target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of April, 11 patients out of 4,171 patients on the waiting list had waited more than 6 weeks, with 6 breaches being for Endoscopy tests and 5 for Imaging (MRI).

Assessment: The implementation of the recovery plan in 2018/19 for Radiology and Endoscopy, with funding secured from the Scottish Government, delivered improved performance. Sustaining the target will be a challenge due to demand exceeding available capacity. Discussions are ongoing with the Scottish Government about the level of additional funding available to sustainably meet the gaps in capacity for 2019/20.

**18 Weeks Referral-to-Treatment** target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

Performance against the 18 Weeks RTT Standard improved in April, to 80.9%, the highest since August 2018. The performance for 'Admitted' patients was 63.8%, the highest since May 2017.

**Assessment:** The 18 weeks performance has continued to be a challenge due to the performance in high volume outpatient specialities and TTG. Additional capacity has been put in place to reduce the waiting times for Audiology.

## Health & Social Care Partnership

**Delayed Discharge** target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 25<sup>th</sup> April Census (excluding Code 9 patients – Adults with Incapacity) was 65, 16 less than at the March Census. Of these, 41 patients had been in delay for more than 14 days.

**Assessment:** The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

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Data from the National Smoking Cessation Database shows that 331 people who attempted to stop smoking during the first 10 months of the FY (81% of the planned number at this point) had successfully quit at 12 weeks. Provisional information for the position at the end of Month 11 is that this figure has increased to 391.

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**Assessment:** Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

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Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

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The revenue position for the 2 months to 31 May reflects an overspend of £2.004m. This comprises an overspend of £1.937m on Health Board retained budgets; and an overspend of £0.067m aligned to the Health budgets delegated to the Integration Joint Board (IJB). At this point there has been no IJB risk share factored into the position.

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The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 2 months to May shows investment of £0.129m, equivalent to 1.74% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

## STAFF GOVERNANCE

**Sickness Absence** HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate in April was 5.42%, 0.08% higher than in March and 0.36% higher than in April 2018.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, various improvement initiatives in the past year saw an improvement in FY 2018/19.

**iMatter local** target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

Assessment: A proactive plan has been developed to promote the 2019 iMatter cycle to support improvements in the engagement and action planning components. The process started in April, and reporting of progress/performance will be considered during the refresh of the Integrated Performance Report.

**TURAS** local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Assessment: Reporting of progress/performance in relation to the recovery plan agreed with EDG will be considered during the refresh of the Integrated Performance Report. The improvement trajectory for all divisions/directorates is to achieve 80% by the end of October.

## Performance Assessment Methodology

The Scottish Government requires Health Boards to attain a defined level of performance against a number of measures (known as Standards). NHS Fife also scrutinises its performance against a number of local targets.

Targets and Standards are grouped into three categories; those where performance consistently achieves the required target (i.e. 'on track'), those where performance is consistently close to the Standard, and on occasion achieves it (i.e. 'variable') and those generally 'not met'.

### 1 Targets and Standards; On Track

NHS Fife continues to meet or perform ahead of the following Standards:

**In-Vitro Fertilisation (IVF)** target: At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care

**Hospital Acquired Infection (HAI), *Clostridioides Difficile* (C-Diff)** target: We will achieve a maximum rate of C- Diff infection in the over 15 year olds of 0.32

**Antenatal Access** target: At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation

**Alcohol Brief Interventions** target: In FY 2018/19, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings

During FY 2018/19, NHS Fife delivered a total of 4,601 interventions in priority and wider settings. The % delivered in priority settings (i.e. Primary Care, A&E and Antenatal) was less than the notional 80% sub-target, and plans are in place to improve on this in FY 2019/20.

**Drug and Alcohol Waiting Times** target: At least 90% of clients will wait no longer than 3 weeks from referral to treatment

### 2 Targets and Standards; Variable Performance

NHS Fife has generally met or been close to the following Standards for a sustained period however performance varies from month-to-month. If performance drops significantly below the Standard for 3 consecutive months, a drill-down process is instigated.

**Cancer Waiting Times: 31 Day Decision to Treat** target: We will treat at least 95% of cancer patients within 31 days of decision to treat

In April, 89.9% of patients (98 out of 109) started treatment within 31 days, the lowest performance figure since July 2016. The breaches were recorded in the Breast (5) and Urology (6) specialties.

**Outpatients Waiting Times** target: 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

At the end of April, 98.0% of patients waiting for their first outpatient appointment had waited no more than 12 weeks, the second successive month where the Standard has been exceeded. The Neurology specialty had the highest number of breaches (59).

Sustaining a high level of performance will be a challenge due to demand exceeding available capacity in a number of specialties. Discussions are ongoing with the Scottish Government about the level of additional funding available to sustainably meet the gaps in capacity for 2019/20.

**Detect Cancer Early** target: At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer

NHS Fife's performance fell during 2017, with published information showing that 25% of patients were diagnosed at Stage 1 during the 2-year period from 1<sup>st</sup> January 2016 to 31<sup>st</sup> December 2017, the 6<sup>th</sup> highest of the 11 Mainland Health Boards. In the previous 2-year period, NHS Fife recorded a performance of 29.5%, the best in Scotland.

Local figures covering up to the end of December 2018 show that the running 2-year performance has improved slightly (to 25.5%), with the figures for Q1 to Q3 of FY 2018/19 showing a performance of 27.6%.

**Dementia Care** target: Deliver expected rates of diagnosis and ensure that all people newly diagnosed will have a minimum of a year's worth of post-diagnostic support (PDS) coordinated by a link worker.

Management information covering the period up to the end of FY 2018/19 Q3 has been made available to Health Boards, and covers Referral Rates and Completion of Post-Diagnostic Support, as well as illustrating relative waiting times. The first two measures are formal AOP Standards.

During 2017/18, 711 people were referred to the Dementia PDS in NHS Fife. This is 55% of the notional target (1,289), and NHS Fife achieved the 2<sup>nd</sup> highest % of all Mainland Health Boards. In the absence of a formal target, Health Boards are looking for this % to increase year-on-year, taking into account that the notional target will increase each year to reflect the growth in the elderly population. In reality, Fife (along with most Health Boards) has seen this % reduce in 2017/18.

Data for FY 2018/19 shows that 586 referrals had been made in the first 9 months of the year. This equates to 44% of the notional target (1,327), but if the rate of referral continues during Q4, the whole year achievement will be an improvement on 2017/18.

For Post-Diagnostic Support, the situation is less clear due to the nature of the measure, which requires that no assessment is possible until after the 1-year support period is complete. For 2017/18, NHS Fife has so far recorded a performance of 85.3%, above the Scottish average of 83.0%; both figures, can be expected to increase by the time we have the full-year figures (in June).

For 2016/17, Fife achieved 88.2% against a Scottish average of 83.5%.

We have subjectively assigned an AMBER RAG status to both measures.

It is worth recording that during 2017/18, NHS Fife had the highest % of all Mainland Health Boards of patients who waited less than 3 months for contact with a link worker following referral. The Scottish average was 61.9%, Fife achieved 96.2%.

### 3 Targets and Standards; Not Being Met - Drill-Down

For each of the Standards and targets not being met (or where performance is high-profile and key to the delivery of safe patient care), a more in-depth report is provided and is structured as follows:

- A summary box, describing the measure, current performance and the latest published performance and status (Scotland)
- A trend chart covering the last 12 months of local performance data
- A chart showing the Recovery Trajectory (as per the Annual Operational Plan), where appropriate
- A past performance box showing the last 3 data points (previous to the 'current' position)
- An improvements/benefits box, outlining key actions being taken, expected benefits and current status.

Drill downs are located in the Clinical Governance, Finance, Performance & Resources and Staff Governance sections.

## Section B: 1 Clinical Governance

### Executive Summary

**Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target:** We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During April, there were 8 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 7 of which were non-hospital acquired, with 1 occurring in VHK. The number of infections in the month was 2 less than in April 2018, so the annual infection rate fell to 0.41.

Assessment: This year there is enhanced focus on PVCs with weekly reports being issued to Senior Charge Nurses if their ward has failed to achieve 90% for all PVCs being removed prior to the 72hr breach. This is in response to SAERs which demonstrated PVCs were remaining in beyond 72hr and resulting in a SAB.

In addition, it has been agreed that CVC-related SABs will be captured in Datix, while PVC-related SAB will continue to be captured in Datix by Dr Morris and also undergo an SAER.

**Complaints** local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

Performance against closing Stage 1 complaint closure in April was above the local target, with 63 out of 74 complaints (85.1%) being closed within the timescale. The Stage 2 performance (47.6%) recovered to an extent in April, but remained well below the local target.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

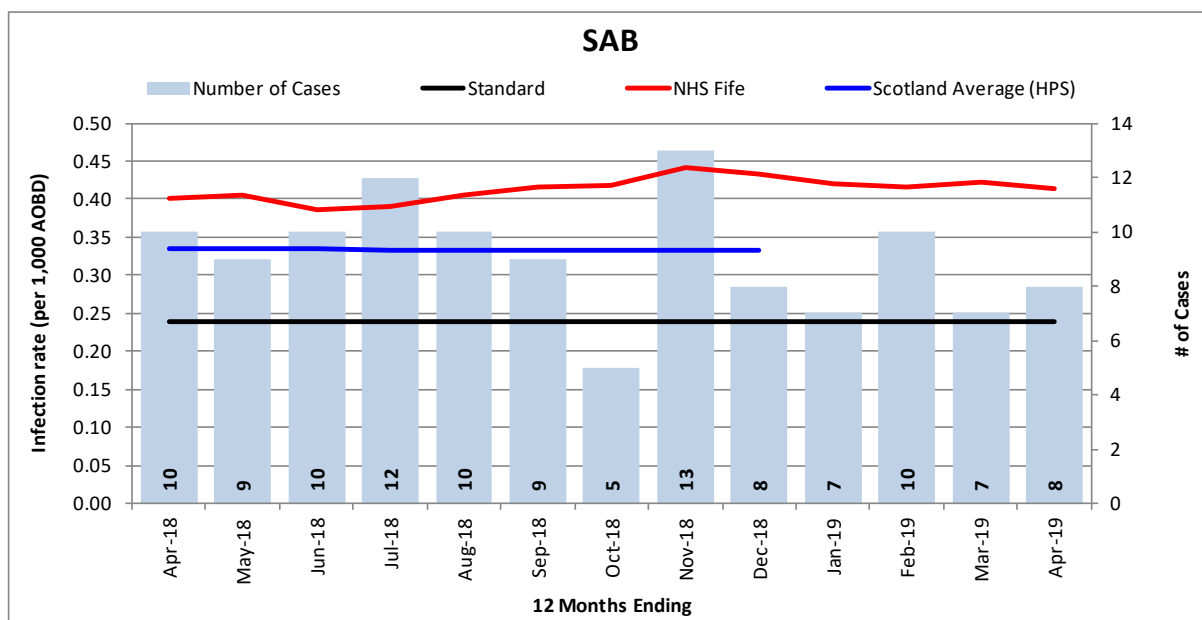
# Performance Summary

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Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2019-20 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Apr 2019	0.20	12 months to Mar 2019	0.20	↔	0.10	y/e Dec 2018	0.19	4th	0.27
		Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Apr 2019	85.1%	Mar 2019	78.8%	↑	85.1%	Only published annually: NHS Fife was 7th for FY 2017/18			
	RED	Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Apr 2019	47.6%	Mar 2019	34.6%	↑	47.6%	Only published annually: NHS Fife was 6th for FY 2017/18			
		HAI - SABs	Safe	0.24	12 months to Apr 2019	0.41	12 months to Mar 2019	0.42	↑	0.36	y/e Dec 2018	0.43	10th	0.33

## SAB

<b>Measure</b>	<b>We will achieve a maximum rate of SAB (including MRSA) of 0.24</b>	
<b>Current Performance</b>	0.41 cases per 1,000 acute occupied bed during 12-month period ending April 2019	
<b>Scotland Performance</b>	0.33 cases per 1,000 acute occupied bed days in Calendar Year 2018	

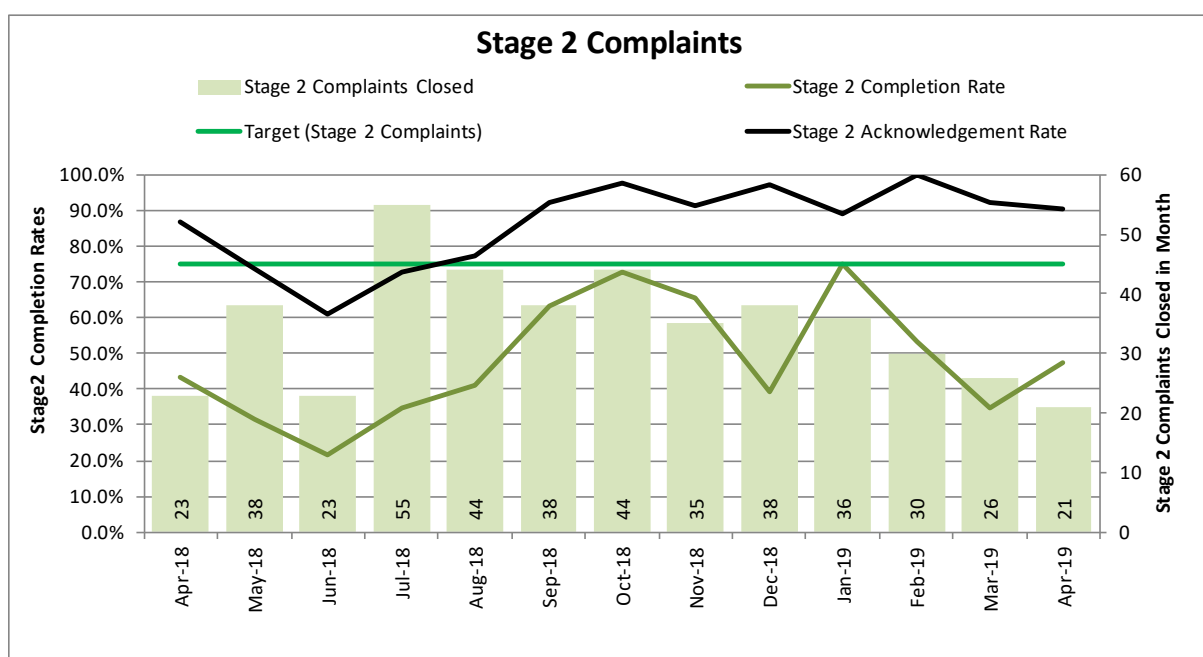
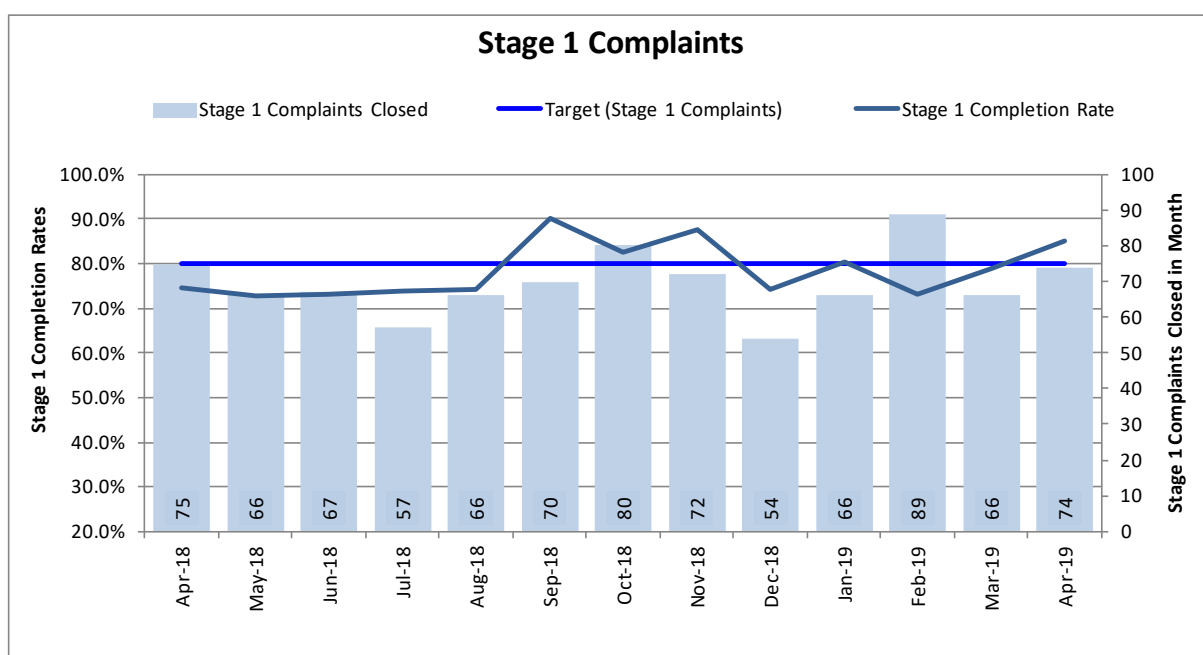


Previous 3 Reporting Periods	Feb 2018 to Jan 2019		Mar 2018 to Feb 2019		Apr 2018 to Mar 2019	
	0.42	↑	0.42	↔	0.42	↔
<b>Current Issues</b>	Vascular Access Device (VAD) SAB					
<b>Context</b>	Never met Standard 2 <sup>nd</sup> highest infection rate of all Mainland Boards in Calendar Year 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Community SAB to be highlighted as standing agenda item at Clinical and Care Governance Groups	Emergence of common themes which will target areas for improvement activity	Jun 2019	Complete

## Complaints

<b>Measures (Local Targets)</b>	<b>At least 80% of Stage 1 complaints are completed within 5 working days of receipt</b> <b>At least 75% of Stage 2 complaints are completed within 20 working days</b>		
<b>Current Performance</b>	85.1% (63 out of 74) Stage 1 complaints closed in April were completed within 5 working days (or 10 working days if extension applicable) 47.6% (10 out of 21) Stage 2 complaints closed in April were completed within 20 working days		
<b>Scotland Performance</b>	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)		



Previous 3 Months Stage 1 Stage 2	January 2019		February 2019		March 2019	
	83.0%	↑	73.0%	↓	78.8%	↑
	75.0%	↑	53.3%	↓	34.6%	↓
<b>Current Issues</b>	Stage 2 Complaints: Delays in receiving medical statements continues to affected performance. There has been delay with approval within the Partnership mainly due to additional information being requested to ensure complaint points are addressed fully. Significant sickness absence within PRD has also resulted in a delay with drafting response letters.					
<b>Context</b>	During the first quarter of 2019, 52 out of 93 Stage 2 Complaints (56%) were either Fully or Partially Upheld, while 23 (25%) were Not Upheld; for Stage 1 Complaints, 107 out of 219 (49%) were Fully or Partially Upheld while 86 (39%) were Not Upheld					

Key Actions for Improvement	Planned Benefits	Due By	Status
Patient Relations Officers to undertake peer review	Improve the quality of draft responses	Sep 2019	Refer to Page 3
Deliver education to service to improve quality of investigation statements	Improve quality of response and timescale	Dec 2019	Refer to Page 3
With ASD, agree a process for managing medical statements	Improve Stage 2 performance	Jun 2019	Refer to Page 3
With ASD, agree a consistent style for responses	Improve Stage 2 performance	Jun 2019	Refer to Page 3

## Section B: 2 Finance, Performance & Resources

### Executive Summary

#### Acute Services Division

**4-Hour Emergency Access** target: At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.

In April, 94.7% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. This was the second successive monthly increase, but we have been below the Standard since December 2018.

Performance at the VHK A&E site alone was 92.6%, and the Standard there has not been achieved since August 2018.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance.

There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A group has been formed to look at performance improvement strategies for ED and will review breach reasons and trends as a starting point for potential service redesign.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

**Cancer 62 day Referral to Treatment** target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In April, 84.4% of patients (81 out of 96) started treatment within 62 days of an urgent suspected cancer referral, almost 10% higher than in March. Breaches were spread across 6 specialties, with the highest number being in Breast (4) and Urology (6).

Assessment: There are continuing significant issues within the prostate cancer pathway with delays to MRI before TRUS, waits for TRUS biopsy and delays to post MDT appointments.

We continued to see issues in breast due to consultant retiral but expect performance to improve over the coming months.

The backlog of patients who have breached and are still awaiting treatment will result in continuing challenges with performance in May and June.

**Patient Treatment Time Guarantee** target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

In April, 87.6% of patients were treated within 12 weeks, the second successive significant monthly increase and the highest performance since January 2018. The highest number of breaches (50 out of a total of 174) was in the Urology specialty.

Assessment: Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of additional capacity to meet the gap and reduce the backlog.

The additional in-house activity for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside has sustained the improved performance in patients waiting over 12 weeks.

Discussions are ongoing with the Scottish Government about the level of additional funding available to sustainably meet the gaps in capacity for 2019/20 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

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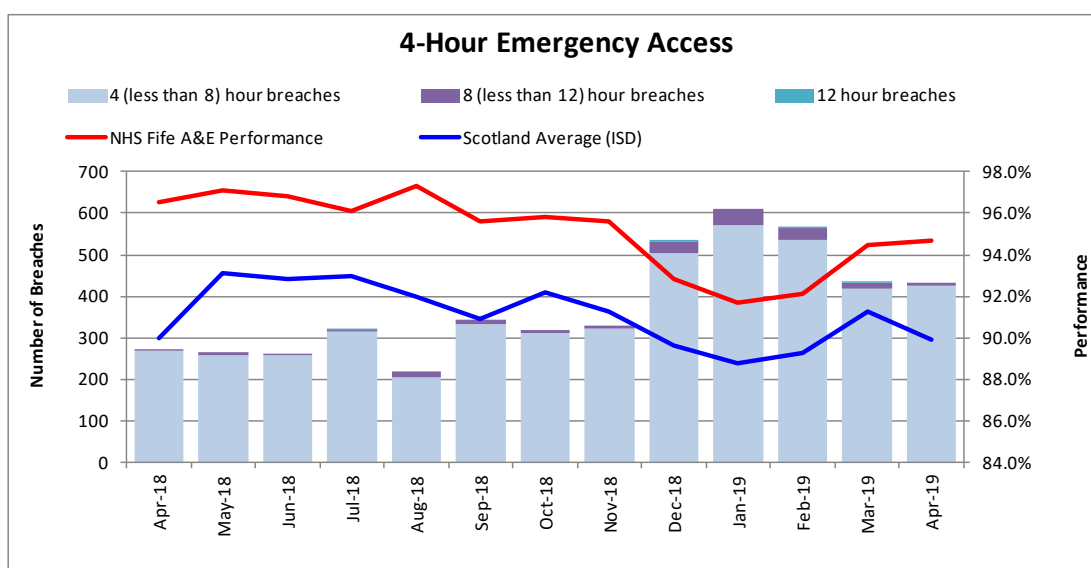
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Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	Apr 2019	100.0%	Mar 2019	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		Outpatients Waiting Times	Clinically Effective	95.0%	Apr 2019	98.0%	Mar 2019	98.0%	↔	N/A	End of March	98.2%	1st	75.0%
		Antenatal Access	Clinically Effective	80.0%	Feb 2019	86.1%	Jan 2019	93.6%	↓	91.5%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	Feb 2019	94.1%	Jan 2019	87.0%	↑	N/A	q/e Dec 2018	96.8%	4th	93.9%
		Alcohol Brief Interventions	Clinically Effective	4,187	FY 2018/19	4,601	Apr to Dec 2018	2,873	↑	N/A	Only published annually: NHS Fife was 8th for FY 2017-18			
	AMBER	4-Hour Emergency Access *	Clinically Effective	95.0%	Apr 2019	94.7%	Mar 2019	94.5%	↑	94.7%	y/e Mar 2019	95.2%	3rd	91.2%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Apr 2019	99.7%	Mar 2019	99.9%	↓	N/A	End of March	99.9%	1st	84.0%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
		Cancer 31-Day DTT	Clinically Effective	95.0%	Apr 2019	89.9%	Mar 2019	96.0%	↓	89.9%	q/e Dec 2018	95.6%	6th	94.9%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Apr 2019	84.4%	Mar 2019	75.6%	↑	84.4%	q/e Dec 2018	87.1%	4th	82.7%
		18 Weeks RTT	Clinically Effective	90.0%	Apr 2019	80.9%	Mar 2019	76.9%	↑	80.9%	Mar-19	76.9%	7th	77.3%
		Patient TTG	Person-centred	100.0%	Apr 2019	87.6%	Mar 2019	78.8%	↑	87.6%	q/e Mar 2019	69.1%	6th	68.4%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Dec 18	25.5%	2 years to Sep 18	24.9%	↑	27.6%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	25th Apr Census	41	28th Mar Census	43	↑	N/A	28th Mar Census	11.58	7th	9.60
		Smoking Cessation	Clinically Effective	490	Apr 18 to Jan 19	331	Apr to Dec 2018	290	↓	331	q/e Dec 2018	59.2%	5th	63.6%
		CAMHS Waiting Times	Clinically Effective	90.0%	Apr 2019	72.3%	Mar 2019	79.8%	↓	72.3%	q/e Mar 2019	72.8%	7th	73.6%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	Apr 2019	66.1%	Mar 2019	69.8%	↓	66.1%	q/e Mar 2019	67.6%	10th	77.4%

\* The 4-Hour Emergency Access performance in April was 94.7% (all A&E and MIU sites) and 92.6% (VHK A&E, only)

## Performance Drill Down – Acute Services Division

### 4-Hour Emergency Access

<b>Measure</b>	<b>At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment</b>	
<b>Current Performance</b>	94.7% in April	
<b>Scotland Performance</b>	89.9% in April	

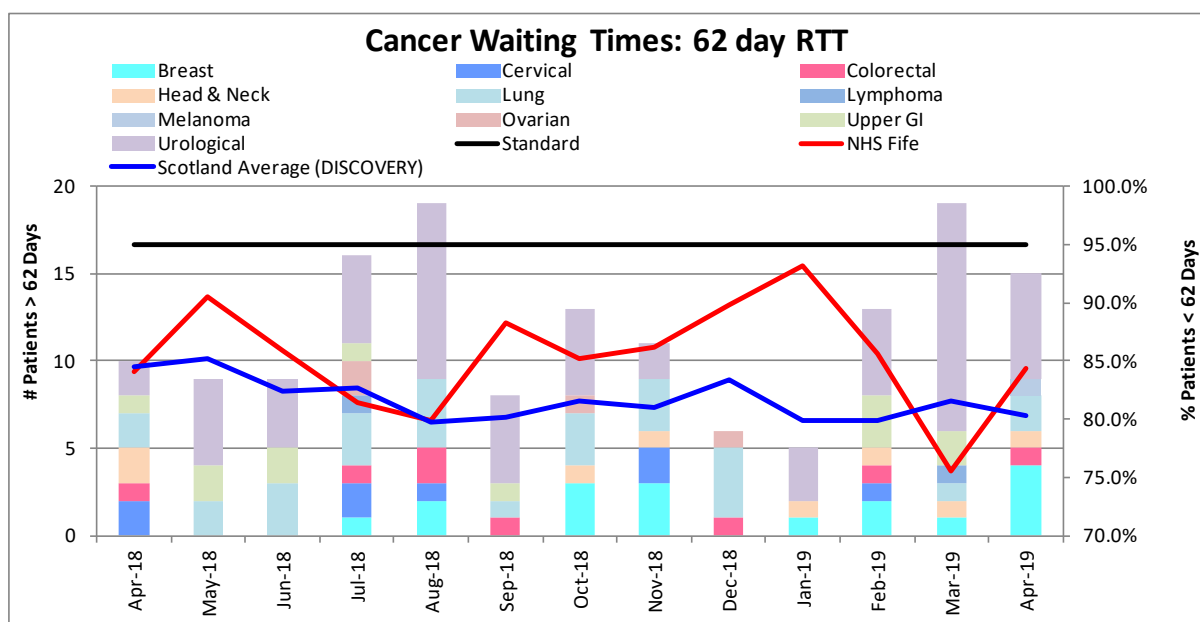


Previous 3 Reporting Periods	January 2019		February 2019		March 2019	
	91.7%	↓	92.1%	91.7%	↓	92.1%
<b>Current Issues</b>	Variability in delivery of the access target					
<b>Context</b>	Chart showing monthly rather than rolling 12-monthly performance Consistently above the Scottish average 3 <sup>rd</sup> best Mainland Health Board performance over the whole of FY 2018/19					

Key Actions for Improvement	Planned Benefits	Due By	Status
Review of Referrals and Assessment process	Improved support for GPs to ensure appropriate hospital admission referrals	Jun 2019	Refer to Page 3
New admissions to the acute medical receiving unit – review of assessment processes in hospital (initial changes to be incorporated from 5 <sup>th</sup> June)	Improvement in patient flow Reduced length of stay by increasing capacity by 1 trolley space	Jun 2019	Refer to Page 3
Monitoring of 4-hour breaches <i>Note: Action wording changed to focus on 4-hour breaches and not 8-hour breaches</i>	Identify trends with a view to revising pathways for patient benefit	Jun 2019	Refer to Page 3
Addressing variability of ED performance in relation to 4 hour breaches	Achieving breach performance targets	Aug 2019	Refer to Page 3

## Cancer Treatment Waiting Times: 62-Day RTT

<b>Measure</b>	<b>At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days of urgent referral</b>	
<b>Current Performance</b>	84.4% of patients (81 out of 96) started treatment in April within 62 days	
<b>Scotland Performance</b>	80.3% of patients started treatment within 62 days in April	

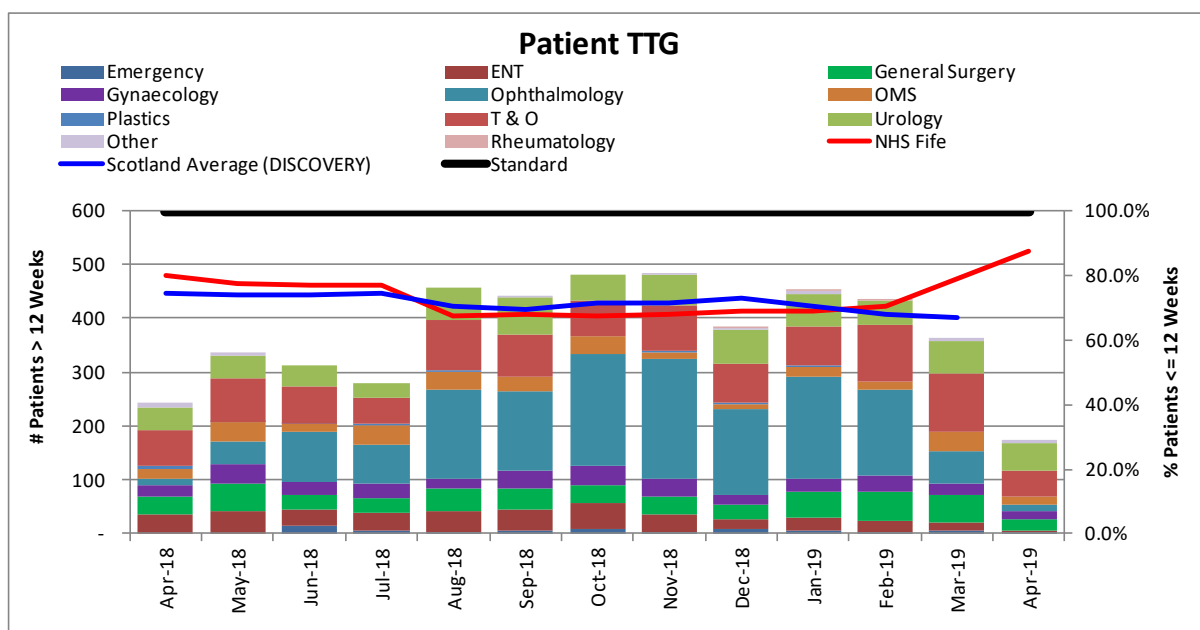


Previous 3 Months	January 2019		February 2019		March 2019	
	93.1%	↑	85.6%	↓	75.6%	↓
<b>Current Issues</b>	Challenges with Urology prostate pathway and processes Delay to SABR in Lung Delay to TRUS biopsy for prostate patients Waits to surgery for bladder and renal Staffing issues within the breast service due to retirement					
<b>Context</b>	Standard last achieved in October 2017 Above Scotland average in 10 out of last 12 months 4 <sup>th</sup> best performing Mainland Health Board during final quarter of 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Train 2 <sup>nd</sup> consultant in lap nephrectomy (Urology)	Increased capacity and reduced vulnerability to service	Nov 2019	Refer to Page 3
Urology Improvement Group set up to focus on improving the prostate pathway	Improved (and sustained) performance	Oct 2019	Refer to Page 3
Introduction of cancer performance improvement action plan	Mitigation of risks of breach	May 2019	Refer to Page 3

## Patient Treatment Time Guarantee

<b>Measure</b>	<b>We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed</b>	
<b>Current Performance</b>	174 patient breaches (out of 1,398 patients treated) in April (87.6% within the guarantee time)	
<b>Scotland Performance</b>	68.4% of patients treated within 12 weeks in first quarter of 2019	

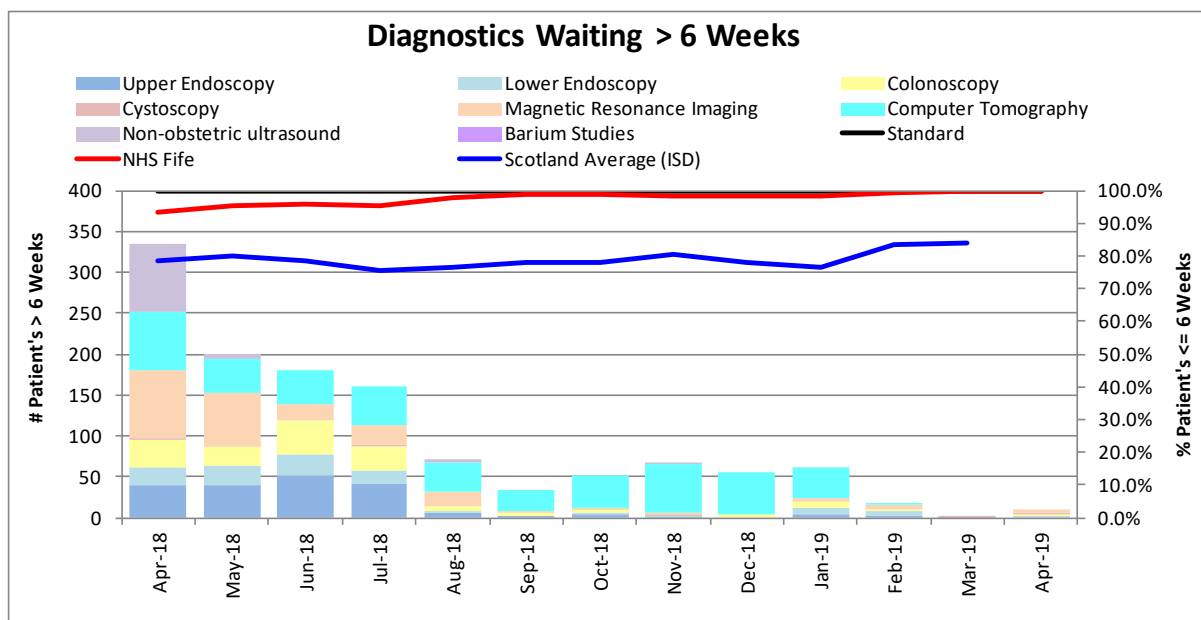


Previous 3 Months	January 2019		February 2019		March 2019	
	68.7%	↓	70.5%	↑	78.5%	↑
<b>Current Issues</b>	Recurring gap in elective inpatient and daycase capacity Unable to deliver the level of outsourced activity for Urology					
<b>Context</b>	NHS Fife performance generally very close to Scottish average, though positive gap has emerged in last two months					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources to deliver waiting times improvement plan for 19/20	Elective projected performance delivered	May 2019	Confirmation of resources awaited Refer to Page 3

## Diagnostics Waiting Times

<b>Measure</b>	<b>No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests</b>	
<b>Current Performance</b>	99.7% of patients waiting no more than 6 weeks at end of April	
<b>Scotland Performance</b>	84.0% of patients waiting no more than 6 weeks at end of March	

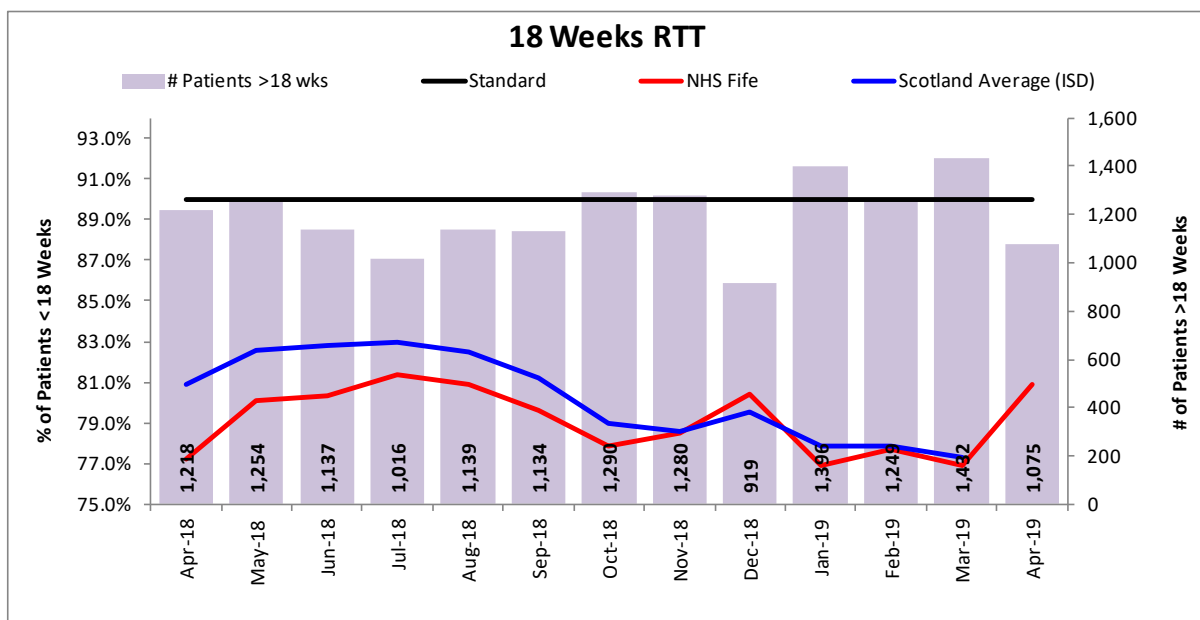


Previous 3 Months	January 2019		February 2019		March 2019	
	98.2%	↓	99.5%	↑	99.9%	↑
<b>Current Issues</b>	Radiology Consultant , radiographer and sonographer vacancies, increased demand for MRI, Ultrasound and specialist cardiac and colon CT Reporting capacity Variable capacity for additional Ultrasound Increase in demand from bowel screening					
<b>Context</b>	Standard last achieved in April 2016, but very small breach numbers at end of March and April Best performing Mainland Health Board at the end of March					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources to deliver waiting times improvement plan for 19/20	Radiology diagnostic performance delivered projected	May 2019	Confirmation of resources awaited Refer to Page 3

## 18 Weeks Referral-to-Treatment

<b>Measure</b>	<b>90% of planned/elective patients to commence treatment within 18 weeks of referral</b>
<b>Current Performance</b>	80.9% of patients started treatment within 18 weeks in April
<b>Scotland Performance</b>	77.3% of patients started treatment within 18 weeks in March



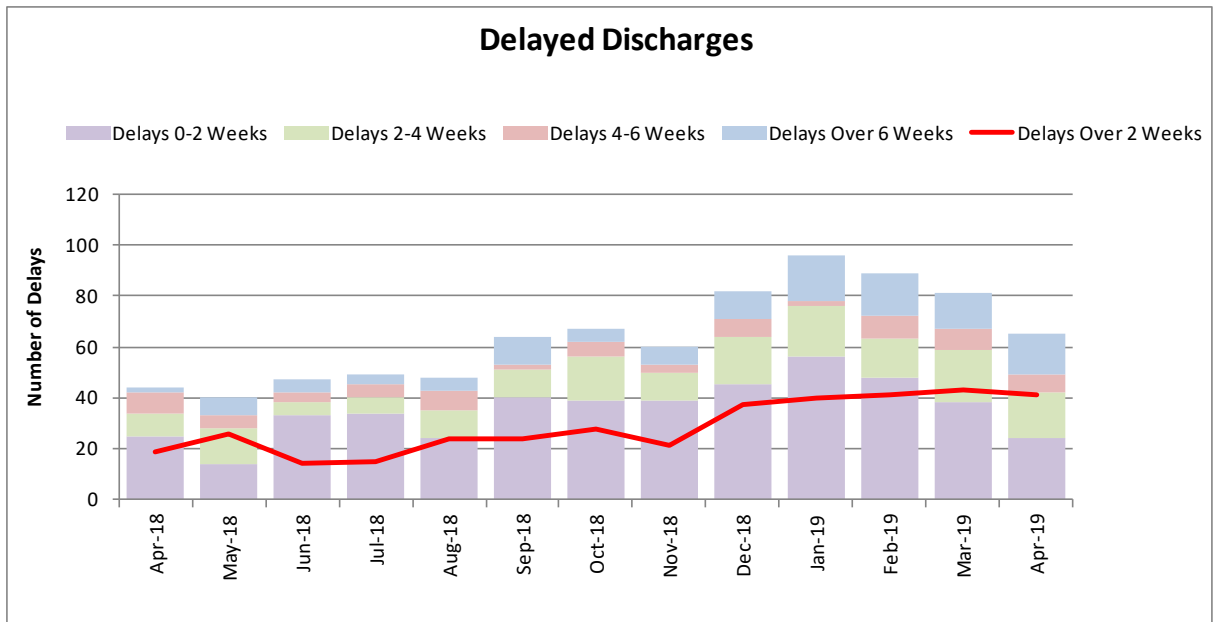
Previous 3 Months	January 2019		February 2019		March 2019	
	76.9%	↓	77.7%	↑	76.9%	↓
<b>Current Issues</b>	The previous challenges with performance in Outpatients are impacting on non-admitted and admitted pathway performance The challenges in TTG performance is impacting on admitted pathway performance					
<b>Context</b>	Standard last achieved in September 2016 Consistently below the Scottish average 7 <sup>th</sup> out of 11 Mainland Health Boards in March					

Key Actions for Improvement	Planned Benefits	Due By	Status
The Recovery Plan for 18 Weeks RTT is covered by the delivery of the Patient Treatment Time Guarantee, Diagnostics and Outpatient Waiting Times Recovery Plans; there are no new specific actions			

## Performance Drill Down – Health & Social Care Partnership

### Delayed Discharge

<b>Measure</b>	<b>No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge</b>
<b>Current Performance</b>	41 patients in delay for more than 14 days at April Census – this equates to 11.02 patients per 100,000 population in NHS Fife
<b>Scotland Performance</b>	9.60 patients per 100,000 population at March census

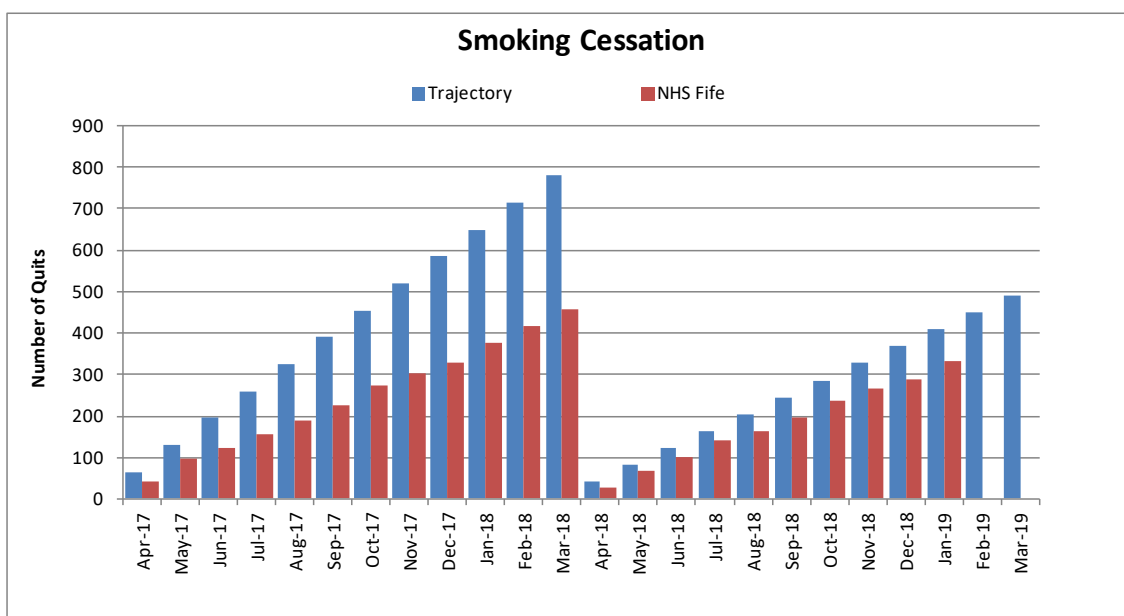


Previous 3 Months	January 2019		February 2019		March 2019	
	40	↓	41	↓	43	↓
<b>Current Issues</b>	Increasing number of patients in delay					
<b>Context</b>	Never met 14-day target 7 <sup>th</sup> lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at March Census					

Key Actions for Improvement	Planned Benefits	Due By	Status
Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Reduced Length of Stay Smoother person centred transitions	May 2019	Refer to Page 3
Manage community flow and planned reduction of surge beds to ensure performance maintained	Better management of occupancy and demand for community beds throughout winter	Apr 2019	Refer to Page 3
Review timescales of social work assessments	Reduced Length of Stay	Apr 2019	Refer to Page 3

## Smoking Cessation

<b>Measure</b>	<b>In FY 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife</b>
<b>Current Performance</b>	331 successful quits in first 10 months of the year (68% of annual target)
<b>Scotland Performance</b>	4,810 successful quits at end of Q3, 63.6% of target

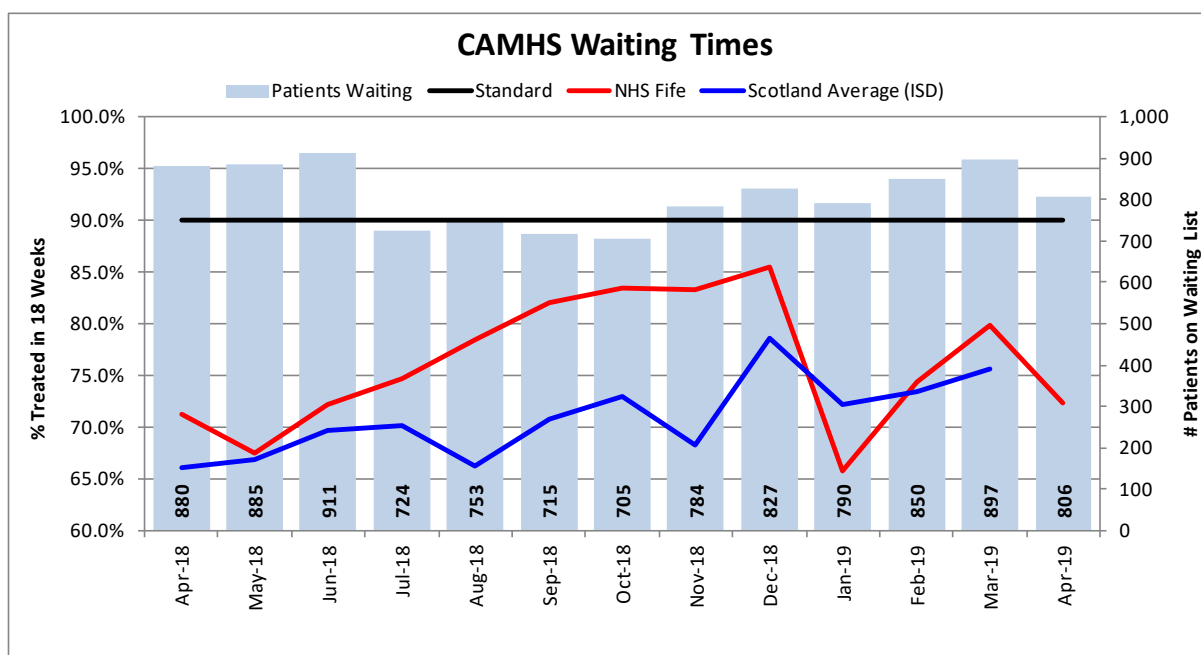


Previous 3 Months	October 2018		November 2018		December 2018	
	237	↓	267	↓	290	↓
<b>Current Issues</b>	Ongoing issues with the In-reach work with the mobile unit due to mechanical issues with the vehicle					
<b>Context</b>	Lower quit target (490) has been set for FY 2018/19 by the Scottish Government Current achievement for FY 2018/19 is behind the Scottish average					

Key Actions for Improvement	Planned Benefits	Due By	Status
Outreach development with Gypsy Travellers in Thornton	Increased service reach and engagement with minority group	Aug 2019	Refer to Page 3
Test newly approved temporary abstinence paperwork in the acute setting	Robust and effective pathways and prescribing guidance Increase in number of patients being routinely offered Nicotine Replacement Therapy	Oct 2019	Refer to Page 3
In collaboration with Respiratory Consultant test the effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Increased opportunities for patients to access Champix at point of contact, supporting patients to quit	Dec 2019	Refer to Page 3
'Better Beginnings' antenatal class for pregnant women on Saturday mornings	Increased engagement and raised awareness of the impact of second hand smoke on both the foetus and mother	Dec 2019	Refer to Page 3

## CAMHS Waiting Times

<b>Measure</b>	<b>At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services</b>	
<b>Current Performance</b>	72.3% of children and young people started treatment within 18 weeks in April	
<b>Scotland Performance</b>	73.6% of patients started treatment within 18 weeks during FY 2018/19 Q4	

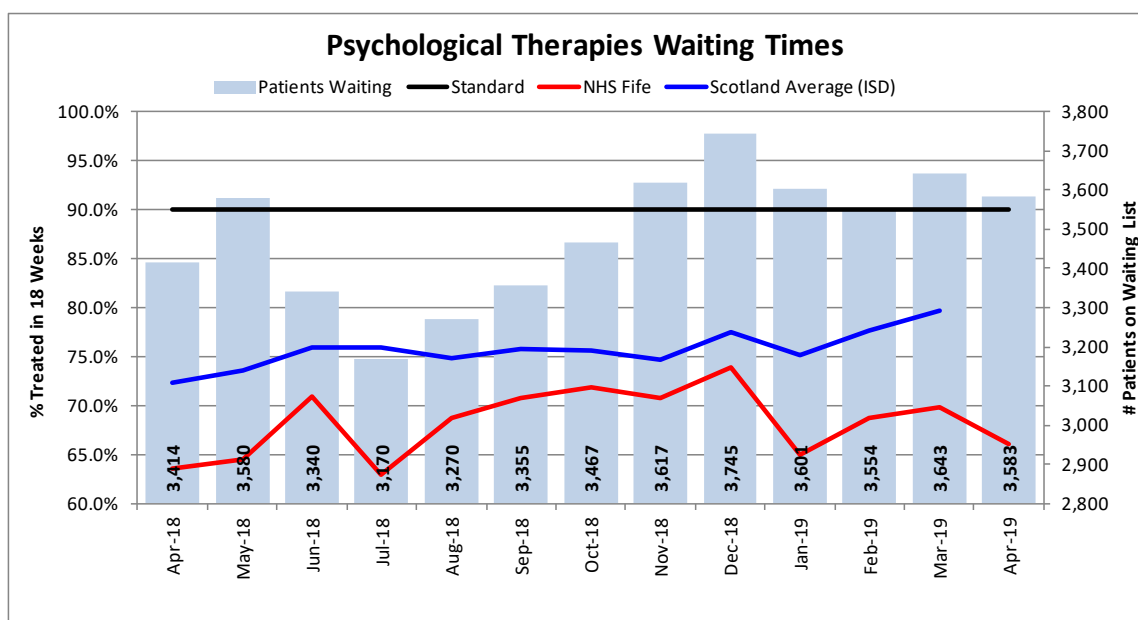


Previous 3 Reporting Periods	January 2019		February 2019		March 2019	
	65.7%	↓	74.3%	↑	79.8%	↑
<b>Current Issues</b>	Volume of referrals to service stretching available capacity Resilience to manage staff absence without impacting on performance					
<b>Context</b>	Chart now displaying monthly performance, to better illustrate variation Below Standard since May 2014 7 <sup>th</sup> out of the 11 Mainland Health Boards for the quarter ending March					

Key Actions for Improvement	Planned Benefits	Due By	Status
Development of PMHW First Contact Appointment	Reduction of burden on GPs and the Tier 3 CAMH service	Jun 2019	Refer to Page 3
Development of Tier 3 Initial Assessment Appointment	Improved screening and signposting for treatment options	Jun 2019	Refer to Page 3
Development of Tier 3 Therapeutic Group Programme	Improved access to therapeutic intervention (additional provision for approximately 380 children per annum)	Jun 2019	Refer to Page 3

## Psychological Therapies Waiting Times

<b>Measure</b>	<b>At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies (PT)</b>	
<b>Current Performance</b>	66.1% of patients started treatment within 18 weeks of referral in April	
<b>Scotland Performance</b>	77.4% of patients started treatment within 18 weeks during FY 2018/19 Q4	



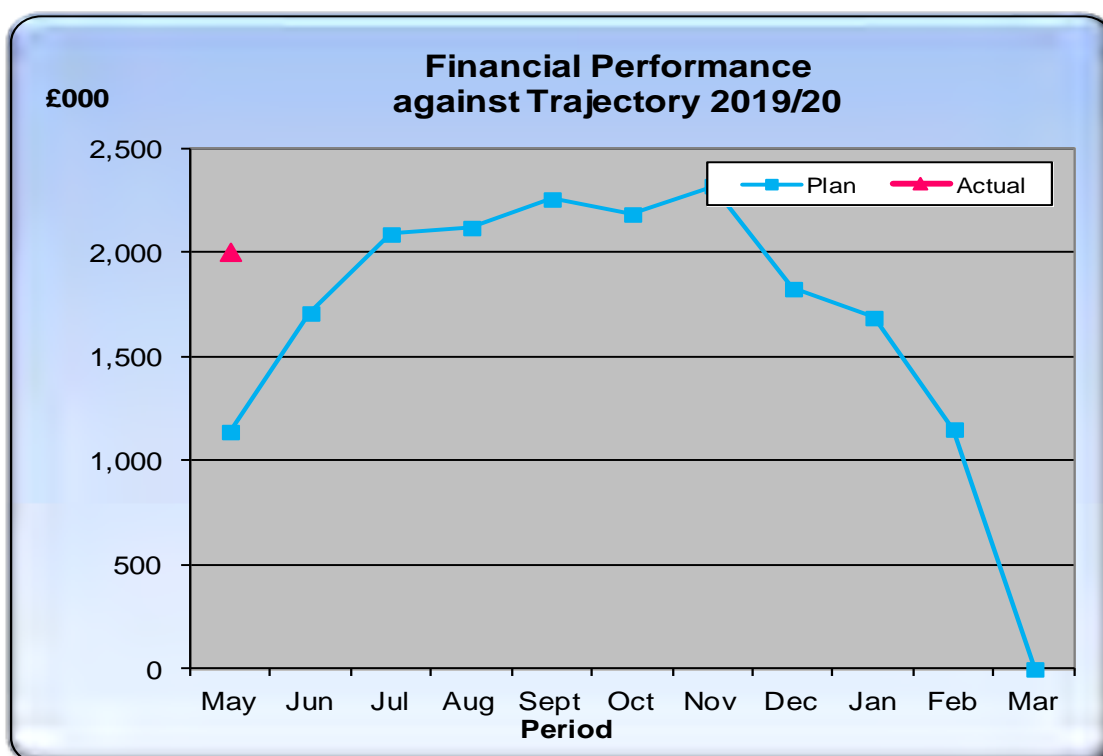
Previous 3 Reporting Periods	January 2019		February 2019		March 2019	
	65.0%	↓	68.7%	↑	69.8%	↑
<b>Current Issues</b>	Delivery of PTs across services requires further integration to enhance efficiency					
<b>Context</b>	Chart now displaying monthly performance, to better illustrate variation Never met Standard; monthly performance normally between 65% and 75% 10 <sup>th</sup> out of the 11 Mainland Health Boards for the quarter ending March					

Key Actions for Improvement	Planned Benefits	Due By	Status
Develop enhanced PT Strategy, reflecting new opportunities within H&SC integration	Increased capacity and efficiency of PT delivery within matched care model	Aug 2019	Refer to Page 3
QI work for 2019 : evaluation of impact of self-referral on capacity and demand to inform further development of group/self-referral PT options	Improved quality and efficiency of PT services	Dec 2019	Refer to Page 3
Development of CMHTs to provide PTs within MDT approach for people with complex needs	PTs provided in line with evidence base within holistic package of care; improved patient flow	Dec 2019	Refer to Page 3
Development of Personality Disorder pathway and Unscheduled Care Service	PTs for people with urgent and complex needs provided within integrated multi-agency approach; reduce delays and improve patient safety	Dec 2019	Refer to Page 3

## Performance Drill Down – Financial Performance

### Revenue Expenditure

Measure	<i>Health Boards are required to work within the revenue resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD).</i>
In year position	<i>£2.004 overspend</i>
Outturn position	<i>Target of breakeven</i>



	Year end outturn 2018/19	May 2019
<b>Revenue Resource Limit</b>		
Actual (in-year position)	£0.219m under spend	£2.004m overspend
Plan (in-year position)	Breakeven	£1.139 overspend
Forecast Outturn position	£0.219m under spend	Breakeven (target)

### Commentary

The revenue position for the 2 months to 31 May reflects an overspend of £2.004m. This comprises an overspend of £1.937m on Health Board retained budgets; and an overspend of £0.067m aligned to the Health budgets delegated to the Integration Joint Board (IJB). At this point there has been no IJB risk share factored into the position.

The Acute Services Division has reported an overspend of £2.657m for the year to date, of

which £0.697m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board. The most significant challenge reported for the period is the level of savings identified and delivered.

## 1. Financial Framework

- 1.1 The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

## 2. Financial Allocations

### Revenue Resource Limit (RRL)

- 2.1 On 3 June 2019 NHS Fife received confirmation of May core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £661.827m. A breakdown of the additional funding received in month is shown in Appendix 1 and Appendix 2 shows details of anticipated allocations expected to be received.

### Non Core Revenue Resource Limit

- 2.2 NHS Fife also receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The Anticipated non core RRL funding of £33,832m is detailed in Appendix 3.

### Total RRL

- 2.3 The total current year budget at 31 May is therefore £754.999m.

## 3. Summary Position

- 3.1 At the end of May, NHS Fife is reporting an overspend of £2.004m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £1.937m is attributable to Health Board retained budgets; and an overspend of £0.067m is attributable to the health budgets delegated to the Integration Joint Board.

- 3.2 Key points to note from Table 1 are:

- 3.2.1 Acute Division overspend of £2,657m, driven largely as a result of non delivery of savings (£1.680m);
- 3.2.2 The aforementioned Acute Division overspend includes £0.697m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board;
- 3.2.3 Under spends across Estates & Facilities and Corporate Directorates;

**Table 1: Summary Financial Position for the period ended May 2019**

Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
<b>Health Board</b>	406,659	414,445	65,587	67,524	1,937	2.95%	170	1,767
<b>Integration Joint Board - Health</b>	339,437	340,554	58,034	58,101	67	0.12%	-732	799
<b>Total</b>	<b>746,096</b>	<b>754,999</b>	<b>123,621</b>	<b>125,625</b>	<b>2,004</b>	<b>1.62%</b>	<b>-562</b>	<b>2,566</b>

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	190,685	192,193	33,448	36,105	2,657	7.94%	977	1,680
IJB Non-delegated	8,195	8,212	1,383	1,377	-6	-0.43%	-15	9
Estates & Facilities	71,796	71,810	11,882	11,505	-377	-3.17%	-436	59
Board Admin & Other Services	51,704	66,041	20,910	20,686	-224	-1.07%	-243	19
Non Fife & Other Healthcare Providers	84,462	84,462	14,066	14,406	340	2.42%	340	0
Financial Flexibility & Allocations	24,355	30,416	460	0	-460	-100.00%	-460	0
<b>Health Board</b>	<b>431,197</b>	<b>453,134</b>	<b>82,149</b>	<b>84,079</b>	<b>1,930</b>	<b>2.35%</b>	<b>163</b>	<b>1,767</b>
Integration Joint Board - Core	365,330	384,025	66,359	66,422	63	0.09%	-736	799
Integration Fund & Other Allocations	12,620	5,901	0	0	0	0.00%	0	0
<b>Sub total Integration Joint Board Core</b>	<b>377,950</b>	<b>389,926</b>	<b>66,359</b>	<b>66,422</b>	<b>63</b>	<b>0.09%</b>	<b>-736</b>	<b>799</b>
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
<b>Total Integration Joint Board - Health</b>	<b>377,950</b>	<b>389,926</b>	<b>66,359</b>	<b>66,422</b>	<b>63</b>	<b>0.09%</b>	<b>-736</b>	<b>799</b>
<b>Total Expenditure</b>	<b>809,147</b>	<b>843,060</b>	<b>148,508</b>	<b>150,501</b>	<b>1,993</b>	<b>1.34%</b>	<b>-573</b>	<b>2,566</b>
IJB - Health	-38,513	-49,372	-8,325	-8,321	4	-0.05%	4	0
Health Board	-24,538	-38,689	-16,562	-16,555	7	-0.04%	7	0
Miscellaneous Income	-63,051	-88,061	-24,887	-24,876	11	-0.04%	11	0
<b>Net position including income</b>	<b>746,096</b>	<b>754,999</b>	<b>123,621</b>	<b>125,625</b>	<b>2,004</b>	<b>1.62%</b>	<b>-562</b>	<b>2,566</b>

#### 4. Operational Financial Performance for the year

##### Acute Services

- 4.1 The Acute Services Division reports a net overspend of £2.657m for the year to date. This reflects an overspend in operational run rate performance of £0.977m, and unmet savings of £1.680m. Within the run rate performance, pay is overspent by £0.792m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements and incremental progression. Balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings proved challenging.

##### Estates & Facilities

- 4.2 The Estates and Facilities budgets report an under spend of £0.377m which can be broken down into under spend of £0.377m on run rate and unmet savings of £0.059m. The run rate net under spend is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

##### Corporate Services

- 4.3 Within the Board's corporate services there is an under spend of £0.224m. This comprises an under spend on run rate of £0.243m as offset by unmet savings of £0.019m. Further analysis of Corporate Directorates is detailed per Appendix 4.

##### Non Fife and Other Healthcare Providers

- 4.4 The budget for healthcare services provided out with NHS Fife is overspent by £0.340m. Further detail is attached at Appendix 5.

#### Financial Plan Reserves & Allocations

- 4.5 Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts are held in a central budget and will be subject to robust scrutiny and review each month. The detailed review of the financial plan reserves at Appendix 6 allows an assessment of financial flexibility for the year to date. As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

#### Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an overspend of £0.067m for the year to date. This position comprises an under spend in the run rate performance of £0.732m; together with unmet savings of £0.799m. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned under spend is partly offset by locum costs within mental health services, inpatient service costs within East and West.

#### Income

- 4.7 A small under recovery in income of £0.011m is shown for the year to date.

### 5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 2 below.

**Table 2: Summary Subjective Expenditure Analysis for the period ended May 2019**

	Annual Budget	Budget	Actual	Net over/ (under) spend
<b>Pan-Fife Analysis</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Pay	350,514	61,218	61,283	65
GP Prescribing	74,106	12,496	12,814	318
Drugs	31,464	5,676	5,123	-553
Other Non Pay	366,077	71,224	71,281	57
IJB Risk Share	0	0	0	0
Efficiency Savings	-15,418	-2,566	0	2,566
Commitments	36,317	460	0	-460
Income	-88,061	-24,887	-24,876	11
<b>Net underspend</b>	<b>754,999</b>	<b>123,621</b>	<b>125,625</b>	<b>2,004</b>

#### Pay

- 5.2 The overall pay budget reflects an overspend of £0.065m. There are under spends across a number of staff groups which partly offset the overspend position within medical and dental staff; the latter being largely driven by the additional cost of supplementary staffing to cover vacancies and also nursing.
- 5.3 Against a total funded establishment of 7,636 wte across all staff groups, there was 7,726 wte staff in post in May.

Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.235m on medicines of which an overspend of £0.318m is attributable to GP Prescribing and an under spend of £0.553m relating to sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis in the absence of 2019/20 information.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £0.057m. The overspends are in purchase of healthcare and other admin supplies. These are offset by under spends across a number of areas including surgical sundries and energy.

## 6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The extent of the recurring / non recurring delivery for the year is illustrated in Table 3 below.

**Table 3: Savings 2019/20**

Savings 2019/20	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	Outstanding £'000
Health Board	10,873	42	204	246	10,627
Integration Joint Board	6,460	1,335	334	1,669	4,791
<b>Total Savings</b>	<b>17,333</b>	<b>1,377</b>	<b>538</b>	<b>1,915</b>	<b>15,418</b>

## 7 Key Messages / Risks

- 7.1 At this point in the financial year the main issue is the non-delivery/identification of savings.
- 7.2 There has been no recognition within the May 2019 position of any financial implications of the risk share arrangement as set out in the Integration Scheme for the Fife Integration Joint Board. This follows on from the Finance, Performance & Resources Committee agreement in their March meeting on the need to review the application of the various steps described in the Integration Scheme to manage any overspend on the overall IJB position

## 8 Recommendation

- 8.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:
- **Note** the reported overspend of £2.004m for the year to 31 May 2019

**Appendix 1 – Core Revenue Resource Limit**

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Jun-19	Baseline	661,383			661,383	
	2018-19 recurring allocations adjustments	1,369			1,369	
	Continuation of the Preoperative Anaemia Workstream			43	43	
	The Health and Care (Staffing) (Scotland) Bill			64	64	
	Implementation costs for HPV Boys Vaccinations			18	18	
	Funding for forensics medical examination			54	54	Service started last year
	SLA Children's Hospices			-408	-408	Year 3 of 5
	Forensic Medical Examiners and Custody Suite Service	-696			-696	Agreed by SEAT Directors of Finance
	<b>Total Core Revenue Allocation</b>	<b>662,056</b>	<b>0</b>	<b>-229</b>	<b>661,827</b>	

**Appendix 2 – Anticipated Core Revenue Resource Limit Allocations**

	£'000
Outcomes Framework	3,972
CAMHS Regional post	35
Distinction Awards	230
Research & development	881
NSS Discovery	-39
NDC Contribution	-842
Community Pharmacy Pre-Reg Training	-44
Patient Advice & Support Service	-40
New Medicine Fund	3,005
Golden Jubilee SLA	-24
Realistic Medicines	21
Superannuation April & May	2,433
Waiting List	6,700
NSD risk share	-2,566
Scotstar	-321
PAT scan	-477
Depreciation to Non-core	-12,820
Primary Medical Services	50,114
Mental Health Bundle	620
Primary Medical Services Bundle	1,718
Salaried Dental	2,100
Community Pharmacy Champions	19
Capacity Building CAMHS & PT	456
Mental health innovation fund	288
Veterans First Point Transisition Funding	114
Pharmacy Global Sum Calaculation	-1,346
FNP	934
Men C	-16
Primary Care Fynd GP sub Committee	34
ADP	1,157
Primary Care Improvement Fund	2,520
Action 15 Mental Health strategy	524
<b>Total</b>	<b>59,340</b>

**Appendix 3 - Anticipated Non Core Revenue Resource Limit Allocations**

	£'000
PFI Adjustment	3,374
Donated Asset Depreciation	119
Impairment	8,000
AME Provision	2,000
IFRS Adjustment	5,019
Non-core Del	2,500
Depreciation from Core allocation	12,820
<b>Total</b>	<b>33,832</b>

**Appendix 4 - Corporate Directorates**

<b>Cost Centre</b>	<b>CY Budget £'000</b>	<b>YTD Budget £'000</b>	<b>YTD Actuals £'000</b>	<b>YTD Variance £'000</b>
E Health Directorate	9,881	1,629	1,629	0
Nhs Fife Chief Executive	200	38	39	1
Nhs Fife Finance Director	4,908	834	772	-62
Nhs Fife Hr Director	2,920	504	481	-23
Nhs Fife Medical Director	6,142	839	825	-14
Nhs Fife Nurse Director	3,143	530	503	-27
Nhs Fife Planning Director	1,855	327	284	-43
Legal Liabilities	16,135	12,773	12,724	-49
Public Health	1,813	313	305	-8
Early Retirements & Injury Benefits	806	134	134	0
External & Internal Audit	151	25	26	1
Regional Funding	161	61	61	0
Depreciation	17,926	2,903	2,903	0
<b>Total</b>	<b>66,041</b>	<b>20,910</b>	<b>20,686</b>	<b>-224</b>

## Appendix 5 – Non Fife &amp; Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	93	15	9	-6
Borders	43	7	8	1
Dumfries & Galloway	24	4	6	2
Forth Valley	3,025	505	541	36
Grampian	342	57	51	-6
Highland	129	21	35	14
Lanarkshire	109	18	25	7
Scottish Ambulance Service	96	16	17	1
Lothian	30,013	5,002	4,866	-136
Greater Glasgow	1,575	263	271	8
Tayside	38,985	6,497	6,457	-40
	74,434	12,405	12,286	-119
<b>UNPACS</b>				
Health Boards	8,064	1,344	1,733	389
Private Sector	1,209	202	269	67
	9,273	1,546	2,002	456
OATS	690	115	118	3
Grants	65	0	0	0
<b>Total</b>	<b>84,462</b>	<b>14,066</b>	<b>14,406</b>	<b>340</b>

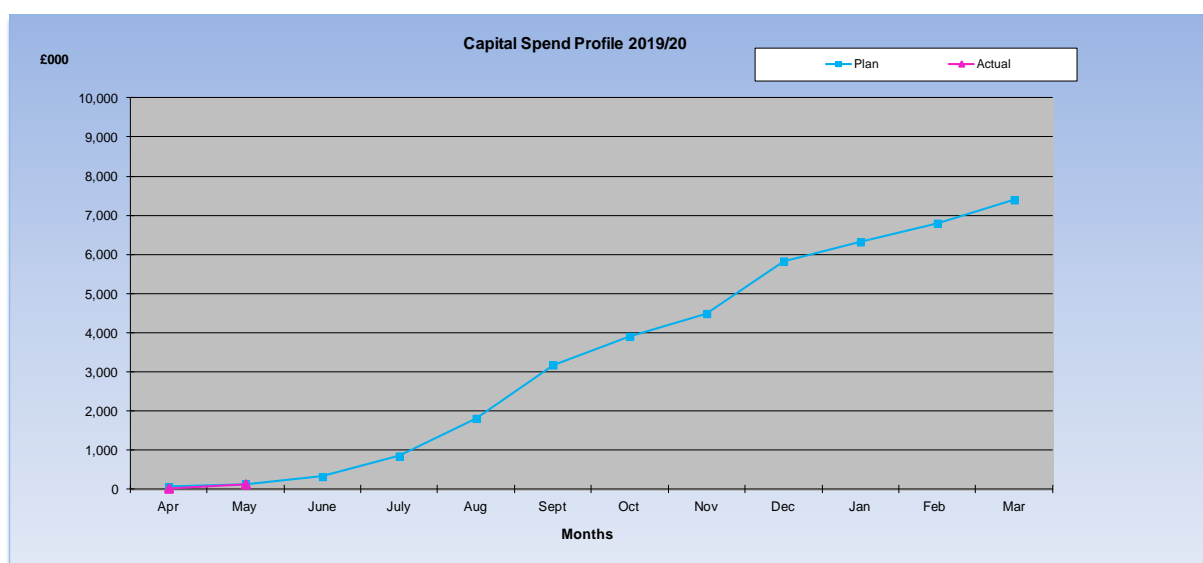
## Appendix 6 – Financial Flexibility and Allocations

	Financial Flexibility £'000	Released to May-19 £'000
<b>Financial Plan</b>		
Drugs	5,024	0
Complex Weight Management	50	0
Adult Healthy Weight	104	0
Trainee Growth	0	0
National Specialist Services	333	0
Band 1's	307	25
Unitary Charge	263	10
Junior Doctor Travel	119	0
Consultant Increments	50	8
Discretionary Points	231	0
Cost pressures	5,109	410
Financial Flexibility	938	7
<b>Subtotal Financial Plan</b>	<b>12,528</b>	<b>460</b>
<b>Allocations</b>		
Health Improvement	112	0
AME Impairments	8,000	0
AME Provisions	2,000	0
Pay Awards	1,398	0
Distinction Awards	37	0
Waiting List	6,178	0
Continuation of the Preoperative Anaemia Workstream	43	0
The Health and Care (Staffing) (Scotland) Bill	64	0
CAMHS Post	35	0
Realistic Medicines	21	0
<b>Subtotal Allocations</b>	<b>17,888</b>	<b>0</b>
<b>Total</b>	<b>30,416</b>	<b>460</b>

## Performance Drill Down – Capital Expenditure

### Capital Expenditure

Measure	<i>Health Boards are required to work within the capital resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD).</i>
In year position	<i>£0.129m spend at Month 2</i>
Outturn position	<i>£7.394m spend</i>



### Commentary

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 2 months to May shows investment of £0.129m, equivalent to 1.74% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

## 1. INTRODUCTION

- 1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. NHS Fife is anticipating an additional £2m allocation for the new Elective Orthopaedic Centre.

## 2. CAPITAL RECEIPTS

- 2.1 The Board's capital programme is partly funded through capital receipts which, once received, will be netted off against the gross allocation highlighted in 1.1 above. Work continues on asset sales with several disposals planned:

- Lynebank Hospital Land (Plot 1) (North) – Under offer;
- Forth Park Maternity Hospital – Sale due to complete 5<sup>th</sup> August 2019;
- Fair Isle Clinic – Under offer;
- Skeith Land – preparing to market; and

- ADC – Property now being actively marketed

2.2 The property at ADC is currently occupied and therefore not yet valued at open market value.

### 3. EXPENDITURE TO DATE / MAJOR SCHEME PROGRESS

3.1 Details of the expenditure position across all projects are attached as Appendix 2. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £0.129m or 1.74% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Statutory Compliance	£0.090m
Minor Works	£0.013m

### 4. CAPITAL EXPENDITURE OUTTURN

4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

### 5. RECOMMENDATION

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

- **note** the capital expenditure position to 31 May 2019 of £0.129m and the forecast year end spend of the capital resource allocation of £7.394m

## Appendix 1: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adj to Apr £'000	May Adj £'000	May Total £'000
<b>Routine Expenditure</b>				
<b>Community &amp; Primary Care</b>				
Minor Capital		118	18	136
Capital Equipment				0
Statutory Compliance		1,274	(10)	1,264
Condemned Equipment		81		81
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>1,472</b>	<b>8</b>	<b>1,480</b>
<b>Acute Services Division</b>				
Capital Equipment		1,766	(12)	1,754
Minor Capital		136	(18)	118
Statutory Compliance		2,195	10	2,205
Condemned Equipment		7	16	23
<b>Total Acute Service Division</b>	<b>0</b>	<b>4,103</b>	<b>(4)</b>	<b>4,100</b>
<b>Fife Wide</b>				
Minor Work	498	(253)		245
Information Technology	1,041			1,041
Backlog Maintenance/Statutory Compliance	3,569	(3,469)		100
Condemned Equipment	90	(7)	(16)	67
Scheme Development	60			60
Fife Wide Equipment	2,036	(1,847)	12	201
Fife Wide Contingency Balance	100			100
<b>Total Fife Wide</b>	<b>7,394</b>	<b>(5,576)</b>	<b>(4)</b>	<b>1,814</b>
<b>Total NHS Fife</b>	<b>7,394</b>	<b>0</b>	<b>0</b>	<b>7,394</b>

## Appendix 2 - Capital Programme Expenditure Report

NHS FIFE - TOTAL REPORT SUMMARY 2019/20

## CAPITAL PROGRAMME EXPENDITURE REPORT - MAY 2019

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000	Projected Variance £'000
<b><u>COMMUNITY &amp; PRIMARY CARE</u></b>				
Statutory Compliance	1,264,000	79,941	1,264,000	
Capital Minor Works	135,500	1,000	135,500	
Capital Equipment	80,545		80,545	
Condemned Equipment				
<b>Total Community &amp; Primary Care</b>	<b>1,480,045</b>	<b>80,941</b>	<b>1,480,045</b>	
<b><u>ACUTE SERVICES DIVISION</u></b>				
Capital Equipment	1,754,186	720	1,754,186	
Statutory Compliance	2,205,000	11,015	2,205,000	
Minor Works	117,580	12,476	117,580	
Condemned Equipment	22,924		22,924	
<b>Total Acute Services Division</b>	<b>4,099,690</b>	<b>24,211</b>	<b>4,099,690</b>	
<b><u>NHS FIFE WIDE SCHEMES</u></b>				
Condemned Equipment	67,076		67,076	
Information Technology	1,041,000	810	1,041,000	
Equipment Balance	201,269		201,269	
Scheme Development	60,000	22,789	60,000	
Contingency	100,000		100,000	
Statutory Compliance - Fire Compartmentation	100,000		100,000	
Minor Works	244,920		244,920	
<b>Total NHS Fife Wide</b>	<b>1,814,265</b>	<b>23,599</b>	<b>1,814,265</b>	
<b>TOTAL ALLOCATION FOR 2019/20</b>	<b>7,394,000</b>	<b>128,751</b>	<b>7,394,000</b>	

## Section B:3 Staff Governance

**Sickness Absence** HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate in April was 5.42%, 0.08% higher than in March and 0.36% higher than in April 2018.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, various improvement initiatives in the past year saw an improvement in FY 2018/19.

**iMatter local** target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

Assessment: A proactive plan has been developed to promote the 2019 iMatter cycle to support improvements in the engagement and action planning components. The process started in April, and reporting of progress/performance will be considered during the refresh of the Integrated Performance Report.

**TURAS local** target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Assessment: Reporting of progress/performance in relation to the recovery plan agreed with EDG will be considered during the refresh of the Integrated Performance Report. The improvement trajectory for all divisions/directorates is to achieve 80% by the end of October.

**Management Referrals local** target: At least 95% of staff referred to the Staff Health & Wellbeing Service by their manager will receive an appointment within 10 working days

During Quarter 4 of FY 2018/19, 96.6% of the management referrals processed by the Staff Wellbeing & Safety Service were offered an appointment within 10 working days. This is an improvement of nearly 20% compared to Quarter 3.

Reporting of progress/performance during 2019/20 will be considered during the refresh of the Integrated Performance Report.

**Redeployment local** target: At least 50% of jobs identified as possible suitable alternatives by the redeployment group will be investigated and an initial decision over their suitability will be made within 2 weeks

During Quarter 4 of FY 2018/19, 60.0% of jobs identified were investigated (with an initial decision over suitability made). This continues to be above the local target, but is a 7% reduction in comparison to Quarter 3. It has to be recognised that performance against this indicator will continue to vary, subject to the number of staff on the redeployment register and their particular circumstances.

Reporting of progress/performance during 2019/20 will be considered during the refresh of the Integrated Performance Report.

**Supplementary Staffing local** target: At least 80% of supplementary staffing requests (Nursing & Midwifery) will be met by the Nurse Bank.

During Quarter 4 of FY 2018/19, 75.9% of staffing requirements were met via the Nurse Bank, 1% higher than the performance during Quarter 3.

Reporting of progress/performance during 2019/20 will be considered during the refresh of the Integrated Performance Report.

**Pre-Employment Checks** local target: At least 80% of all pre-employment checks, as detailed within the Safer Pre & Post Employment Checks NHS Scotland Policy, will be completed within 21 working days from receipt of the preferred candidate details

During Quarter 4 of FY 2018/19, nearly 300 individuals within various staff groups were offered employment throughout NHS Fife, with 82.7% of pre-employment checks being completed within 21 working days. This is an increase of 15.7% compared to Quarter 3.

Reporting of progress/performance during 2019/20 will be considered during the refresh of the Integrated Performance Report.

# Performance Summary

## National Standards

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Mar 19	5.38%	12 months to Feb 19	5.39%	↑	5.38%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

## Local Targets

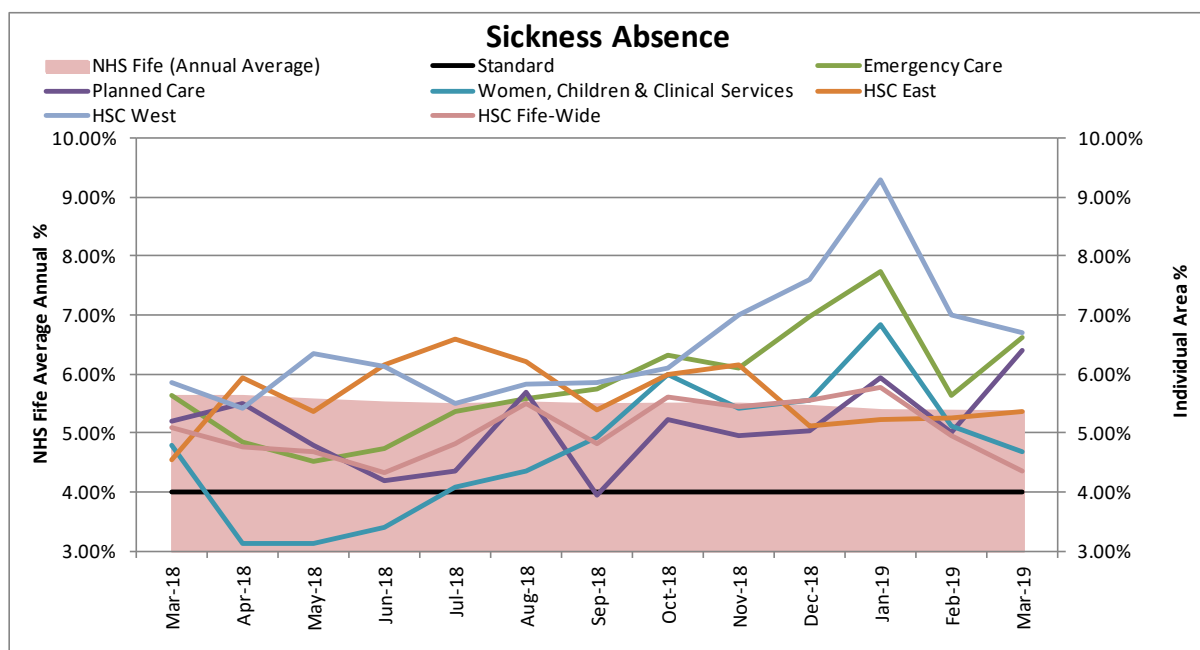
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the local target	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the local target	↓	Performance worsened from previous
RED	Performance is more than 5% behind the local target	↔	Performance unchanged from previous

Section	RAG	Local Target	Quality Aim	Target for 2018-19	Performance Data				
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel

Staff Governance	GREEN	Redeployment	Clinically Effective	50.0%	Jan to Mar 2019	60.0%	Oct to Dec 2018	67.0%	↓
		Pre-Employment Checks	Safe	80.0%	Jan to Mar 2019	82.7%	Oct to Dec 2018	67.0%	↑
		Management Referrals	Safe	95.0%	Jan to Mar 2019	96.6%	Oct to Dec 2018	76.8%	↑
	AMBER	Supplementary Staffing	Clinically Effective	80.0%	Jan to Mar 2019	75.9%	Oct to Dec 2018	74.9%	↑
	RED	iMatter	Clinically Effective	80.0%	FY 2018/19	47.0%	FY 2017/18	41.0%	↑
		TURAS	Clinically Effective	80.0%	12 months to Apr 2019	41.0%	12 months to Mar 2019	32.0%	↑

## Sickness Absence

<b>Measure</b>	<b>We will achieve and sustain a sickness absence rate of no more than 4%</b>	
<b>Current Performance</b>	5.42% in April	
<b>Scotland Performance</b>	5.39% for 2018/19 (data published annually)	



Previous 3 Reporting Periods	January 2019		February 2019		March 2019	
	5.40 %	↑	5.39%	↑	5.38 %	↑
<b>Current Issues</b>	The main reasons for sickness absence in FY 2018/19 were anxiety, stress and depression, other musculoskeletal problems and unknown causes / not specified.					
<b>Context</b>	Chart now displaying monthly performance, to better illustrate variation NHS Fife had the 4th highest sickness absence rate in FY 2018-19 (Fife performance 5.51%, Scotland performance 5.39%)					

Key Actions for Improvement	Planned Benefits	Due By	Status
Build on success of Well at Work Group, embedding commitment to being a Health Promoting Health Service (Evidence for this would be from the annual HPHS Assessment evaluation feedback, the HWL annual review feedback, from improvements in absence rates and staff feedback from workplace surveys etc.)	Adoption of a holistic and multi-disciplinary approach to identify solutions to manage absence and promote staff wellbeing. Continuation of this approach with Year 2 Going Beyond Gold programme and identification of key benefits from evaluation of Year 1 activity.	Mar 2020	Refer to Page 3
Enhanced data analysis of sickness absence trends, aligned to other, related workforce information, combined with bespoke local reporting (Use of Top 100 Reports, Drill Down reports provided for wards and departments, looking for increased staff	Enable NHS Fife to target Staff Wellbeing & Safety support, and other initiatives, to the most appropriate areas	Apr 2019	Refer to Page 3

<i>and managerial engagement and improvement in absence rates. This will be supplemented via the introduction of Tableau from Summer 2019.)</i>			
Establishment of working group to explore challenges and opportunities relating to an ageing workforce <i>(The group has now met on three occasions and an Action Plan is being implemented)</i>	Identification of appropriate mechanisms to allow staff aged 50 and over to remain healthy at work, supporting the resilience of the workforce	Mar 2020	Refer to Page 3
Refreshed Management Attendance training with focus on the use of the Attendance Management Resource pack, Return to Work interviews and mental health and wellbeing at work. An additional programme of Mental Health in the Workplace training supported by HWL Fife will also be explored.	Reduction of sickness level, with particular decreases in absence linked to Mental Health and the implementation of agreed trajectories within each business units, in line with Once for Scotland Promoting Attendance Circular	Mar 2020	Refer to Page 3
Launch newsletter to help improve the wellbeing of healthcare staff working in Fife (first edition was in March)	'All About You' will highlight wide range of support available to assist staff to fit healthy, and to support a reduction in sickness absence	Jun 2019	Refer to Page 3
Development and production of return to work video clip for Line Managers and Supervisors to access via the intranet	Accessibility of example of best practice available to Line Managers and Supervisors to support conducting return to work interviews	Jun 2019	Refer to Page 3
West Division Sickness Absence Review	Improvement in the rates of sickness absence within the West Division in 2019/20.	Mar 2020	Refer to Page 3

**PAUL HAWKINS**  
Chief Executive  
19<sup>th</sup> June 2019

Prepared by:  
**CAROL POTTER**  
Director of Finance

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

Quality & Safety																															
14.16	Person Centred, Clinically Excellent	04.06.2019	04.08.2019	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	3 - Possible	5 - High	15	High	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	Medical Director	Clinical Governance	Chair: Dr Les Bisset	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>1. Strategic Framework</p> <p>2. Clinical Strategy</p> <p>3. Clinical Governance Structures and operational governance arrangements</p> <p>4. Clinical &amp; Care Governance Strategy</p> <p>5. Participation &amp; Engagement Strategy</p> <p>6. Risk Management Framework</p>	This is supported by the following: <p>7. Risk Registers</p> <p>8. Quality Report, Performance reports dashboard data</p> <p>9. Performance Reviews</p> <p>10. Adverse Events Policy</p> <p>11. Scottish Patient Safety Programme</p> <p>12. Implementation of SIGN and other evidence based guidance</p> <p>13. Staff Learning &amp; Development</p> <p>14.System of governance arrangements for all clinical policies and procedures</p> <p>15. Participation in relevant national and local audit</p> <p>16.Complaints handling process</p> <p>17.Using data to enhance quality control</p> <p>18.HIS Quality of Care Approach &amp; Framework,Sept 2018</p> <p>19. Implementing Duty of Candour legislation</p> <p>20.Adverse event management process</p> <p>21.Sharing of learning summaries from adverse event reviews</p> <p>22.Implementing Excellence in Care</p> <p>23. Using Patient Opinion feedback</p> <p>24.. Acting on recommendations from internal &amp; external agencies</p> <p>25. Revalidation programmes for professional staff</p> <p>26. Electronic dissemination of safety alerts</p>	Reviewing together of patient experience, complaints, adverse events and risk information to provide an overview of good practice, themes, trends,and exceptions to the norm	<p>1. Continually review the Quality Reports to ensure they provide an accurate, current picture of clinical quality / performance in priority areas.</p> <p>2. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose.</p> <p>3..Review the coverage of mortality &amp; morbidity meetings.</p> <p>4.Review and refresh the current content and delivery models for key areas of training and development e.g. corporate induction, in house core, quality improvement, leadership development, clinical skills, interspecialty programmes.</p> <p>5.Review annually, all technology &amp; IT systems that support clinical governance e.g. Datix, Formic Fusion Pro, Clinical Effectiveness Register.</p> <p>6. Consider the HIS Quality of Care Framework and agree our approach to implementation.</p> <p>7.Fully understand what the patient experience 'looks like' and take any required actions.</p>	Medical Director	31.10.2018	<p>1. Assurance statements from clinical &amp; clinical &amp; care governance groups and committees.</p> <p>2. Assurances obtained from all groups and committees that:</p> <p>i. they have a workplan</p> <p>ii.all elements of the work plan are addressed in year</p> <p>3. Annual Assurance Statement</p> <p>4. Annual NHS Fife CGC Self assessment</p> <p>5. Reporting bi annually on adequacy of systems &amp; processes to Audit &amp; Risk Committee</p> <p>6. Accreditation systems</p> <p>7.Quality control process e.g. specific audits</p> <p>8.External agency reports e.g. GMC</p> <p>9..Quality of Care review</p>	<p>1. Internal Audit reviews and reports</p> <p>2. External Audit reviews</p> <p>3. HIS visits and reviews</p> <p>4. Healthcare Environment Inspectorate (HEI) visits and reports</p> <p>5. Health Protection Scotland (HPS) support</p> <p>6. Health &amp; Safety Executive</p> <p>7. Scottish Patient Safety Programme (SPSP) visits and reviews</p> <p>8. Scottish Govt DoC Annual Report</p> <p>9.Scottish Public Service Ombudsman (SPSO)</p> <p>10. Patient Opinion</p>	<p>1.Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer &amp; sustainable.</p> <p>2.Executive commissioning of reviews e.g. internal audit, external peer and 'deep dives'</p>	Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.	2 - Unlikely	5 - Extreme	10	Moderate	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.

Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
1296	Emergency Evacuation - VHK- Phase 2 Tower Block	High 20	Andrew Fairgrieve
1514	Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices	High 20	Evelyn McPhail
43	Vascular access for haematology/Oncology	High 20	Shirley-Anne Savage
1502	3D Temperature Monitoring System (South Lab)	High 20	Ken Campbell
1524	Oxygen Driven Suction	High 20	Jacqueline Beatson
521	Capacity Planning	High 16	TBC
529	Information Security	High 16	Carol Potter
637	SAB HEAT TARGET	High 16	Christina Coulombe
1365	Cancer Waiting Times Access Standards	High 15	TBC
356	Clinical Pharmacy Input	High 15	Dr Christopher McKenna
1515	Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s)	High 15	Jeanette Burdock

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
1366	T34 syringe drivers in the Acute Division	Closed Risk		
1297	Obsolete Equipment In Use – No Replacement Plan In Place (Graseby 3000 Series)	Closed Risk		
528	Pandemic Flu Planning	No longer a high risk	Moderate 12	Dona Milne

**NHS Fife**  
**Clinical Governance Committee**



<b>DATE OF MEETING:</b>	3 July 2019
<b>TITLE OF REPORT:</b>	<b>NHS Fife Board Assurance Framework (BAF)</b> Quality & Safety
<b>EXECUTIVE LEAD:</b>	Helen Buchanan
<b>REPORTING OFFICER:</b>	Helen Woodburn

<b>Purpose of the Report</b> (delete as appropriate)		
	<b>For Discussion</b>	

## **SBAR REPORT**

### **Situation**

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

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

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

This report is an update on the Quality & Safety BAF since the last report on 8 May 2019.

### **Background**

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

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

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?
- Is there anything missing you would expect to see in the BAF?

### Assessment

Key updates to the overarching BAF risk are as follows:

#### **Linked risks:**

Two new risks added:

1502

3D Temperature Monitoring System (South Lab)

1524

Oxygen Driven Suction

#### **Rationale:**

The risk levels of the remaining risks are unchanged.

Details of the risks are provided separately.

### Recommendation

The Committee is invited to:

- **note** the changes

### **Objectives: (must be completed)**

Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives

### **Further Information:**

Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors

### **Impact: (must be completed)**

<b>Financial / Value For Money</b>	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
<b>Risk / Legal:</b>	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.
<b>Quality / Patient Care:</b>	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
<b>Workforce:</b>	The system arrangements for risk management are contained within current resource. e.g.
<b>Equality:</b>	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

14/17	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable	15.01.2019	01.09.2019	There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	The transformation programmes have been agreed and reports to the Joint Strategic Transformation Group.	Organisational challenges have impacted on the meeting schedule. Meeting have been paused from February 2019 until a full review has been undertaken.	The workplans is at varying stages of development with some programmes more advanced than others.	Reporting of progress of transformation programmes has improved with written updates to JSTG for two of the programmes. Papers to IJB produced about the other two programmes.	Medical Director	Clinical Governance	Ongoing actions designed to mitigate the risk including:  1. Establishment of IMPACT in 2016 - a small internal business unit which provides focussed, co-ordinated, client tailored support to accelerate delivery of NHS Fife's strategic objectives. Provides a programme management framework to ensure the programme is delivered.  2. Establishment of the Joint Strategic Transformation Group (JSTG) to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy.  3. 3 of the 4 key strategic priorities are being taken forward by the H&SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and strategic guidance to the programme. Collaborative oversight is provided by the JSTG.  4. NHS Fife is a member of SEAT with executive attendance at Regional Planning meetings. Progress is being made in some areas.  5. NHS Fife is a member of the East Region Programme Board established to develop the East Region Health and Social Care Delivery Plan and is represented by directors on all workstreams.  6. Establishment of the Executive Board to provide strategic and operational oversight of the health boards services including the transformation programmes.  7. The Service Planning Reviews have taken place for 2019/20 -21/22 which will inform actions to deliver Clinical Strategy and prioritise transformation programmes.	JSTG not performing role adequately but transformation programmes being progressed.	Leadership to strategic planning coming from the Executive Directors Group.  Clinical Strategy workstream update has been produced to reflect progress against recommendations.  First meeting of refreshed JSTG chaired by Chief Executive held on 16 April. Due to other commitments, workshop planning for June is now being held on 23 July 2019.	Chief Executive	31.08.2019	1. Minutes of meetings record attendance, agenda and outcomes.  2. Action Plans and highlight reports from the Joint Strategic Transformation Group.  3. Action plans, minutes and reports from the SEAT Regional Planning meetings and East Region Programme Board.	1. Internal Audit Report on Strategic Planning (no. B10/17)  2. SEAT Annual Report 2016  3. Governance committee oversight of performance assurance framework	Governance of programmes through JSTG.	Current challenges associated with delivery of our strategic objectives include the focus on the 4 strategic priorities (Acute Transformation, Joining Up Care, Mental Health Redesign and Medicines Efficiencies), the interdependencies of workplans (NHS Fife/H&SCP/ Region) in terms of the whole system oversight of operational plans, delivery measures and timescales.  CEO now chairing the JSTG providing senior oversight and drive to the transformation programmes.  Site Optimisation Programme has now been with a refreshed Acute Transformation Programme being developed.  JSTG workshop planned for 23 July 2019 will review programmes and agree a workplan and revised TOR.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.
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Risk ID	Risk Title	Current Risk Rating	Risk Owner
	Nil currently identified		

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
	NIL APPLICABLE			

<b>DATE OF REPORT:</b>	03/07/2019
<b>TITLE OF REPORT:</b>	<b>NHS Fife Board Assurance Framework (BAF)</b> Strategic Planning
<b>EXECUTIVE LEAD:</b>	Dr Chris McKenna, Medical Director
<b>REPORTING OFFICER:</b>	Susan Fraser, Associate Director of Planning and Performance

<b>Purpose of the Report</b> (delete as appropriate)		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>

## **SBAR REPORT**

### **Situation**

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

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

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

This report provides the Committee with the next version of the NHS Fife BAF on 15.01.19.

### **Background**

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

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

## Assessment

The Annual Operational Plan (AOP) for 2019/20 re-identifies the 4 strategic priorities for NHS and Health & Social Care as:

1. Acute Transformation Programme
2. Joining Up Care (including Urgent Care, Community Hubs & Community Hospital Redesign)
3. Mental Health Redesign
4. Medicines Efficiencies

These priorities are aligned to the 19 recommendations from the Clinical Strategy.

The Joint Strategic Transformation Group (JSTG) has been in place for 3 years and is being reviewed with its workplan being refocused on delivery and sustainability. It provides transformation oversight of the 4 key priorities detailed above with escalation of health issues and challenges to EDG and the Executive Board. The governance will continue to be with the 4 committees (x2 NHS and x2 IJB).

The role and purpose of the JSTG is being refocused with the first meeting of the group chaired by the Chief Executive took place on 16 April 2019. A forthcoming workshop is planned for 23 July 2019 to review and share progress of programmes. Regular JSTG meeting are planned that will be supported by a workplan.

The challenges associated with delivery remain the same, including the delivery of our strategic objectives and workplans (NHS Fife/H&SC/Region), delivery measures and timescales.

## Recommendation

The Committee is invited to:

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

<b>Objectives: (must be completed)</b>	
Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives

<b>Further Information:</b>	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Winter Planning key stakeholders (NHS Fife and H&SCP) Executive Directors Executive Board

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	Promotes proportionate management of risk and thus effective and efficient use of scarce resources
<b>Risk / Legal:</b>	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement
<b>Quality / Patient Care:</b>	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
<b>Workforce:</b>	The system arrangements for risk management are contained within current resource.
<b>Equality:</b>	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services



# **SITE OPTIMISATION**

## **FINAL CLOSURE REPORT**

**June 2019**

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***Acute Services Division***

*Site Optimisation Closing Report Draft v1.1 June 2019*

## 1. INTRODUCTION

### 1.1 Report Purpose

As a result of recent review, the Acute Services Division are transitioning the Site Optimisation Programme into a much wider piece of transformation work, namely the Acute Services Division Transformation Programme (ASDTP). The ASDTP is outlined in more detail in a separate paper and therefore is not the subject of this report, the purpose of which is to outline the output of, and to formally close the Site Optimisation Programme with key messages in relation to: -

- The high level outcomes achieved against the main programme aims.
- The key elements of programme work outstanding, (including those that are expected to be business as usual going forward) and specifically those which are expected to be included in the new ASDTP, ensuring that we both continue to expand the new areas identified, and sustain existing work implemented to date.

### 1.2 Programme Background

Site Optimisation was the agreed transformation programme implemented in 2018/19, with an overall aim of enhancing the quality and safety of acute patient care, as a result of the development and implementation of key priorities outlined in each workstream area, and with agreed phased timescales.

The Site Optimisation Transformation Programme was identified as one of NHS Fife's strategic priorities in the Annual Operational Plan (AOP) for 2018/19. The programme commenced in April 2018.

Five workstreams were identified as below:-

- |                    |   |
|--------------------|---|
| • Site Utilisation | Chair: Murray Cross, General Manager, Planned Care                |
| • Front Door Flow  | Chair: Val Hatch, General Manager , Unscheduled Care              |
| • Site Management  | Chair: Val Hatch, General Manager , Unscheduled Care              |
| • Women & Children | Chair: Gemma Couser, General Manager, Women & Children            |
| • Cancer Services  | Chair: Dr Rob Cargill, Associate Medical Director, Acute Services |

Each workstream was tasked with developing and implementing a plan, taking a multidisciplinary approach, and to fully consider the outcomes/benefits to be delivered in terms of the quality and safety of acute patient care.

Individual workstreams set out and identified specific phases to their improvement plans, this report covers phase 1 only. Following review further phases, designated, as a key priority, and not included elsewhere, as business as usual will be included, as appropriate, within the future Acute Services Division Transformation Programme.

The individual workstreams reported into the Site Optimisation Steering Group monthly progress reports were completed and agreed by work stream Chairs. NHS Fife's Clinical Governance Committee received interim reports from the Site Optimisation Steering Group on progress against the plan and was responsible for overview and scrutiny of the programme as part of NHS Fife's internal assurance process.

Programme support was provided by the IMPACT team in relation to quality improvement and change management methodology, together with project management principles. The Transformation & Change team, within IMPACT provided additional staffing resource e.g. Portfolio Lead, Improvement and Change Leads and Project Support Officers.

### 1.3 Communication/Engagement

Engagement was undertaken with a wide range of staff and stakeholders, using extensive media platforms led by NHS Fife Communications Team. Staff side reps were represented on both individual workstreams and the Steering Group.

*Site Optimisation Closing Report v1.1 June 2019*

An Equality Impact Assessment (EqIA) was completed for all workstreams, as required by the Public Sector Equality Duty, to ensure that due consideration was given to the potential impact of workstream decisions and how these decisions might affect people/services.

## 2. WORKSTREAMS

### 2.1 Site Utilisation

**Aim (Phase 1): Undertake a bed reconfiguration review in light of the decision to achieve the relocation of inpatient wards from the Tower Block by December 2018**

A workshop was held to discuss the preferred options for inpatient ward relocation and agreement sought on initial ward moves. An implementation plan was developed and agreed.

#### High Level Outcomes Achieved

- Ward 41 cleared to accommodate Ward 42
- Ward 42 moved to Ward 41
- Ward 15 (MoE) moved to Ward 42
- Ward 15 is upgraded to be an ambulatory care facility
- Pre Assessment moved to Theatre Recovery
- Pre Assessment upgraded and renamed Ward 4
- Urology DTC moved to Ward 15
- Termination of Pregnancy (TOP) and Early Pregnancy Clinic (EPC) moved to Maternity
- Ward 32 (Gynaecology) moved to Ward 9 with additional flex beds
- Upgrade of Lifts in Phase I
- Ward 13 (MoE) moved to Ward 32
- Ward 13 opened as surge capacity
- Ward 12 moved to Ward 4
- Ward 12 upgraded as an ambulatory care facility
- Shift of 24 Beds from Planned Care to Emergency Care as a winter test area with the use of mixed wards
- Pre Assessment moved to Ward 12
- Colorectal Unit moved to Ward 12
- Surgical Short Stay Unit opened in previous colorectal area
- Discharge Lounge opened in Ward 6
- eSystems aligned to all moves
- Workforce planning undertaken for affected services

#### Key Issues outstanding

- Ongoing review of Maternity/Gynae beds – *work in progress and expected to conclude pre-winter 2019.*
- Review/evaluate winter test bed model – *evaluation of last winter complete, winter test bed model will be integrated into the bed-modelling exercise and will commence in July 2019*
- Sustainable bed modelling exercise – *will commence July 2019*

#### Measures

4 key performance indicators were identified for Site Utilisation (Phase 1), namely:-

1. No overnight patients in tower block - *surge winter ward opened in Ward 13 and now closed*
2. No elective cancellations due to lack of beds – *achieved as at 31 March 2019*
3. Boarding on VHK site reduced to < 2% (10 boarders) – *not achieved over winter period and is a continuing challenge. This work will be included in the Acute Transformation Programme*

Site Optimisation Closing Report v1.1 June 2019

## 2.2 Front Door Flow

**Aim: Redesign critical services at front door to improve flow, reduce occupancy and prevent admission**

Meetings were initially held on a fortnightly basis and then moved to monthly. At the end of 2018 it was agreed to incorporate the Site Management work stream into the Front Door Flow work stream. A number of meetings were cancelled due to the pressure of capacity issues within the hospital and this work was not progressed further, however key outstanding elements will be fully incorporated into the Acute Transformation Programme as part of the planned Acute Access and Flow workstream.

### High Level Outcomes Achieved

- Implement EDD across all acute wards VHK
- Record 'clinically fit for discharge' on Trakcare within the discharge hub
- Evaluate current Discharge Lounge
- All patients admitted through the front door to Medicine of the Elderly (MoE) wards have a Comprehensive Geriatric Assessment (CGA) initiated and a frailty screen completed
- Review front door activity data to identify if there is a requirement/ benefit to alter IAT working pattern to meet peaks in demand e.g. Early evenings and weekends
- Introduce and establish Integrated Assessment Team (IAT) in reach in to the ED
- Winter Site Escalation plan
- Prepare a paper to develop OPHAT services for NHS Fife – model agreed and advert out for microbiologist, other staffing to be confirmed.
- Discharge meds turnaround < 2 hrs

### Key Issues adopted by service as business as usual

- Out of Hours - Senior cover and on call- implementation plan following test of change.
- Re-establish automated daily reports from TRAK for AU1 and AU2 (time of patient presentation/occupancy) to aid informed decision-making regarding service model changes
- Review access targets for all acute wards
- Develop Ambulatory Care Guidance

### Key Issues Still to be Addressed

- Reduce the number of patients, who are clinically fit for discharge, where LOS is more than 7 days
- Record 'clinically fit' for discharge on Trakcare in all wards
- Determine whether admissions to hospital can be prevented through the development of alternative pathways, e.g. Catheter complaints
- Begin the development of RefHelp website
- Develop and implement a model of predictive early intervention support within primary and social care (HHG) –
- Implement daily reporting of HHG patients within VHK on Trak
- Evaluate the GP step up STAR model
- Continue testing the AU1 - Cameron step down beds based using PDSA methodology
- Assess demand against capacity within H@H and ability to expand access into out of hours

## 2.3 Women & Children

**Aim (Phase 1): To deliver high quality safe and effective services for the women of Fife within current resources**

Work stream meetings were held on a fortnightly basis from June to December 2018. Staff workshops/development sessions were held in August and November 2018.

### High level outcomes achieved

- Redesign and implementation of Induction of Labour Pathway
- Interim Bed Modelling – (TOP, EPC and Gynae beds from Ward 32)

### Key Issues adopted by service as business as usual

- Continued implementation of the Best Start Strategy
- Redesign of the c-section pathway and increased core elective capacity to meet demand
- Redesign medical and midwifery workforce
- Establish e-health development (inc. Interfaces, labs, ultrasound, Badgernet, neonatal SMR02)
- Establishing women and children within a new Directorate with augmented leadership.

## 2.4 Cancer Services

**Aim (Phase 1): To Maximise systematic Anti Cancer Therapy (SACT) in NHS Fife to minimise delays in process and enhance patient experience by end December 2018**

### High level outcomes achieved

- Ensure all cancer SOP's describe optimum pathways to ensure treatment readiness.
- Informed Consent is obtained and understood by patients in advance of treatment.
- Patients are adequately prepared for SACT.
- Pre SACT bloods are available in a timeframe, which optimises treatment delivery.
- Identify what prescribing issues there are, develop and agree and implement changes.
- Identify what prescribing authorisation issues there are develop and agree and implement changes.
- Identify and review scheduling principles by developing a robust process (best fit) and implementing the agreed changes.
- Undertake review of cancer immunotherapy's, including a review of the data available locally.
- Improve patient satisfaction- Review patient options and safety.
- Identify skill mix requirement and who can administer SACT.
- Ensure clinical support area is fit for purpose.
- Workforce Sustainability

## 3. CONCLUSION

## Appendix 1

As outlined in the individual narrative sections above, many key elements of the original Site Optimisation Programme were achieved in the first year of implementation across the four workstreams. In many instances these were delivered within challenging timescales and reflected the commitment and enthusiasm of staff involved in the workstreams.

There are however some significant pieces of work to be completed and some new pieces of work to implement in order that we can improve services and identify efficiencies that will support the achievement of recurrent savings within the Acute Services Division. With the closure of the Site Optimisation Programme and given the very challenging cost improvement requirement within the Acute Services Division there is a need to both revitalise the transformation work and to expand it if we are to successfully achieve what is expected.

Following a review of each workstream as outlined above, the Site Optimisation Transformation Programme was closed at the end of April 2019 and the new Acute Services Division Transformation Programme has been launched in June 2019.

A revised approach to transformation is currently being scoped and will comprise of 4 broad themes:-

- **Acute Access and Flow**
- **Clinical Space Redesign**
- **Service Redesign across 7 Days**
- **Outpatients and Patient Administration**

A high-level driver diagram outlining themes, new objectives and key elements carried over from the Site Optimisation Programme is currently being discussed and agreed. The new Transformation Programme will aim to support achievement of the Acute Services Division efficiency saving programme together with the deliverables contained within the National Access Collaborative Programme.

Specific, but not exhaustive, elements currently identified for inclusion in the new transformation programme are: -

- Reduce the number of patients, who are clinically fit for discharge, where LOS is more than 7 days
- Record 'clinically fit' for discharge on Trakcare in all wards
- Determine what admissions to hospital can be prevented through the development of alternative pathways, e.g. Catheter complaints
- Develop and implement a model of predictive early intervention support within primary and social care (HHG)
- Implement daily reporting of HHG patients within VHK on Trak
- Evaluate the GP step up STAR model
- Continue testing the AU1 - Cameron step down beds based using PDSA methodology
- Assess demand against capacity within H@H and ability to expand access into out of hours

There is a significant element of work to be done in revitalising the transformation work within the Acute Services Division, a workshop of key clinical and managerially leads has taken place and the four broad themes for the Acute Services Division Transformation Programme was agreed. There is a lot of existing best practice that can be built into the new programme, and learning from the Site Optimisation Programme will fully support the work going forward.

**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	3 <sup>rd</sup> July 2019 (Agenda Item 8.3)
<b>TITLE OF REPORT:</b>	Site Optimisation Closing Report and Acute Services Transformation Programme
<b>EXECUTIVE LEAD:</b>	Ellen Ryabov, Chief Operating Officer
<b>REPORTING OFFICER:</b>	Andy Mackay, Deputy Chief Operating Officer

Purpose of the Report (delete as appropriate)		
		<b>For Information</b>

## SBAR REPORT

### Situation

A Closure Report for the Site Optimisation Programme (Appendix 1) was recently submitted to the Executive Directors Group (EDG) with the purpose of formally closing the programme.

The Committee is being asked to note the updated (June 2019 v1.1) Site Optimisation Closure Report and its lead into the refreshed Acute Services Division (ASD) Transformation Programme, as detailed below.

### Background

Site Optimisation formed the basis of the Acute Services Transformation Programme for 2018/19, with the aim of enhancing the quality and safety of acute patient care by developing and implementing key priorities in each workstream area in line with agreed, phased timescales.

Site Optimisation was identified as one of NHS Fife's strategic priorities in the Annual Operational Plan (AOP) for 2018/19. The revised ASD Transformation Programme has been subsequently identified as a strategic priority within the AOP for 2019/20. This programme will take into consideration and build on the success and outstanding elements from the Site Optimisation Programme, as outlined in the final Closure Report.

### Assessment

Following consideration by the Chief Operating Officer and further collaboration from a development session held with the ASD Senior Leadership Team, the following four work streams are being developed for the refreshed ASD Transformation Programme:-

- Acute Access and Flow – Led by General Manager, Emergency Care
- Clinical Space Redesign – Led by General Manager, Planned Care
- Service Redesign across 7 Days – Led by Deputy Chief Operating Officer
- Outpatients and Patient Administration – Led by General Manager, Women, Children and Clinical Services

Individual workstreams are currently in the Storming and Forming phases of the group development model, with consideration being given to appropriate membership, cadence and objectives for each group. Individual participation in each workstream varies, but includes key stakeholder representation from Management, Medical, Nursing, Staff Side, e-Health, Information Services and Support Services.

The overall intent of the revitalised ASD Transformation Programme is to “think differently” and a wide range of people across the organisation, at various seniority levels, are being consulted and will form part of the implementation phase as it emerges. . The programme is actively pulling in thought leadership from a range of sources in order to learn from others in terms of best practice, and using data from our Information Services team to help inform key areas of focus as we seek to ensure improved patient services, leading to greater efficiencies and effectiveness.

The workstreams will report into the Acute Services Transformation Committee and subsequently to the Acute Services Division Management Board, with dotted line reporting to the Joint Strategic Transformation Group to ensure appropriate internal governance and assurance.

The programme will be supported by the Transformation & Change Team who will provide consistency in approach as well as leading on Information Governance. This will include the collation of a Risk Register and appropriate escalation to inform relevant areas of the Board Assurance Framework (BAF) as required.

#### **Recommendation**

- For Information

#### **Objectives: (must be completed)**

Healthcare Standard(s):	Improve quality through efficiency, effectiveness, timely, equitable and safe patient centred care
HB Strategic Objectives:	Clinical Strategy, Annual Operational Plan

#### **Further Information:**

Evidence Base:	As above
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	

#### **Impact: (must be completed)**

Financial / Value For Money	- Potential financial benefit through service redesign. Financial savings opportunities will feed through the Acute Services Division Performance and Accountability Committee for consideration.
Risk / Legal:	- Risk Register to be developed through the Transformation team.
Quality / Patient Care:	- A person-centred approach is being taken to all work streams to ensure appropriate patient considerations. - Consultation with patient advocate groups to occur as the programme develops.
Workforce:	- Full involvement from staff-side in all work streams.
Equality:	The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, <a href="#">click here</a> EQIA Template <a href="#">click here</a> <ul style="list-style-type: none"> <li>• Has EQIA Screening been undertaken? Not yet, but will be undertaken in the next few weeks.</li> <li>• Has a full EQIA been undertaken? Not yet, but will be undertaken in the next few weeks.</li> </ul>



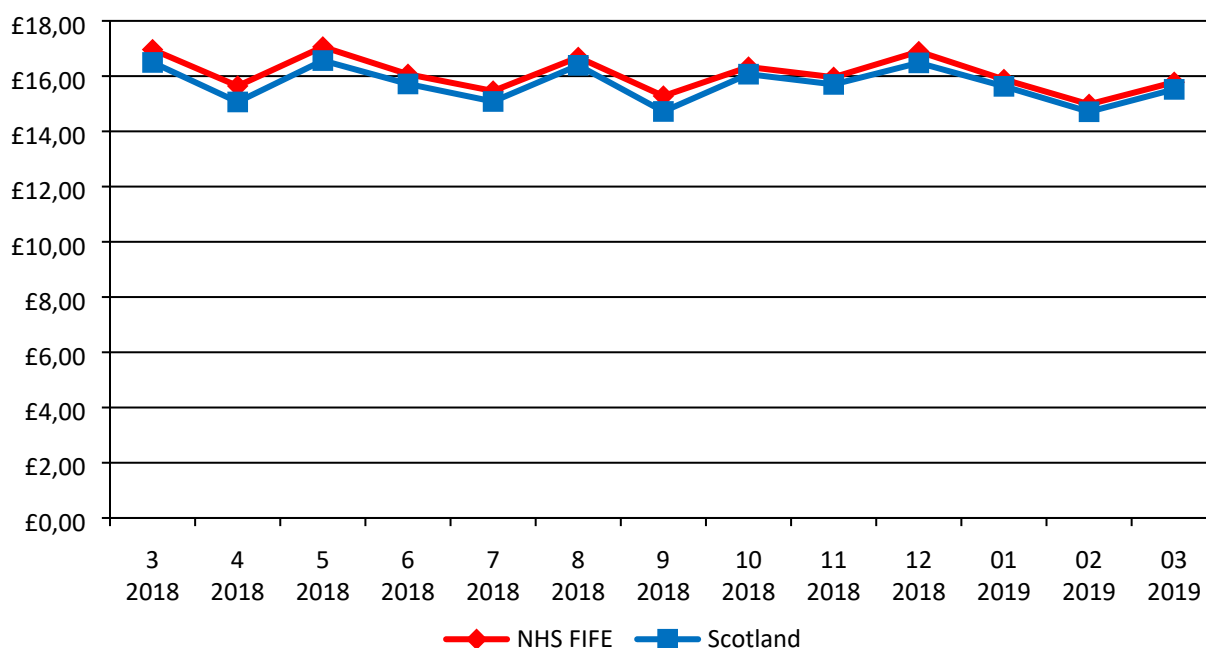
**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	3 July 2019
<b>TITLE OF REPORT:</b>	Medicines Efficiencies update
<b>EXECUTIVE LEAD:</b>	Evelyn McPhail
<b>REPORTING OFFICER:</b>	Evelyn McPhail

<b>Purpose of the Report</b> (delete as appropriate)		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>

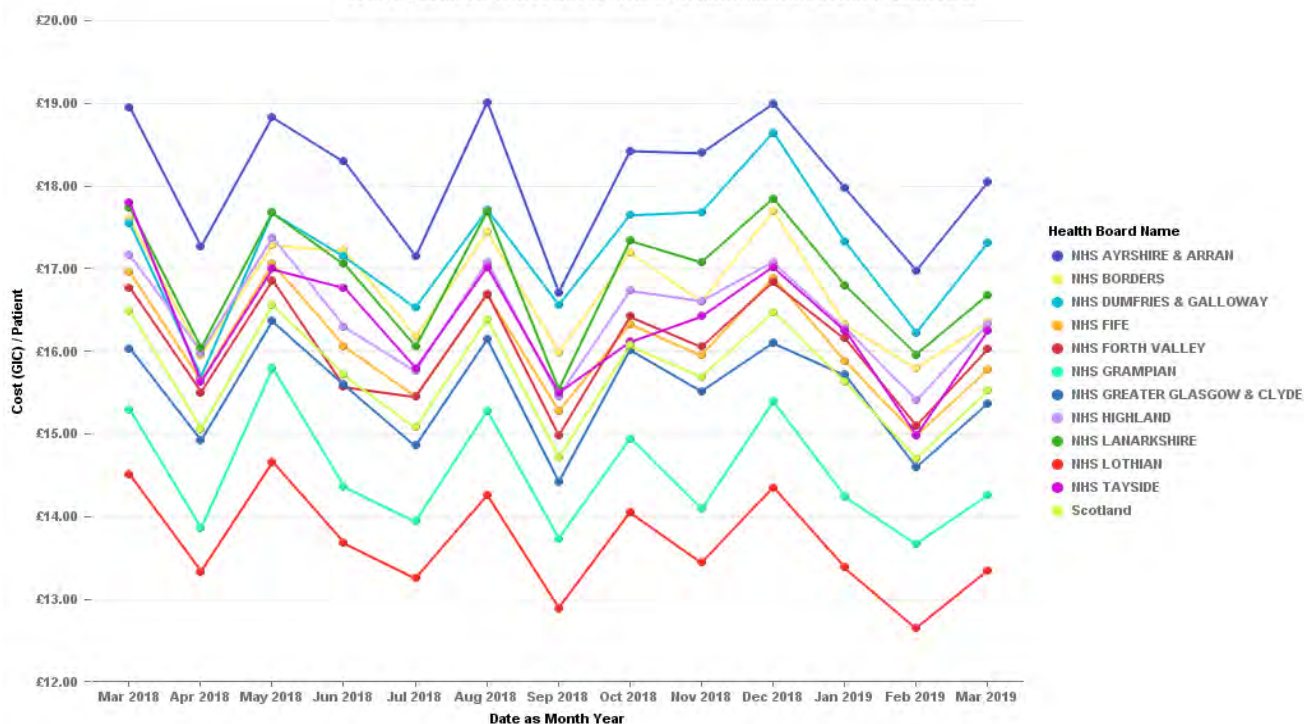
<b>SBAR REPORT</b>
<p><b><u>Situation</u></b></p> <p>NHS Fife launched a three year Medicines Efficiency Transformation Programme in August 2016, with the aim of delivering significant medicines efficiencies, improving safety and quality of prescribing across the organisation.</p> <p>Now in its third year, the programme has an efficiency target of £1.25m for HSCP (plus an additional £0.5M before 31<sup>st</sup> March 2019 for invest to save initiatives) and £1.5m in acute services for 2018/19, with three priority areas:</p> <ol style="list-style-type: none"> <li><b>1. Introduction of restricted formulary of medicines for prescribing</b></li> <li><b>2. Reducing medicines waste</b></li> <li><b>3. Realistic prescribing</b></li> </ol>
<p><b><u>Background</u></b></p> <p>In 2016, NHS Fife had one of the highest cost per patient for GP prescribing, compared to the rest of Scotland. There were a number of reasons for this including: a culture of secondary care/ specialist prescribing newer more expensive medicines and Fife having one of the lowest levels of pharmacy resource in Scotland. Since 2016, NHS Fife has therefore invested in some additional pharmacy, nursing and GP resource to implement the medicines efficiency programme, with the aims of reducing Fife's cost per patient and moving Fife closer to the Scottish average.</p>
<p><b><u>Assessment</u></b></p> <p>The Medicines Efficiency Programme has delivered the efficiency target in both HSCP and acute services for 2018/19, with delivery of £1.75M to March 19 in HSCP and £1.6M in acute services. However, due to ongoing cost pressures outwith Fife's control, there is a projected overspend of approx £2.2M, at year end, for GP prescribing budget. All other key performance indicators show that GP prescribing continues to improve on a monthly basis compared to other boards, and is moving closer to Scottish average.</p> <p><b>Please note that primary care data is 3 months in arrears therefore most recent data is March 2019.</b></p>

### Cost per patient NHS Fife and Scotland March 18 to March 19



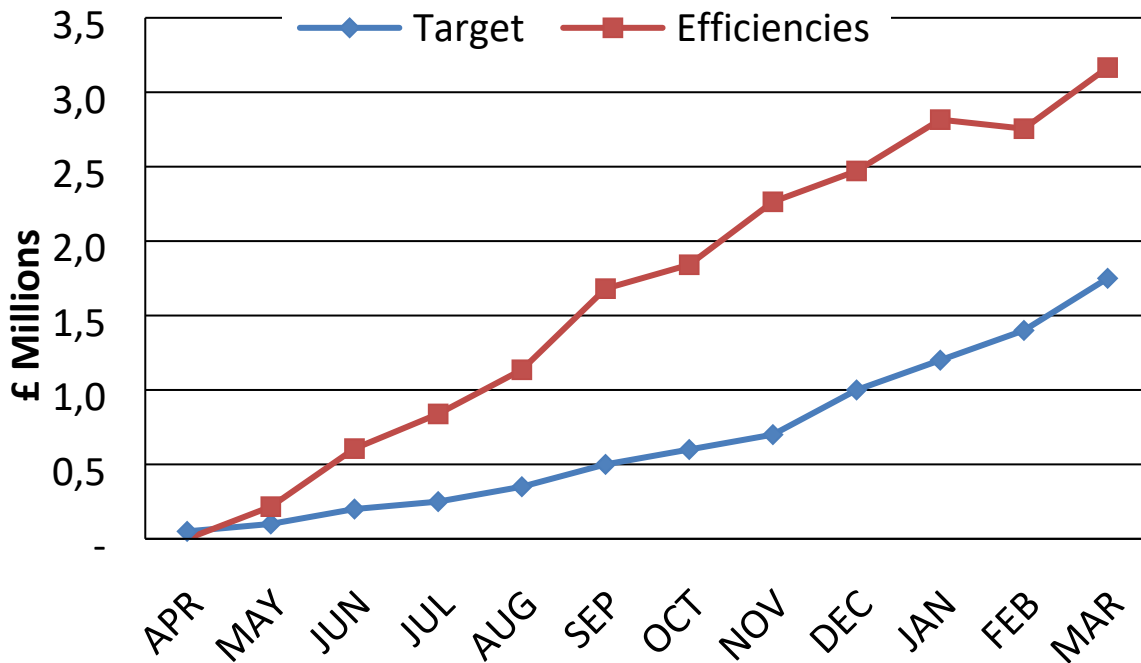
The cost per patient for GP prescribing compared to Scottish average, continues to reduce each month. In March 2019 the cost per patient was 26p higher than Scottish average.

Cost per patient (Registered with a Practice) per month mainland Scottish Healthboards



NHS Fife has the 4<sup>th</sup> lowest cost per patient; 41p higher than NHS Greater Glasgow & Clyde (3<sup>rd</sup> lowest).

## HSCP Efficiencies vs Target (£1.75million) 2018/19



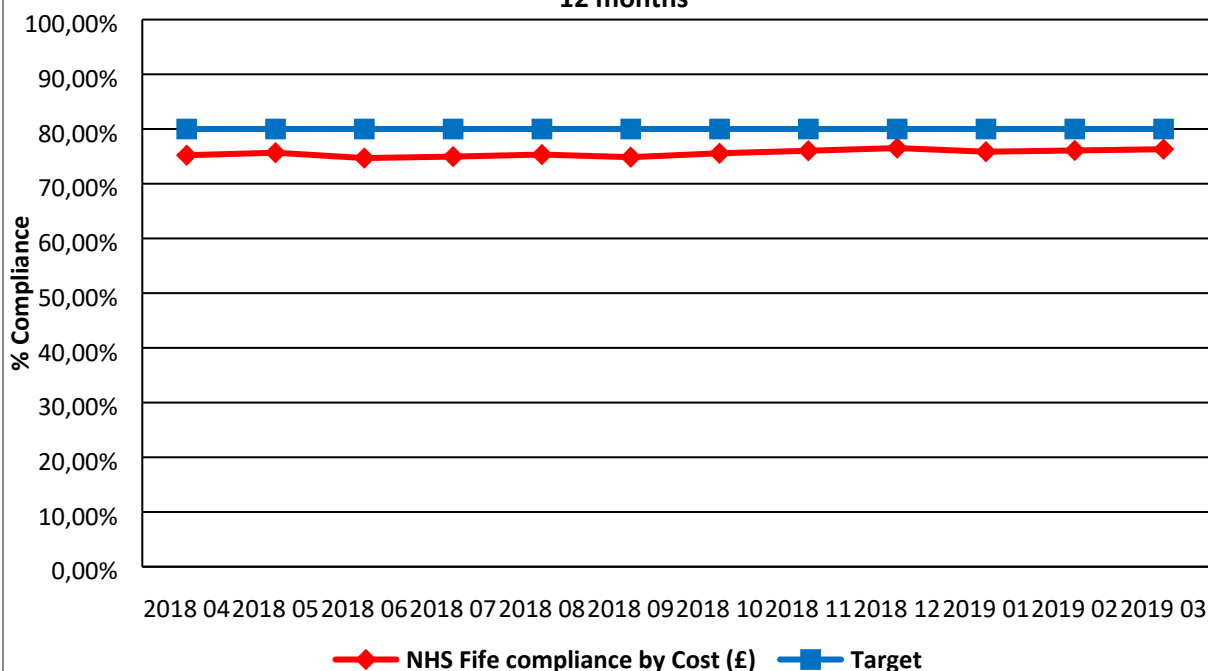
The three key priorities for the Medicines Efficiency programme are:

### 1. Improving formulary compliance

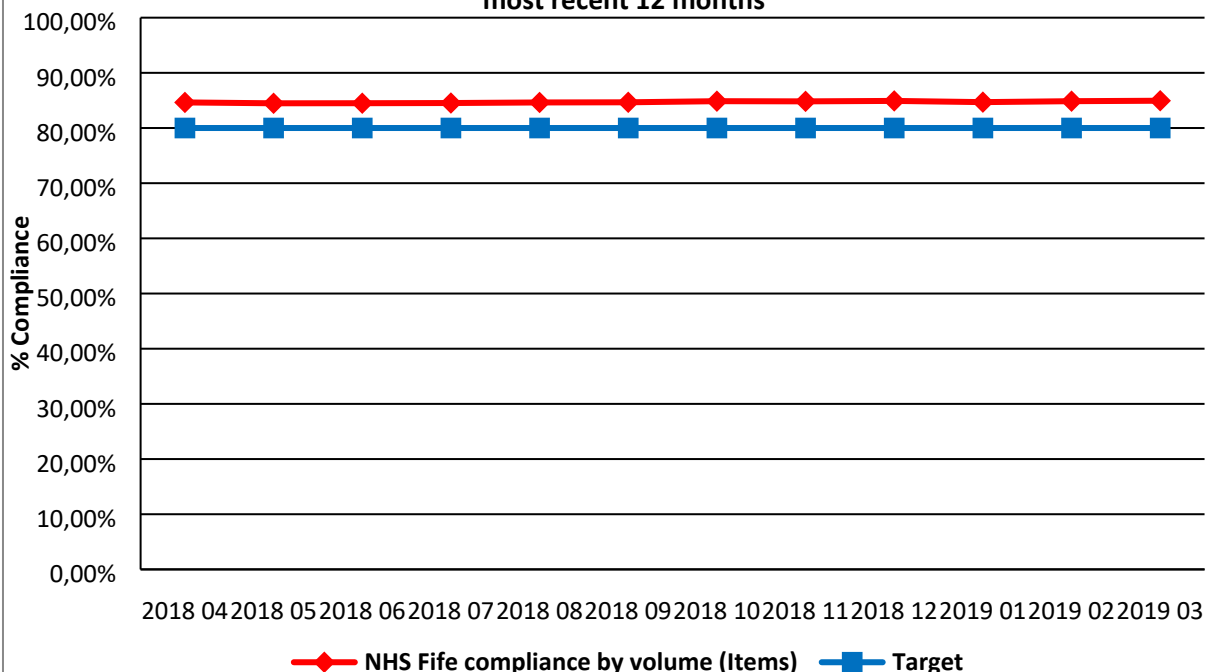
Fife has increased its compliance with the formulary (list of preferred medicines) from:

- 62% to 76% (by spend) and 79% to 85% (by volume) for GP prescribing which is being maintained
- >90% (by spend) for Acute services

**NHS Fife Selected BNF Chapters 1st and 2nd Line Formulary compliance by Cost (£) - most recent 12 months**



**NHS Fife Selected BNF Chapters 1st and 2nd Line Formulary compliance by volume (items) - most recent 12 months**



**Key actions underway:**

- Ongoing implementation by pharmacy teams, in primary care and acute, of “quick win” projects to maximise value for money.
- A communication campaign for staff to highlight the key formulary changes, using daily desktop messages, every quarter.

- Medication reviews by the pharmacy team of non formulary prescribing, e.g. respiratory, diabetes, pain and oral anti-coagulants to change to formulary alternatives.
- Rolling programme to review the Fife formulary choices to maximise safety and cost-effectiveness.
- Within the Acute Division the main focus in efficiencies is currently on implementing two biosimilar switches, which should generate annual savings of around £2M.

## 2. Reducing medicines waste

A multi-professional NHS Fife Medicines Waste Steering group has been established with 2 work streams: care homes and hospitals.

Key actions:

- Medicines waste campaign launched targeting patients and staff in care homes, hospitals and community venues. Radio advertising and social media campaign, targeted at the public.
- Health and social care staff waste campaign during 2019 which includes staff briefings, certificates and some promotional items to reduce medicines waste within their area photos will be shared on social media to raise awareness of the campaign.
- Rollout of a non-prescription ordering process for ordering woundcare and some catheter products in GP practices, treatment rooms and care homes, with delivered projected efficiencies of £400,000.
- Roll out of dietetic led non prescription ordering process for the supply of oral nutritional supplements from September 2019.
- Audit of oral nutritional supplement supply by dietetics in 15 high cost per patient care homes.
- Ongoing rollout of the use of patients' own medicines and increased use of patient packs to ensure continuity of patient care, improved flow and a reduction in duplication of supply of medicines.
- Roll out of new process to allow medicines waste to be destroyed at ward level to increase staff awareness about avoidable medicines waste and reduce it.
- Pharmacy assistant support, from February 2019, in 7 Kirkcaldy and 3 Fife Council care homes to streamline medicines ordering processes and prevent over ordering.
- Revised returns procedure developed for care homes to reduce avoidable returns.
- Increased reporting of medicines overstocks in care homes with offer of pharmacy support to resolve.
- Introduction of green bag system in care homes to ensure medicines are taken into hospital.

## 3. Realistic prescribing

The aim of realistic prescribing is to ensure that patients are only prescribed medicines when the potential benefits outweigh the risks and therefore some patients, due to frailty or multi-morbidity, may require a review of their medicines to ensure that the medicines are still appropriate.

The key actions planned/ completed:

- Establishment of a multi-disciplinary Realistic Prescribing Steering group with representation across primary care and acute, including the Realistic Medicine champions for primary care and acute.

- Agreement of 3 key priorities:
  - Review of bone health medicines in patients who are prescribed these > 5 years
  - Review of patients with dementia who are prescribed anti-psychotics
  - Review of frail patients who are prescribed 2 or more anti hypertensive medicines
- A test of change of GPs and practice pharmacists undertaking joint medication reviews in 5 care homes which is being incorporated into revised Local Enhanced Service for Care homes
- Input to East Region Realistic Medicine Project Board and Realistic Medicine event.
- Review prescribing of medicines which are of “low clinical value” due to their lack of clinical effectiveness.
- Develop a culture of Realistic prescribing in NHS Fife which includes alternatives to prescribing medicines, such as, social prescribing.

**2019/20**

Priorities for 2019/20 remain the same. The target for medicines efficiencies for HSCP is £1.2M.

**Risks to delivery**

Due to ongoing medicine shortages, Brexit, GP practice sustainability and pharmacy staff recruitment, there are risks to delivery of the programme.

**Recommendation**

- **For Information**

Objectives: (must be completed)	
Healthcare Standard(s):	
HB Strategic Objectives:	

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	

Impact: (must be completed)	
<b>Financial / Value For Money</b>	See above
<b>Risk / Legal:</b>	See above
<b>Quality / Patient Care:</b>	See above
<b>Workforce:</b>	See above
<b>Equality:</b>	<p>The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, <a href="#">click here</a> EQIA Template <a href="#">click here</a></p> <ul style="list-style-type: none"> <li>• Has EQIA Screening been undertaken? Yes/No (If yes, please supply copy, if no please state reason)</li> <li>• Has a full EQIA been undertaken? Yes/No (If yes please supply copy, if no please state reason)</li> <li>• Please state how this paper supports the Public Sector Equality Duty – <a href="#">further information can be found here</a></li> <li>• Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – <a href="#">further information can be found here</a></li> <li>• Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)</li> </ul>



# **eHealth Quarterly Performance Report**

**April 2019  
(Covering 01/01/19 – 31/03/19)**

# Contents

1. Introduction	3
2. Executive Summary	4
3. Operational Performance	6
3.1 NHS Fife, HSCP & GP SLA Information	6
3.2 Unplanned Outages	8
3.3 FOI Requests	10
3.4 Information Services	11
3.5 Procurement	12
3.6 Health Records, Acute	14
4. IT Governance & Security Activity	15
5. Focus on Series – Application Support	21
6. Programmes Active Projects / Programmes of Work	23
7. Finance	28

# 1 Introduction

eHealth in NHS Scotland is guided by the [Digital Health and Care Strategy](#). This Strategy was published in June 2018, this has provided a basis for a new NHS Fife Digital Strategy, a draft will be presented to the eHealth Board in late February.

This report provides a summary of key eHealth operational and programme performance and activities for the last quarter. It provides an overview of key performance projects and their status, performance, finance and outlines any risks and issues as well as outlining:

- the current context of eHealth across the organisation;
- identify the range of ongoing and possible future developments within eHealth and their financial implications to the extent that these are known;
- present eHealth financial status and highlight any upcoming challenges.

There are a number of governance processes active to deliver eHealth Services;

- The eHealth Board meets and reviews progress quarterly
- Investment is based on outcomes as agreed with Scottish Government and locally, within the governance structure approved by the eHealth Board
- Progress is reported quarterly to EDG and the rest of the organisation, including GP's
- Projects work to PRINCE2 tailored structure, using ITIL and Managing Successful Programmes Methods as appropriate
- Each project has 3 key documents under a tailored PRINCE2 structure including Project Initiation Document, regular Highlight Reports to respective Project Boards/Project Teams, and Project Issues/Risk and Escalation Management Report when required as well as Programme board minutes.
- Escalation points to General Manager - eHealth & IM&T and to eHealth Board
- This report is focused on **Key Activity** required to meet outcomes in the approved delivery Plan to Scottish Government
- Key RISKS and ISSUES log are recorded for meeting the delivery plan with escalation to Project Board, eHealth Board, or to EDG as a Corporate Risk when required.
- Risks are a standing agenda item at all eHealth meetings.

## 2 Executive Summary

eHealth produces a Quarterly Performance Report to ensure that stakeholders across the organisation are kept up to date with the department's activities and spend.

This section of the eHealth Quarterly Performance Report provides a summary of the activity January to March 2019

### Operational Performance

- The eHealth Department has an SLA (Service Level Agreement), which varies from 80% to 99%, depending on the type of service request.
- There were **21** unplanned outages during January – March 2019, none of which were classed as critical.
- There were **31** FOI requests received in the last quarter, **2** more than last quarter, one FOI was not responded to within the deadline date due to an administration error.

**Assessment:** *Efforts will continue with service improvements.*

### IT Security and Governance Activity

A breakdown of the number of governance and IT security incidents is provided within. There were a total of **176** potential Information Governance incidents between January and March 2019, **64** more than previous quarter. One incident was escalated to SIRO and one reportable to ICO.

**Assessment:** *Efforts will continue to capture record and deal with IT security and governance issues. Risks will continue to be reviewed in a bid to close any that have been resolved and to consider the risk in the current context to ensure classification is accurate.*

### Health Records

Health Records, Acute outline the organisation's compliance to the target for SMR01 patients. The target for submission is 95% therefore; quarter 4 is marginally below at 94.91%.

**Assessment:** *Health Records - Acute, will continue efforts to meet targets provided.*

### Focus on – Application Support

The Application Support Team outlines who they are, what they do and what their upcoming focus will be.

**Assessment:** *The Application Support Team will continue to support the whole organisation*

### Active Projects / Programmes of Work

The NHS Five Information and Digital Strategy was discussed at the eHealth Board and Clinical Digital Transformation Group, comments have been received and the document is currently being redrafted. Work is also ongoing to ratify the Digital Health and Care

requests. Projects are updated within section 6, of note is that the community project has moved into phase 1. We are awaiting formal sign off of funding.

**Assessment:** *Ongoing Projects are tracked by way of Highlight Reports. Risks and issues are captured and updated and escalated to eHealth Board when necessary. Meeting has been arranged to discuss Project Risks being added to Datix, rather than local spreadsheets.*

## **Finance**

Capital expenditure is £1,039,167 against a budget of £1,041,000 representing an underspend of **£1,833**

Revenue expenditure is £11,364,750 against a budget of £11,427,682 representing an underspend of **£62,932,**

**Assessment:** *Ehealth continue to follow the NHS Fife Financial operating procedures and policies. Underspend is a result of being unable to move some planned projects forward due to resource limitations.*

### 3 Operational Performance

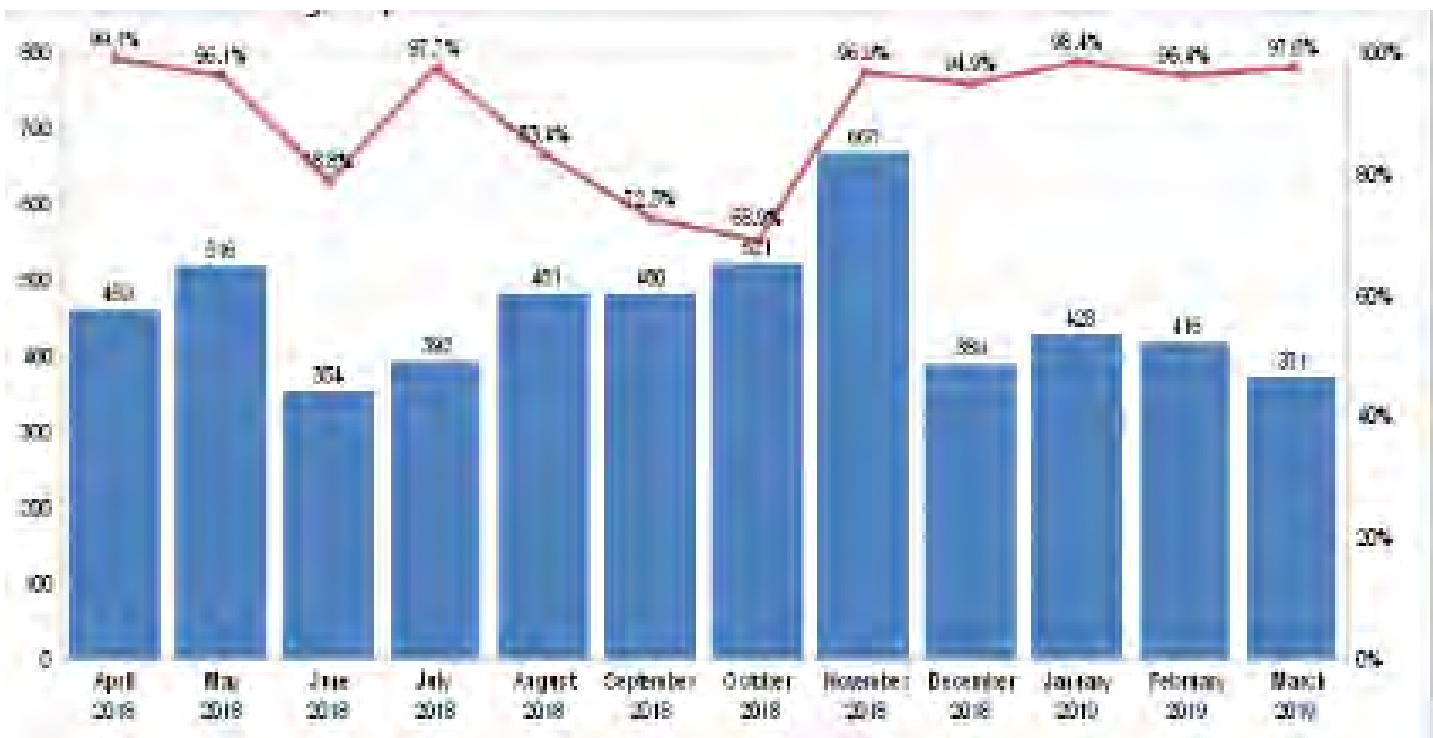
#### 3.1 NHS Fife, HSCP General & GP SLA Information

The SLA targets includes a very wide range of activities, including: Incidents reported, Account provisioning, password resets, account unlocking and other service requests across the organisation

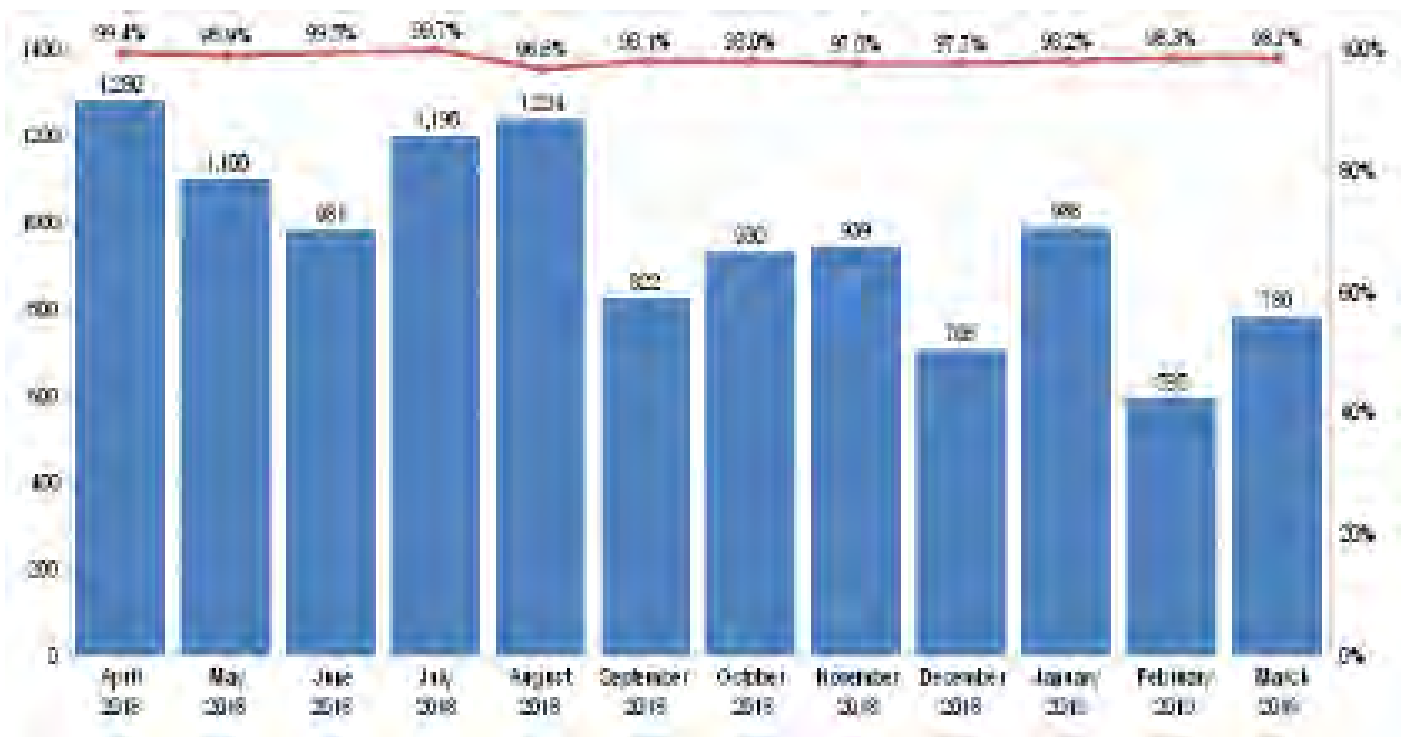
##### Incidents Resolved SLA 80%



##### Account Provisioning Requests SLA 90%



**Password Resets**  
**SLA 99%**



**Other Service Requests**  
**SLA 85%**



### 3.2 Unplanned Outages

Over the last quarter, the following systems had an unplanned outage:

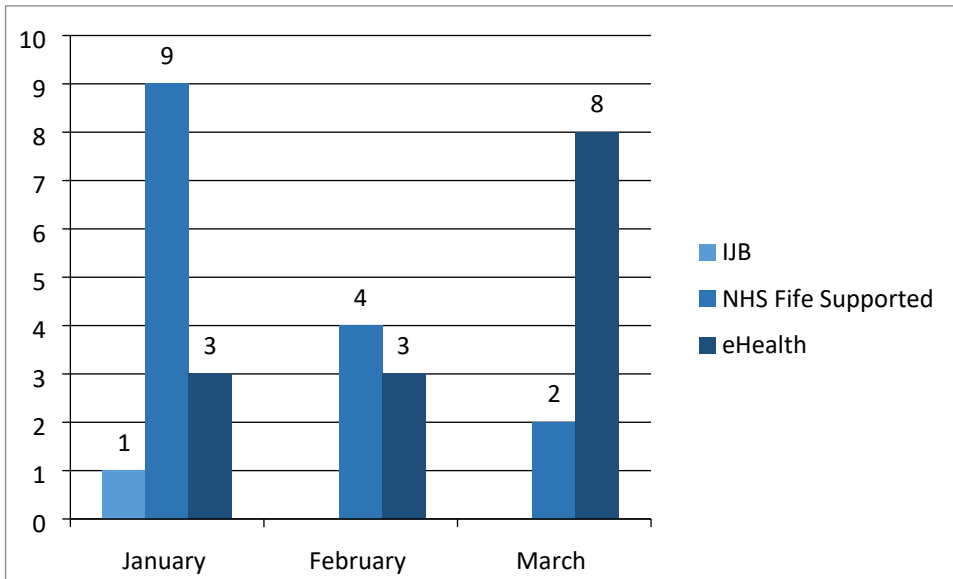
(Please note that the outage time reflected below is the time the call was raised and the time the call was closed on our Service Desk System).

Critical Systems Unplanned Outages 01/10/18 to 31/12/18			
System	Reference Number	Date	Outage Time
TrakCare	-	-	-
SCI Store	274528	25/02/2019	30 Minutes
Carestream PACs 24/7	-	-	-
CRIS	-	-	-
Adastra 24/7	-	-	-
Patienttrack 24/7	-	-	-
Therefore	-	-	-
LabCentre (aka LIMS or LIS / Cyberlab	-	-	-
Ascribe	-	-	-
Opera	-	-	-
Powergate	-	-	-
Tiara	-	-	-
Wardview	-	-	-
Winscribe	-	-	-
ICNet	-	-	-

Other Unplanned Outages			
System	Ref Number	Date	Outage Time
Network	268809 270138 270077 271104 274977 282542 282658	31/01/2019 06/02/2019 05/02/2019 11/02/2019 27/02/2019 28/03/2019 28/03/2019	1 hour (affected Access to external systems - NHSMail, Midis) 1 Hour (Affected Kirkcaldy Health Centre) 4 Hours (affected parts of VHK - Power Issue) 5 Hours (Affected Stratheden Hospital) 1 Hour (Affected VHK Phase 1 & North Labs) 1 Hour (Wifi issues affecting various sites) 2 Hours (Affected North East Sites)
Telecoms	271456	11/02/2019	1 Hour
Follow you Printing	270454	07/02/2019	1 Hour
NHSmail	281551	25/03/2019	4 Hours
Scan-To-Me	281203 281824 282635	22/03/2019 26/03/2019 28/03/2019	1 hour 1 Hour 15 Minutes
H&SC Portal	269148	01/02/2019	1 Hour
Kodak R4	270115	06/02/2019	15 Minutes
Micad	274265	25/02/2019	30 Minutes
Midis	276691 279562	06/03/2019 18/03/2019	1 Day 2 Hours
Filestore	278569	13/03/2019	2 Hours
SWAN	279656	18/03/2019	1 Hour

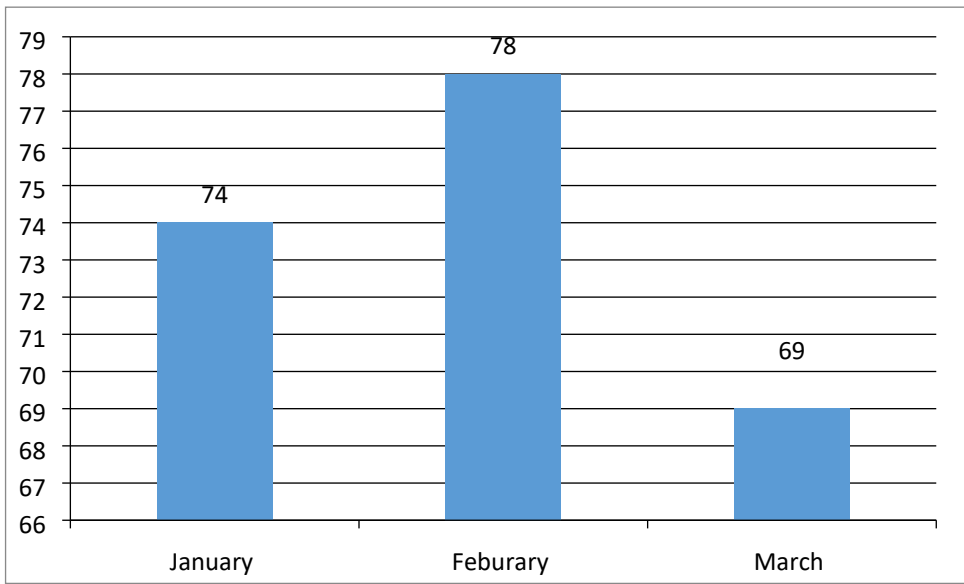
### 3.3 FOI Requests

There were **31** FOI requests received in the last quarter, 2 more than last quarter. The NHS Fife Supported and IJB Supported refer to FOI's that are not eHealth related but have been allocated to us to provide data.



3.4 Information Services Team

The Information Services team dealt with **221** adhoc report requests during January to March 2019, this is **8** more than last quarter.



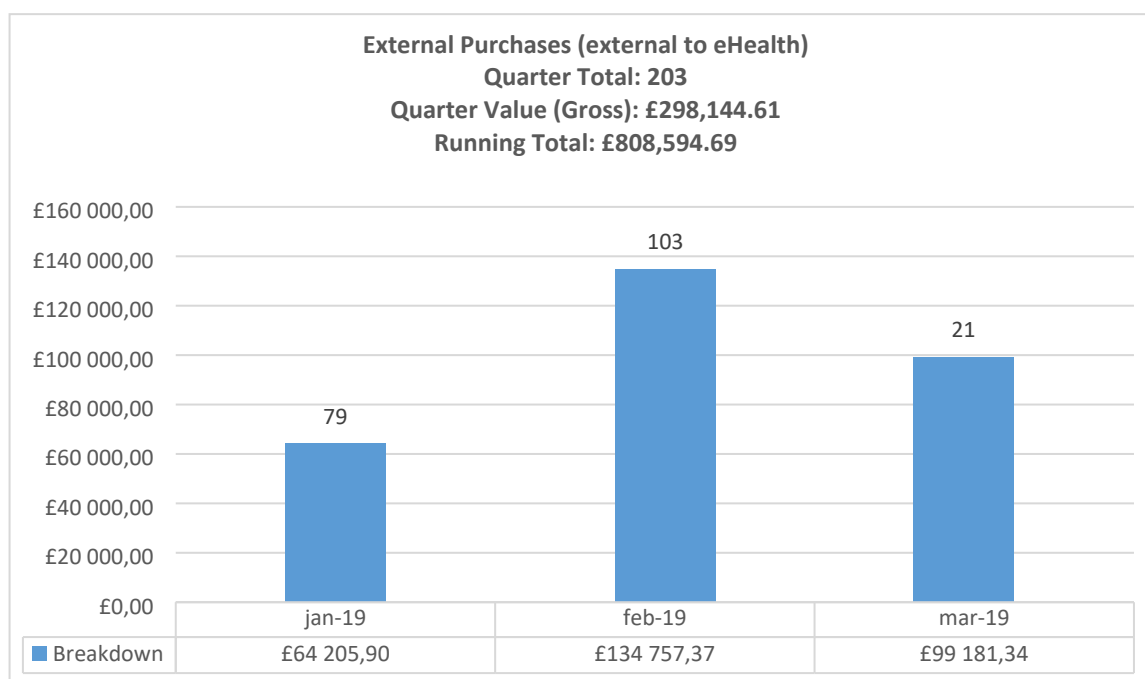
### 3.5 Procurement

All IT and telephony related purchases are processed via eHealth to ensure technical compatibility and conformance to national frameworks.

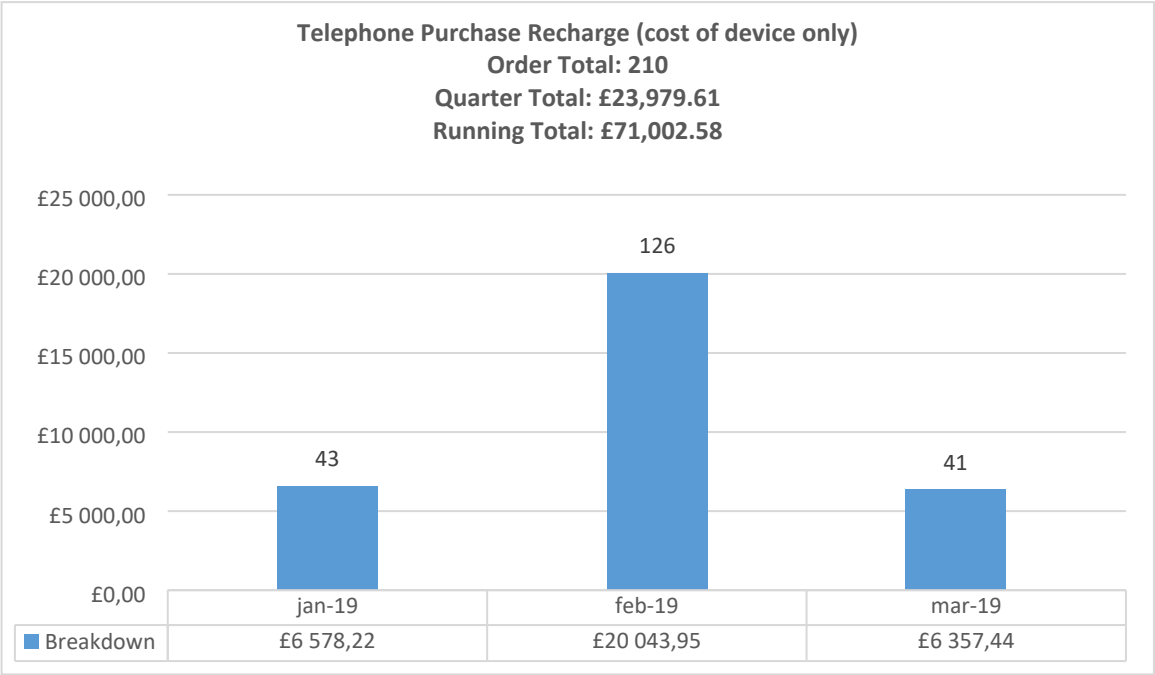
eHealth spend for the quarter, over £30k, was as follows:

05.03.19	Network and Telecoms Equipment	£58,232.54	COMPUTA CENTRE
08.03.19	x100 HP EliteBook 840	£50,642.40	HP
08.03.19	x100 HP EliteBook Laptops	£50,642.40	HP
12.03.19	NHS Fife Mobile Workflow	£67,492.16	MICROSTRATEGY
20.03.19	Restart Annual Support	£44,100.00	RESTART LTD
18.03.19	Professional Services and Equipment	£64,928.63	SCC
18.03.19	x10000 Web Premium SW Bundle	£91,560.00	SCC
21.03.19	x3 Kodak i4650 scanner	£37,098.00	TRUSTMARQUE
21.03.19	x3 Kodak Annual Maintenance	£119,322.00	TRUSTMARQUE
26.03.19	Orion Health and Social Care Project Support	£122,516.47	SOFTCAT
26.03.19	Orion Health and Social Care	£52,236.73	SOFTCAT

### External Orders / Recharges



Telephone Orders / Recharges



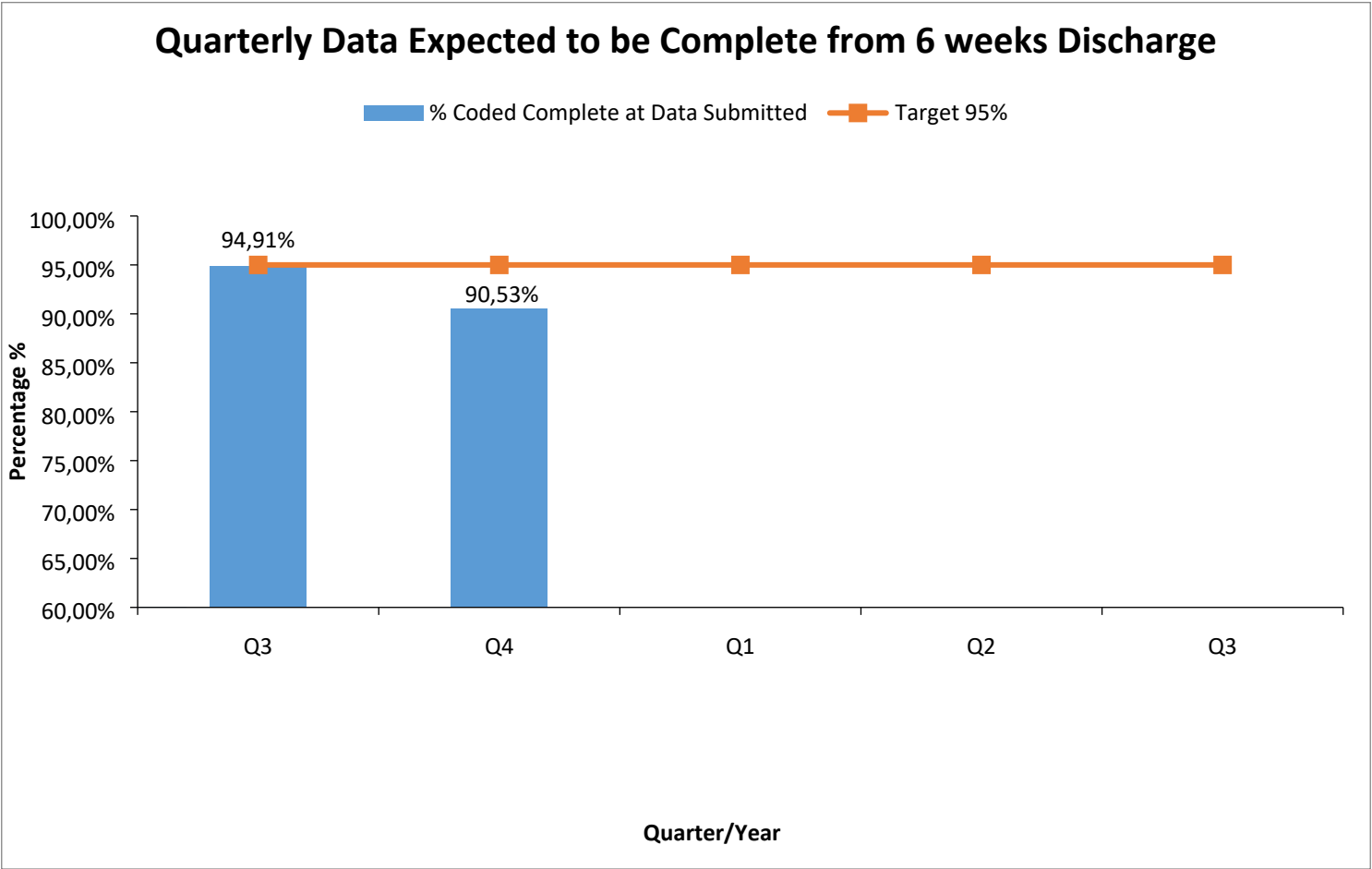
3.6 Health Records

The chart shows SMR01 (Inpatients/Daycases). The target for submission is 95% and quarter 4 is below at 90.53% which is a drop from last quarter. This is due to training of new coders. There should be an improvement over the coming months as training progresses.

We are currently working on production of data for SMR02 (Maternity).

The Scottish Government target for SMR submission to ISD is 6 weeks (42 days) following discharge/transfer/death or clinic attendance.

ISD calculates timeliness as data received 6 weeks following the end of month of discharge/transfer/death or clinic attendance e.g. all SMR01 records with an October 2018 date of discharge/transfer/death would be expected to be submitted to ISD by 12th December 2018.



4 Governance and IT Security Activity

The Senior Information Risk Owner (SIRO) reports in March, February and January reported **156** Information Governance incidents for the quarter (shown below), **44 more** than the previous quarter.

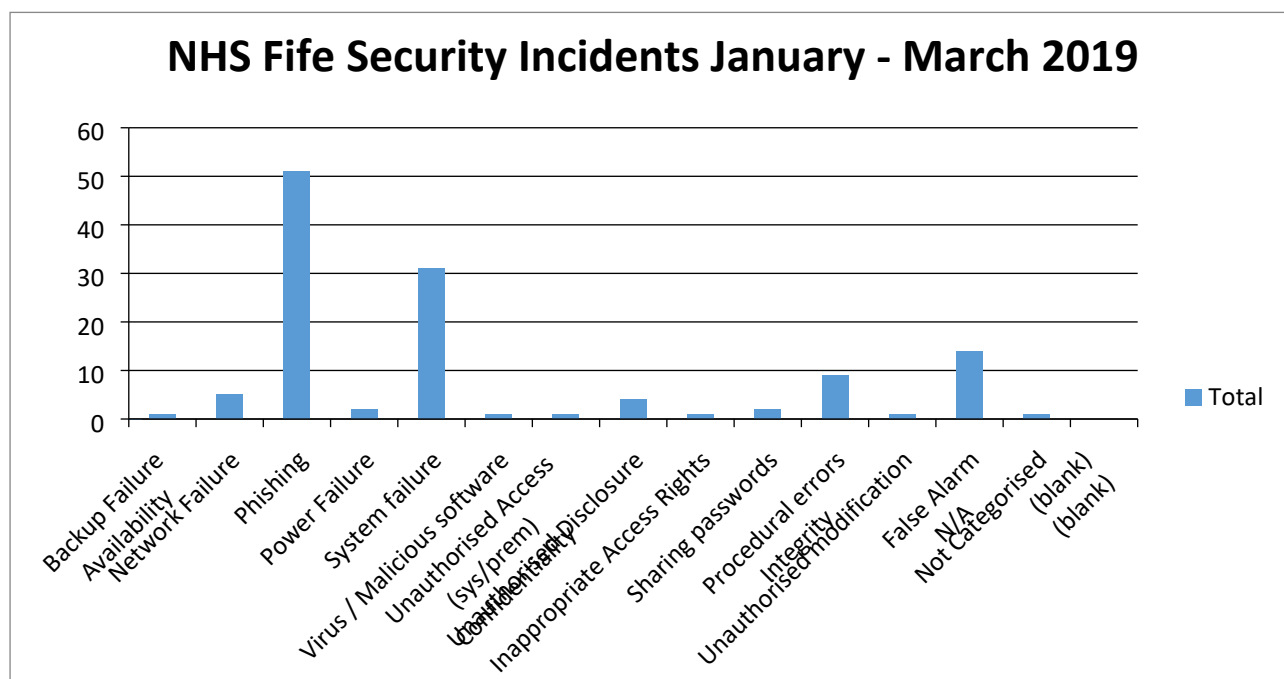
MONTH	Availability/ Accessibility	Availability/ Accessibility, Confidentiality/ Privacy	Availability/ Accessibility, Integrity/Data Quality	Availability/ Accessibility, Confidentiality/ Privacy, Integrity / Data Quality	Confidentiality / Privacy	Integrity / Data Quality	Confidentiality/ Privacy, Integrity/Data Quality	TOTALS	Escalated to SIRO	Reportable to ICO
MARCH	5	2	20	1	13	6	0	47	0	0
FEBRUARY	8	2	30	2	11	10	1	64	0	0
JANUARY	9	3	27	2	11	11	2	65	0	1

Risks

There was a risk added to DATIX regarding the organisation’s requirement to comply with GDPR and the new UK Data Protection Act from May 2018, graded **HIGH**, which remains the same.

## Information Security Incidents

The following information relates to the types of security incidents, affecting Information Security, that have occurred during January - March 2019 within NHS Fife and the GP Practices. Where security incidents have been classified, it means that these issues have been addressed. All actions taken recorded are in Service Desk system and therefore provide an audit trail.



The makeup of the above chart is reported in the following sections.

### Availability

#### Network Failure

- On the 5th of February Scottish Power had an underground power cable in Kirkcaldy fail, which caused spikes/dips in the supply which then had NHS Fife electrical switch gear trip and start the emergency generator and unfortunately internal breakers tripped which then removed power from the main node for longer than the UPS for the main node had been designed to hold the power for. The loss of power in that room then brought down the network connections to/from VHK from everywhere else, which meant that any services at VHK that are not designed for automatic geographic failover were not available for other users. This was reported to the NCSA and the Competent Authority under the NIS regulations.
- The Follow-you printer in Practice Professional Development, Level 8 was automatically printing/releasing print outs. This issue was caused by the network issue, which was resolved.
- Staff reported WiFi connection issue i.e. 'no internet connection'. A network upgrade for Patient Wireless and Juniper access affected these services.
- Users were experiencing problems with Trakcare, Cris, Portal, Intranet. The network speed issues were caused by the core upgrade

#### Phishing incidents (51 off)

The actions taken by eHealth staff when contacted by affected users is as follows:

- The service desk analysts advise users to forward the phishing email to NHSMail (spamreports@nhs.net) and ask to delete it afterwards.
- They also ask them to block the senders of spam and provide training as necessary.

- A user may have disclosed their password to scammers. They were made to change their passwords and were given guidance about passwords security.

Social engineering phone calls were also noted and appropriate action taken.

### **Power Failure**

- The network at north labs was down, it affected PC's and phones. There was a power interruption and the room Uninterruptedly Power Supply (UPS) was drained, however it developed a fault and when power was restored it would not allow power to the equipment until it was reset. A replacement device was purchased.
- Radernie Ward (Stratheden) network was down overnight night. The UPS that provided power to the Node was faulty and was replaced.

### **System Failures**

- The following notable system incidents were recorded:
- The MIDAS system was not working for over 24 hours and then running very slow. This issue was being addressed by NHS Tayside as this system is hosted by them.
- Various issues this morning affecting NHSMail and outlook. Connection issues and folders not updating. This issue was resolved by the third party - NHSMail.
- An error number was appearing in Clinical Portal when searching for a patient. The Load Balancer was rebooted and this restored the SCI Store Services.
- Pop up box appearing in Intranet continually with network username. When inputting network password, it is just reappearing. A software patch was installed on the proxy server. This change was monitored for 5 days to ensure the issue was resolved.
- Staff unable to access Sci-store. The Load Balancers had to be restarted without these running, the workload on the Sci Stores server would not be evenly distributed i.e. one server being overloaded with queries.
- Internet Explorer is down for all users on all sites. This was a SWAN Major Incident -. Capita 3rd Line engineers carried out an emergency IOS (Internetwork Operating System) upgrade to resolve the issue.
- Cisco Finesse phone system unavailable for all users in Service desk. The Cisco Finesse system lost connectivity across site and then QMH web server failed, therefore not allowing new logins. The third party - BT restarted the servers and the service was restored.
- Scan-To-Me option is not working on printer for any users. User can scan documents into it but they are not being emailed to inbox or junk mail inbox. An engineer logged onto the equitrac-print server and had to kill the Scan-To-Me process and then restart it to resolve the issue.
- There was an issue with Therefore Navigator, users could not retrieve the health records. Third line implemented various network & configuration changes, plus updates to switches which have resolved the slow access to storage shares.

### **Virus / Malicious software**

A suspicious message was displayed on a user's computer. The anti-virus software was run as a precaution; however, no problems were detected.

### **Confidentiality**

#### **Inappropriate Access Rights**

- There was concern that a user who has left NHS Fife still has access to NHSMail. The eHealth Service Desk Team Leader to confirm with NHSMail that the user cannot access their account.

#### **Sharing Passwords**

- A user shared their password in response to receiving a phishing email. The information security manager emailed advice about sharing passwords when receiving spam emails.

**Unauthorised Access:**

- A FY1 medical student used another member of staffs Trakcare account to request an ultrasound scan. The students line manager was informed of the incident and asked to ensure that further IG training be carried out.

**Unauthorised Disclosure**

The following issues were recorded:

- An orthodontics reception printer is receiving print outs from a clinic located in Glenrothes. This is a known issue with DNS not updating in a timely manner with TRAK, which results in PC printing to incorrect printer.
- Printer started out printing patient sensitive information on its own behalf. The root of this incident cause seems to be the DHCP glitch on the network.

**Integrity****Procedural Errors**

The following issues were recorded:

- Clinical folders were moved in error, eHealth restored the folders to the correct location;
- Unprocessed hard drives (not degaussed) have been sent to be disposed of via a third party. This issue was raised with the staff and the procedure has been changed to address this matter.

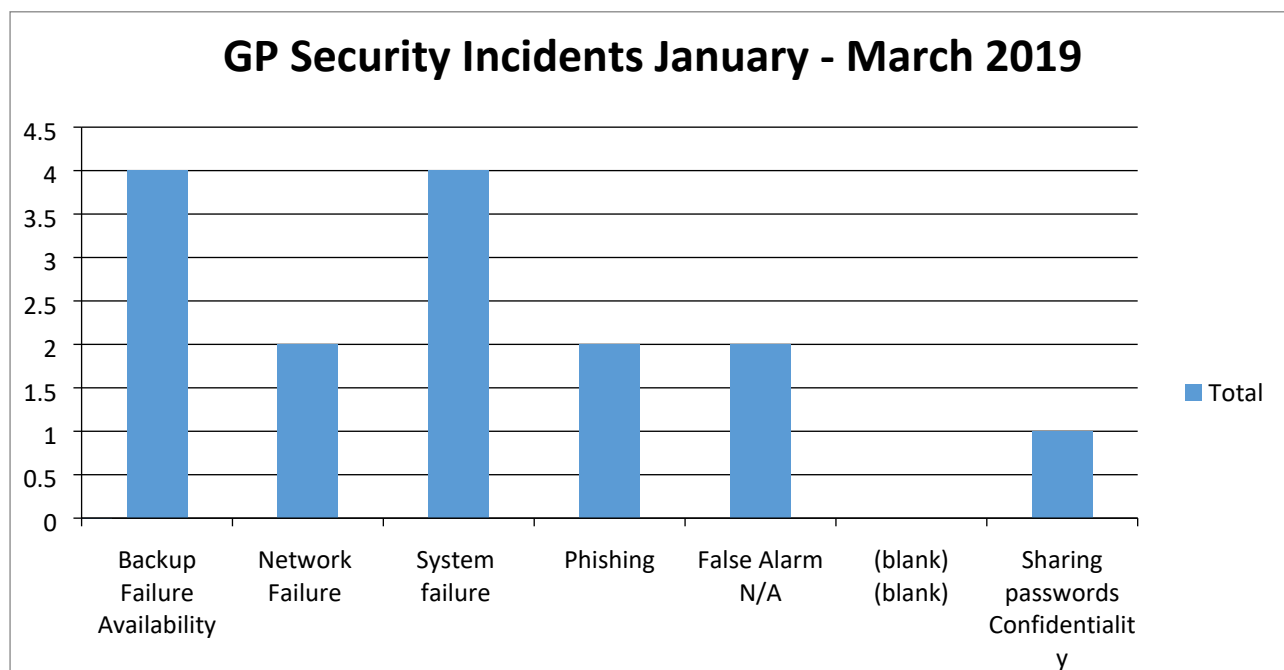
**Not Categorised**

Note that not all change/ service requests/incidents with security implications were closed at the production of this report.

**Not Applicable****False Alarms**

Where a security incident has been flagged to the eHealth Security Manager and upon investigation it was found that there was no breach of Information Security then this classification is applied. It is better for staff to error on caution so that all incidents are recorded.

There was a major incident which was rolled into one incident, so the associated incidents were marked as false alarms.



The makeup of the above chart is reported in the following sections.

### Availability

#### Backup Failures

The following issues were recorded:

- The tape drive was off- line, once the server engineer resolved this he ran a backup.
- A cleaning tape was used in the drive and this resolved the backup issue.
- A Windows update interrupted the backup. This cannot be avoided as NHS Five does not control when Microsoft roll out the patches. This will be address when the new backup system for GP Practices is implemented.
- The server engineer ran an inventory scan to ensure the tapes are recognised by the backup system.

#### Network Failures:

- User were unable to login because a rogue DHCP provider was on the GP Practice network. After an engineer investigated, it was found that a third party router was responsible for this issue. The port it was connected to was disabled to resolve this matter.
- The user at the GP Practice was asked to reboot the router to resolve the issue.

#### Phishing incidents (2 off)

The actions taken by eHealth staff when contacted by affected users is as follows:

- The service desk analysts advise users to forward the phishing email to NHSMail (spamreports@nhs.net) and ask to delete it afterwards.
- They also ask them to block the senders of spam and provide training as necessary.

#### System Failure

The following issues were recorded:

- The server failed to reboot after scheduled restart over weekend. This issue was resolved by the third party - Emis.
- The server updates took longer than expected and this prevented the computers from working. This matter will be investigated to ensure that updates do not impact the working day.

- When a computer is turned on it signs onto the user's account without them entering their details. Single Sign On was re-installed to the latest version and this resolved the issue.

## **Confidentiality & Integrity**

### **Sharing Passwords:**

- The user has received a spam email threatening them with explicit videos and exposing them to family. The user was advised that this is spam, however the email contains the user's most recent NHS Mail password. This being the situation, the user was provided advice on password management and has changed their password.

### **Not Categorised**

Note that not all change requests/incidents with security implications were closed at the production of this report. These are reported this section.

### **False Alarms**

Where a security incident has been flagged to the eHealth Security Manager and upon investigation it was found that there was no breach of Information Security, this classification is applied.

## 5 Focus On Series ..... Application Support

<b><u>What and who are the team?</u></b> <p>The Application Support Team (AST) is based at Lynebank hospital and supports key applications that are used by the whole organisation. The team consists of 7.3WTE supplemented by temporary staff on a project by project basis.</p>	<b><u>Key Statistics</u></b> <p>Between Jan – March:</p> <ul style="list-style-type: none"><li>- 1548 calls were resolved by the team.</li><li>- 5 complex systems upgrades were completed successfully.</li></ul> <p>There are 16 applications directly supported by the team. TrakCare being the largest and highly complex.</p>
<b><u>What do they do?</u></b> <p>The operational priority is to ensure that our users have full access to the patient data held with our applications when they need it. Our application support assistants are our ‘fire fighters’ they deal with the reactive calls (contacts) that are assigned to us on the eHealth Service Desk.</p> <p>Our application support analysts / application developers and senior support analysts work together on projects which can include upgrading existing applications (project planning, release management, testing, implementation, go-live support) and / or working with services to get the best use of the applications we have available to them (e.g. bringing services onto TrakCare who currently use paper).</p> <p>We also work very closely with the Strategy and Programmes team to provide support and resources to help deliver the programme plan.</p>	
<b><u>Challenges?</u></b> <p>There are many applications that are used within our organisation that are not supported or managed by eHealth, but are hosted on our infrastructure and have interlinks with applications we do support. Therefore, when those applications are upgraded or changed the demarcations can become blurred and changes can have unexpected consequences on other eHealth applications. This is managed through the IT Change management policy (now an organisational wide policy), however improvements in compliance for IT Groups out with eHealth is required to help reduce the risks and reactive burden on Application Support.</p> <p>Applications are constantly being improved by the suppliers and we work with the proviso that we should be no more than 2 versions behind the latest version – upgrading applications can take significant time and planning. NHS Fife is a version leader for TrakCare within Scotland and regarded as a ‘model customer’ by the supplier InterSystems. This is not just for being a front runner with the running version, but for the unique implementation success rate.</p> <p>Quite a few of the calls logged are due to staff being unaware of how to use the specific application correctly – Therefore our assistants spend time with the user providing functional advice / support on the phone.</p>	

### **What's Ahead?**

- Clinic build / maintenance with TrakCare will be managed by AST starting in May – this will consist of 2 Health Records staff moving over to Application Support team to become Application Support Assistants.
- Working a lot closer with the Strategy and Programmes team to provide support and resources for up and coming projects.
- More applications to be managed and supported by AST taking the strain from other resolver groups and maximising the skill set held by the team.

## 6 Programmes

### Active Projects / Programmes of Work

The Table below provides an update on some of the **committed**, **essential** and **high priority** Projects currently underway.

Project	Cat	Description	Update	Expected Completion Date	Status
<b>GDPR - Information Asset Register</b>	Essential	<p>The Information Asset Register (IAR) records datasets held throughout NHS Fife; person identifiable information held together for a specific purpose i.e, a collection of results brought together for auditing purposes and held in a spreadsheet, or a large database supporting patient records.</p> <p>NHS Fife is required to compile an IAR for the following statutory and regulatory reasons:</p> <ul style="list-style-type: none"> <li>• Scottish Government – NHS Security Policy Framework</li> <li>• Current NHS Fife Information Governance and Information Security Policies</li> <li>• Data Protection Act - Information Commissioner's Office recommends as good practice</li> <li>• General Data Protection Regulation – due to be implemented in 2018.</li> <li>• Caldicott Principles</li> </ul> <p>In addition, it is good business practice to know what information is held in the organisation.</p>	<p>A full Information Asset Register is still to be completed and responses are still being received.</p> <p>The Information Governance and Security office now has new staff in place and there is resource now being directed to the work to progress accordingly.</p> <p>The information asset register is being pulled together and will be simplified, as the feedback within the organisation was that the document was not easy to read / understand.</p>	Ongoing	<b>GREEN to AMBER</b>

Project	Cat	Description	Update	Expected Completion Date	Status
<b>SQL Upgrade / SQL infrastructure system improvement</b>	Essential	This project will upgrade and restructure our existing SQL Database infrastructure. The outcomes of the project are to: Maintain Supportability, Improve resilience, Reduce impact of future maintenance and upgrades. Comply with NIS and Cyber essentials requirements	<p>Replacement SQL servers have now been setup which new applications are using. Migration of existing systems/databases has yet to be scoped/planned, but will take approx 12 months allowing for planning and testing.</p> <p>Engineering resource is being focused on security patching which is impacting availability to progress this project.</p>	March 2020	<b>GREEN</b>
<b>Community System</b>	High Priority	<p>The main driver of this work is that MiDIS, the multi-disciplinary community system requires replacement, with an end of life date in 2018.</p> <p>A consortium of 6 boards are collaborating over creating / sharing patient assessments including shared assessments, Child Protection Messaging.</p>	<p>A National Business Case was completed and presented to National eHealth Leads in May 2018, this process then stalled.</p> <p>MiDIS is currently operating on best endeavours and agreement has been reached with NHS Tayside for one further year.</p> <p>A Business Case for procurement of the community system was approved by eHealth Board and is awaiting final sign off by NHS Fife Health and Social Care. Overall Amber until governance agreed and planning complete as red risk remains in relation to timeline if governance is not completed.</p> <p>The 1<sup>st</sup> phase of the project is now live, lessons learned workshop is being held and we will now move into planning for full rollout.</p>	Sept 2020	<b>AMBER</b>

Project	Cat	Description	Update	Expected Completion Date	Status
<b>Core Network Switch Replacement</b>	High Priority	Hardware is in place and the changeover and the plans are being finalised to minimise the interruption to users. The changeover is set to start at QMH at the beginning of February.	<p>The majority of VHK old core was migrated within March 2019, unfortunately during the change there were some unexpected issues and we halted the rest of the change to minimise adverse effects.</p> <p>However, this does mean that a large portion of our Network traffic is no longer controlled by the legacy equipment at this point in time, reducing the risk.</p> <p>The rest of the work will be split into two parts, one scheduled at the beginning of May 2019 sorting the old switches in the Main Node. The 2<sup>nd</sup> part scheduled for the beginning of June to complete final removal of the old switches in the Data Centre.</p>	<p>March 2018 June 2018</p> <p>March 2019</p> <p>Jun 2019</p>	<b>GREEN TO RED</b>
<b>eIDD Refresh</b>	High Priority	It has been agreed the current electronic discharge document system (eIDD) will be moved to a secure platform and additional services will be added.	Following agreement to update the eIDD platform. Planning is underway and the project is being split into functional and technical stages. Timescales for delivery will be agreed and the project moved into planning and delivery.	<b>TBC</b>	<b>GREEN</b>
<b>Cyber Resilience Project</b>	High Priority	Establish a dedicated Cyber Security Team and create a cyber resilience 'baseline condition' for the ICT estate. This includes a full understanding of all hardware and software assets and any existing threats and vulnerabilities. Also applying the Cyber Essentials standards to all assets which are not on the legacy 'exceptions list'	The Cyber Security Team continue to plan out remediation work required and recruitment of a replacement Cyber Security Manager is about to begin (K Gray going to NSS).	<b>30/03/20</b>	<b>AMBER</b>



Project	Cat	Description	Update	Expected Completion Date	Status
			<p>Package and timeline requires agreement.</p> <p>Self Booking – Discussions are ongoing in relation to proposed Scottish Government supported project to deliver self booking (online) within NHS Fife.</p>	<p><b>TBC</b></p> <p><b>TBC</b></p>	

## 7 Finance

### Capital Position

The eHealth Capital budget has been allocated over 4 main areas:

- Desktop Replacement
- Network development
- Server Replacement
- Data Centre Upgrades

Capital expenditure is £1,039,167 against a budget of £1,041,000 representing an Underspend of **£1,833**

### Network Development

Fourscout Cyber Security Access Ability

Now installed £260k

### Server/ System Replacement

Proxy Server Replacement Now purchased cost £130k

### Desktop Replacement

500 pc's / laptops replaced in last quarter and 150 hardware upgrades

400 pc's / laptops, 500 SSD and Memory Modules purchased this FY.

### Revenue Position

Revenue expenditure is £11,364,750 against a budget of £11,427,682 representing an underspend of **£62,932,**

Underspend is a result of being unable to move some planned projects forward due to resource limitations.

**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	3 <sup>rd</sup> July 2019
<b>TITLE OF REPORT:</b>	eHealth Quarterly Report – January 19 to March 19
<b>EXECUTIVE LEAD:</b>	Ellen Ryabov
<b>REPORTING OFFICER:</b>	Lesly Donovan

<b>Purpose of the Report</b> (delete as appropriate)		
<del>For Decision</del>	<del>For Discussion</del>	<b>For Information</b>

<b>SBAR REPORT</b>
<p><b><u>Situation</u></b></p> <p>The eHealth department produce a Quarterly Performance Report to provide a summary of information regarding performance, workload and financial activities for the past three months.</p>
<p><b><u>Background</u></b></p> <p><b>Operational Performance</b></p> <ul style="list-style-type: none"> <li>The eHealth Department has an SLA (Service Level Agreement) which varies from 80% to 99%, depending on the type of service request. SLA's were achieved and/or exceeded</li> <li>There were <b>21</b> unplanned outages during January – March 2019 none of which were classed as critical</li> <li>There were <b>31</b> FOI requests received in the last quarter, 2 more than last quarter and 2 of which were responded to beyond the deadline due to administration error.</li> </ul> <p><b>IT Security and Governance Activity</b></p> <p>A breakdown of the number of governance and IT security incidents is provided within.</p> <p>There were a total of <b>156</b> potential Information Governance incidents between January and March 2019, 44 more than last quarter and one incident was reportable to ICO.</p> <p><b>Focus on - Application Support</b></p> <p>The Application Support Team (AST) is based at Lynebank hospital and supports key applications that are used by the whole organisation.</p> <p><b>Key Statistics</b></p> <p>Between Jan – March:</p> <ul style="list-style-type: none"> <li>1548 calls were resolved by the team.</li> <li>5 complex systems upgrades were completed successfully.</li> </ul> <p><b>Finance</b></p> <p>Current Capital expenditure is £1,039,167 against a budget of £1,041,000 representing an underspend of £1,833.</p>

Revenue expenditure is £11,364,750 against a budget of £11,427,682 representing an underspend of £62,932. The underspend is a result of being unable to move some planned projects forward due to resource limitations

### Assessment

eHealth have outlined some key activity over the last quarter to ensure transparency and to update stakeholders.

This report will be reviewed over the next quarter to ensure that it accurately captures areas of interest to stakeholders, and to accommodate the integration of Health Records, Acute, with the eHealth Department.

Efforts will be maintained to capture areas for business improvement and maintain service to the organisation.

### Recommendation

The Clinical Governance Committee is asked to **note** the eHealth Quarterly Performance Report, which has been submitted for information.

# Health & Social Care: Local Review of Winter 2018/19

NHS Board, HSCPs:	NHS Fife	Winter Planning Executive Lead:	Ellen Ryabov, Chief Operating Officer Michael Kellet, Director of Health and Social Care
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## Introduction

As in previous years, to continue to improve winter planning across Health & Social Care we are asking local systems to lodge a draft of their winter review for 2018/19 with the Scottish Government to support winter planning preparations for 2019/20.

Local reviews should have senior joint sign-off reflecting local governance arrangements.

We expect that your Chairs and Chief Executives are fully engaged in the review.

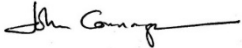
We expect this year's local review to include:

- the named executive leading on winter across the local system who will produce the local plan for 2019/20
- key learning points and planned actions
- top 5 local priorities that you intend to address in the 2019/20 winter planning process

Completed reviews should be sent to [Winter\\_Planning\\_Team\\_Mailbox@gov.scot](mailto:Winter_Planning_Team_Mailbox@gov.scot) by no later than close of play on **Friday 3 May**.

Thank you for your continuing support.

**JOHN CONNAGHAN CBE**



**Chief Performance Officer, NHSScotland  
and Director of Delivery and Resilience**

## **1 Clear alignment between hospital, primary and social care**

### **1.1 What went well?**

- Patient flow into community hospitals was maintained especially with direct transfers from AU1 direct to community hospitals
- Ease of communication between departments across the system including the health protection team
- The discharge hub enabled timely discharge from acute to community services with an invaluable whole team approach
- Collaborative working between the Scottish Ambulance Service and NHS Fife including A&E and proactive discharge planning
- Sharing and weekly scrutiny of an agreed data set across hospital, primary and secondary care

### **1.2 What could have gone better?**

- AU1 and A&E flow pathways and management of patients into AU1 Assessment
- Appropriate signposting to prevent presentations at Emergency Department
- Increase in delayed discharges due financial and capacity challenges in the care at home sector
- Increased queue length leaving the acute sector to community pathways
- Fife patients in Hospitals out with Fife being repatriated in a more timely manner to assist with flow through whole system

### **1.3 Key lessons / Actions planned**

- Community Hospital re-design should provide community beds at the right level and in the right place
- Review capacity planning ICASS, Homecare and Social Care resources throughout winter
- Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions
- Multidisciplinary short life working groups to take actions forward across Acute and HSCP
- Proactive recruitment and a joined up workforce plan to utilise staff intelligently across the year as well as winter

<b>2</b>	<b>Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods</b>
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<b>2.1</b>	<b>What went well?</b>
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- A weekend discharge team was introduced and worked very well including consultants, nursing, ANPs and AHPs. Weekend plans for the acute site included community support available.
- Extended Pharmacy cover to support discharges
- There was social care staff cover for public holidays
- Medical cover in community hospitals to cover public holidays
- Consistent cover secured in the Primary Care Emergency Service

<b>2.2</b>	<b>What could have gone better?</b>
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- Clarity about use and location of the discharge lounge and whether the right model was implemented
- Although Estimated Discharge Date was introduced this could be utilised much more effectively to predict flow
- More inclusion of the AHP team when consideration was given to bed modelling to allow for more efficient weekend working
- Increase further the discharge profile over the weekend and 7 days particularly in medicine and recognition of requirements for senior clinical decision makers at the right times.
- There was a delay in involving the Scottish Ambulance Service in discharge planning

<b>2.3</b>	<b>Key lessons / Actions planned</b>
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- Consideration of a Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges
- Estimated Discharge Date process to be further developed and clear instructions in place
- Have a discharge lead to enhance Criteria Led Discharges and get earlier discharges and plans in place
- Enhance weekend discharge planning with further development of the weekend discharge team
- Consider the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests
- Introduction of a sustainable model for discharge lounge

<b>3</b>	<b>Local systems to have detailed demand and capacity projections to inform their planning assumptions</b>
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<b>3.1</b>	<b>What went well?</b>
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- The morning safety huddle would help identify issues and concerns regarding flow across all systems to support discharges
- The weekly weekend planning meeting agrees a weekend, plan taking into account predicted admissions and discharges and ensures sufficient cover is in place within acute
- Forecasting during the week has improved with the aid of system watch
- A more manageable surgical plan was put in place supported by the introduction of the short stay surgical unit
- A well developed health and social care placement tracker is agreed and monitored

<b>3.2</b>	<b>What could have gone better?</b>
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- Greater focus on use of Estimated discharge date for planning
- Need a longer term vision for workforce planning and development and earlier recruitment to meet anticipated demand
- Start effective service planning earlier in the year and avoid delays in decision making
- Consideration of the impact from decision making about purchased capacity affecting the whole system

<b>3.3</b>	<b>Key lessons / Actions planned</b>
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- Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data
- Full review of how and when surge capacity is used
- Consideration of impact of individual decisions made which will affect the whole system
- Acute bed reconfiguration to be revisited with a revised bed model for 19/20

## **4 Maximise elective activity over winter – including protecting same day surgery capacity**

### **4.1 What went well?**

- The opening of a surgical short stay unit over winter which allowed fewer elective cancellations on the main site
- Continue to use short stay unit at the second site for day cases and 72 hr stays
- The winter surgical plan was more effective with fewer cancellations

### **4.2 What could have gone better?**

- Winter surgical plan to be prepared and agreed prior to the start of winter

### **4.3 Key lessons / Actions planned**

- Produce a winter surgical program plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients
- Consider an enhanced ambulatory model for surgical and medical patients

<b>5</b>	<b>Escalation plans tested with partners</b>
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<b>5.1</b>	<b>What went well?</b>
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- An agreed integrated escalation plan was in place

<b>5.2</b>	<b>What could have gone better?</b>
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- The enactment of the escalation plan including the opening of surge beds
- A whole system contingency plan across Acute and HSCP
- Enactment of contingency plans to ensure patient safety

<b>5.3</b>	<b>Key lessons / Actions planned</b>
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- A review of the integrated escalation plan with action cards including training and testing, and agreement of the surge capacity model over winter, including opening and closing of surge beds

<b>6</b>	<b>Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings</b>
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<b>6.1</b>	<b>What went well?</b>
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- Point of care testing, outbreaks were identified quickly and managed well with fewer bed days lost
- During out of hours ICT communications for on call worked well for outbreak management
- Technology systems in place supporting communications to deliver key messages re outbreak management

<b>6.2</b>	<b>What could have gone better?</b>
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- Infection control support for Fife care homes

<b>6.3</b>	<b>Key lessons / Actions planned</b>
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- Point of care implementation planning and management put in place earlier in the year
- Proactive infection control and learning for Fife Care homes

## **7 Delivering seasonal flu vaccination to public and staff**

### **7.1 What went well?**

- The Flu vaccination programme was as successful as last year with staff
- Good targeting of at risk patients supported by a positive immunisation campaign

### **7.2 What could have gone better?**

- Better messaging targeted to at risk groups

### **7.3 Key lessons / Actions planned**

- Continue the success of the staff flu campaign into its 3<sup>rd</sup> year

<b>8</b>	<b>Top Five Local Priorities for Winter Planning 2019/20</b>
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1. Review of the integrated escalation plan including developing a fuller understanding of the requirements of demands into social care
2. Acute bed modelling exercise to take place and review of 18/19 bed reconfiguration
3. Proactive recruitment including consideration of Hospital Ambulance Liaison Officer (HALO) to facilitate efficient discharges
4. Establish appropriate point of care testing at the front door
5. Focus on prevention of admission with further developments of High Health Gain programme, management of patients in locality huddles and identifying alternatives to GP admissions and planning timely discharges to Community Hospitals. This forms part of the Joining Up Care transformation programme.

<b>DATE OF REPORT:</b>	3 July 2019
<b>TITLE OF REPORT:</b>	Winter Review 2018/19
<b>EXECUTIVE LEAD:</b>	Ellen Ryabov, Chief Operating Officer Michael Kellet, Chief Officer, IJB
<b>REPORTING OFFICER:</b>	Susan Fraser, Associate Director of Planning and Performance Miriam Watts, General Manager, Emergency Care, Acute Services Claire Dobson, Divisional General Manager, West Fife, Fife H&SCP

Purpose of the Report (delete as appropriate)		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>

SBAR REPORT
<p><b><u>Situation</u></b></p> <p>This report provides the committee with the final Winter Review document submitted to the Scottish Government following the Winter Review Event on 2 May 2019 with key stakeholders. This completes the winter planning process for 2018/19.</p> <p><b><u>Background</u></b></p> <p>The Winter Plan for 2018/19 was developed through joint working between NHS Fife, the H&amp;SCP and Fife Council and in accordance with Scottish Government guidance DL(2017)19. It describes the arrangements in place to manage the increased demand on services over the winter period.</p> <p>The process and milestones of reviewing winter 2018/19 is as follows:</p> <ul style="list-style-type: none"> <li>• Local Review of Winter meeting 2<sup>nd</sup> May 2019</li> <li>• IJB Care and Clinical Governance Committee –24<sup>th</sup> May 2019 (Paper and Presentation)</li> <li>• NHS Fife Clinical Governance Committee 3<sup>rd</sup> July 2019 (Paper and Presentation)</li> <li>• NHS Fife Finance, Performance and Resources Committee 16<sup>th</sup> July 2019 (Paper)</li> <li>• IJB Finance and Performance Committee – 17<sup>th</sup> July 2019 (Paper)</li> <li>• NHS Fife Board 31<sup>st</sup> July 2019 (Paper)</li> <li>• IJB 8<sup>th</sup> August 2019</li> </ul> <p><b><u>Assessment</u></b></p> <p>The report reviews the lessons learnt over winter 2018/19 in terms of what went well, what could be improved and key lessons that will be further developed for the Winter Plan 2019/20. The categories explored were:</p> <ol style="list-style-type: none"> <li>1. Clear alignment between hospital, primary and social care</li> <li>2. Appropriate levels of staffing to be in place across the whole system to facilitate</li> </ol>

- consistent discharge rates across weekends and holiday periods
- 3. Local systems to have detailed demand and capacity projections to inform their planning assumptions
- 4. Maximise elective activity over winter – including protecting same day surgery capacity
- 5. Escalation plans tested with partners
- 6. Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings
- 7. Delivering seasonal flu vaccination to public and staff

The Winter Review concluded by identifying the top 5 local priorities to be developed for the Winter Plan 2019/20 and these were:

1. Review of the integrated escalation plan including developing a fuller understanding of the requirements of demands into social care
2. Acute bed modelling exercise to take place and review of 18/19 bed reconfiguration
3. Proactive recruitment including consideration of Hospital Ambulance Liaison Officer (HALO) to facilitate efficient discharges
4. Establish appropriate point of care testing at the front door
5. Focus on prevention of admission with further developments of High Health Gain programme, management of patients in locality huddles and identifying alternatives to GP admissions and planning timely discharges to Community Hospitals. This forms part of the Joining Up Care transformation programme.

The planning for Winter 2019/20 has commenced but is likely to continue with the same process as 2018/19. The reporting and approval milestones for this are as follows:

- NHS Fife Clinical Governance Committee 4<sup>th</sup> September 2019
- NHS Fife Finance, Performance and Resources Committee 10<sup>th</sup> September 2019
- NHS Fife Board 25<sup>th</sup> September 2019
- IJB Care and Clinical Governance Committee 27<sup>th</sup> September 2019
- IJB Finance and Performance Committee 3<sup>rd</sup> October 2019
- IJB 25<sup>th</sup> October 2019

### Recommendation

The Committee is invited to:

- **Note** the Winter Review document for 2018/19 and dates for Winter Planning 2019/20

<b>Objectives: (must be completed)</b>	
Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives

<b>Further Information:</b>	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Winter Planning key stakeholders (NHS Fife and H&SCP) Executive Directors Executive Board

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	Promotes value for money during the winter period.
<b>Risk / Legal:</b>	Inherent in process. Demonstrates due diligence in planning for winter pressures
<b>Quality / Patient Care:</b>	Winter Review will review patient care during the winter months and learn from winter to improve quality of patient care for 19/20.
<b>Workforce:</b>	Significant impact on workforce during winter period.
<b>Equality:</b>	Winter Review applies to all patients and ensuring good quality care to all.

## NHS Fife Activity Tracker Update to NHS Fife Clinical Governance Committee

**03 July 2019**

### 1. Inspections *(Shading indicates the item has been noted at NHSF CGC)*

Inspection Title	Date of Inspection/ Review	Description	NHSF Lead/s	Reported to	External Link
Glenrothes Hospital - Safety and cleanliness unannounced inspection Published 29 May 2019	Tuesday 19 to Wednesday 20 March 2019.	An unannounced inspection to Glenrothes Hospital, NHS Fife, was carried out from Tuesday 19 to Wednesday 20 March 2019. This was the first inspection of the hospital against the Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (February 2015)	Associate Medical and Nursing Directors H&PSC.	East Fife Divisional Clinical Governance Group and H&SCP Clinical and Care Governance Committee Reported also to Infection Control Committee	<a href="http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/hei_fife_reports/glenrothes_hospital_may_19.aspx">http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/hei_fife_reports/glenrothes_hospital_may_19.aspx</a>

### 2. Consultations *(Shading indicates the consultation period has closed)*

Consultation Title	Date of Issue	Deadline	Description	NHSF Lead/s	Internal Consultees	External Link
Mortuary Services Standards	Published Date: 3 June 2019	The consultation closes on Wednesday	Healthcare Improvement Scotland has developed these standards to support each organisation involved in the delivery of mortuary services to ensure	Gemma Couser Derek Selbie and Donna Galloway		<a href="http://www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/m">http://www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/m</a>

		31 July 2019.	<p>national NHSF Lead Gemma Couser consistency in person-centred care for the deceased and bereaved.</p> <p>Responses to the draft standards should be submitted <u>using our online survey tool</u>.</p>			<a href="#">ortuary services standards.aspx</a>

### 3. Reports and Publications – For information *(Shading indicates the item has been noted at NHSF CGC)*

Report Title	Date of Issue	Description	External Link
Quality of Care Approach Testing Exercises Learning Report: March 2019	06 March 2019	<p>Healthcare Improvement Scotland's new quality of care approach is how they will design their inspection and review frameworks and provide external assurance of the quality of healthcare provided in Scotland.</p> <p>There are three components:</p> <ul style="list-style-type: none"> <li>➤ the approach itself – the methodology, and the principles that underpin it, that they will use for all of their quality assurance work</li> <li>➤ the Quality Framework – this outlines the quality indicators used for self-evaluation and external quality assurance, and</li> <li>➤ our programmes of work – the inspections and reviews that they will undertake to deliver on their strategic objectives.</li> </ul> <p>The approach aims to shift the focus from quality assurance of services being "done to" organisations to an approach that, where possible, quality assurance and any resultant intervention is done with them.</p> <p>The emphasis is on regular, open and honest organisational self-evaluation using a common and shared Quality Framework.</p> <p>Self-evaluation is a process by which organisations and services reflect on their own current practice to identify areas where action could drive improvement in service delivery and ultimately, in outcomes for users of their services. Quality improvement on the basis of self-evaluation, rather than that which is solely mandated by external agencies can inspire greater local ownership of issues and design of more effective solutions.</p> <p>These self-evaluations, combined with other data and intelligence available from publically available papers and reports, and nationally held datasets, will form the basis of supportive improvement-focused review work with organisations to diagnose where</p>	<a href="http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/qoc_reviews/learning_report_mar_19.aspx">http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/qoc_reviews/learning_report_mar_19.aspx</a>

		<p>there are issues or difficulties in initiating, sustaining and spreading improvement.</p> <p>In addition to a programme of organisational reviews, Healthcare Improvement Scotland will also carry out planned thematic review work focusing on topics or services considered to be major priorities. Existing inspection, service review and independent healthcare (IHC) regulation work will continue, however, moving forward all of this will be underpinned by the Quality Framework.</p> <p>The document summarises the learning from this first phase of testing.</p>	
Evidence Products Guidance for NHS Scotland and Integration Authorities	27 March 2019	Healthcare Improvement Scotland produce a range of evidence products. The document gives further guidance to NHSScotland and Integration Authorities on the purpose of their publications and how to use the advice.	<a href="http://www.healthcareimprovementscotland.org/previous-resources/policy_and_strategy/evidence_products_guidance.aspx">http://www.healthcareimprovementscotland.org/previous-resources/policy_and_strategy/evidence_products_guidance.aspx</a>
Mental Welfare Commission Hollyview Ward, IPCU, Stratheden Hospital Date of visit – 6 February 2019	17 April 2019	The reports highlight positive and negative findings from the Commission's visits. The Commission expects a response to each of its recommendations within three months of the reports being published.	<a href="https://www.mwcscot.org.uk/media/441156/for_print_stratheden_hollyview.pdf">https://www.mwcscot.org.uk/media/441156/for_print_stratheden_hollyview.pdf</a>
Mental Welfare Commission Ravenscraig Ward Whyteman's Brae Hospital Date of visit – 12 February 2019	17 April 2019	The reports highlight positive and negative findings from the Commission's visits. The Commission expects a response to each of its recommendations within three months of the reports being published.	<a href="https://www.mwcscot.org.uk/media/441054/for_print_ravenscraig_final_report.pdf">https://www.mwcscot.org.uk/media/441054/for_print_ravenscraig_final_report.pdf</a>
"What Matters to you" Report – 06 June 2018	02 May 2019	The summary report highlights key information about the 'What matters to you?' day on 6 June 2018 and includes examples of the impact that activities have had.	<a href="https://www.whatmatterstoyou.scot/home/matters-">https://www.whatmatterstoyou.scot/home/matters-</a>

			<a href="#">day-2018-summary/</a>
Queen Margaret – Ward 2 – 06 March 2019 – MWC Announced Visit	15 May 2019	The report highlight positive and negative findings from the Commission's visits. The Commission expects a response to each of its recommendations within three months of the reports being published.	<a href="https://www.mwcs.cot.org.uk/media/441612/queen-margaret_ward2_20190306_final.pdf">https://www.mwcs.cot.org.uk/media/441612/queen-margaret_ward2_20190306_final.pdf</a>

#### 4. Published Standards (*Shading indicates the publication has been noted at NHSF CGC*)

Title of Standard	Date of Issue	Description	NHSF Lead/s	Internal Consultees	External Link
General standards for Neurological Care and Support	28 March 2019	The standards have been developed to ensure consistency in approach to neurological care and support services and are applicable to all adults in Scotland regardless of their neurological condition, care setting, geographical location or personal circumstance.	Dr Saturno, Dr Spelmeyer, Dr Zeidler, Dr Benvenga, Dr Lassak and specialist nurses		<a href="http://www.healthcareimprovementscotland.org/our_work/long_term_conditions/neurological_health_services/neurological_care_standards.aspx">http://www.healthcareimprovementscotland.org/our_work/long_term_conditions/neurological_health_services/neurological_care_standards.aspx</a>

Cervical screening standards	29 March 2019	<p>A request to revise the cervical screening standards was received from the Scottish Government and National Services Division in summer 2017.</p> <p>These standards apply to the services providing cervical screening within NHSScotland and cover the following areas.</p> <ul style="list-style-type: none"> <li>• leadership and governance</li> <li>• information and support</li> <li>• call-recall</li> <li>• attendance and uptake</li> <li>• screening processes</li> <li>• laboratory service, and</li> <li>• colposcopy.</li> </ul>	Dr T Mahmood, Dr S Monghan, Aileen Lawrie		<a href="http://www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/programme_resources/cervical_screening_standards.aspx">http://www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/programme_resources/cervical_screening_standards.aspx</a>
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NHS Fife Clinical Governance Committee Workplan  
2019 / 2020



Month & Timing of papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
<b>Wednesday 8 May 2019</b>  Papers circulated Wednesday 1 May 2019  Considered by EDG Monday 29 April 2019  Deadline to C Law Wednesday 24 April 2019  Deadline to C Dziech Friday 19 April 2019  Call for papers Monday 8 April 2019	<ul style="list-style-type: none"> <li>Quality Report (CMCK / HB)</li> <li>IPR (HB)</li> <li>BAF for Quality &amp; Safety (HB)</li> <li>BAF for Strategic Planning (ER)</li> <li>Clinical Strategy (ER)</li> </ul>	<ul style="list-style-type: none"> <li>BREXIT (D Milne)</li> <li>Final Clinical Governance Statement of Assurance &amp; Best Value Framework (EM)</li> <li>Information Governance Annual Report, Framework and Workplan - Statement of Assurance (ER)</li> <li>Annual Statement of Assurance of eHealth Board for 2018-19 (ER)</li> <li>Annual Statement of Assurance Health &amp; Safety Governance Board for 2018-2019 (BAN)</li> <li>Annual Statement of Assurance of PFPI 2018-2019 (HB) <del>Removed as meetings suspended</del> HB will prepare SBAR</li> <li>Annual Assurance Statement Health &amp; Social care Partnership Clinical &amp; Care Governance Committee 2018/19 (Tim Brett)</li> <li>NHS Fife Equality Outcomes Progress Report 2019 c/f from March 2019) (HB)</li> <li>Review of Terms of Reference / Remit for NHS Fife Clinical Governance Committee</li> <li>SIRO (ER)? – <i>Now taken in Private Session</i></li> </ul>	<ul style="list-style-type: none"> <li>Radiation Protection Annual Report (CMCK)</li> <li>Director of Public health Annual Report (DM)– Deferred from January &amp; March 2019</li> </ul>	<ul style="list-style-type: none"> <li>NHS Fife Activity Tracker (EM)</li> <li>NHSFCGC Work Plan 2019-2020 (CDz)</li> </ul>	<ul style="list-style-type: none"> <li>ASD CGC -13 February 2019</li> <li><del>Area Clinical Forum – 13 March 2019 – CANx</del></li> <li>Area Drugs &amp; Therapeutics (ADTC) – 13 February (CANx) &amp; 17 April 2019 (c/f July 2019)</li> <li>Clinical &amp; Care Governance Committee – 29 March 2019</li> <li>Clinical Governance Steering Group – 21 February &amp; 14 March</li> <li>eHealth Board - 26 February 2019</li> <li>Fife Research Governance - 28 March 2019</li> <li>Health &amp; Safety Sub Committee – 29 March 2019 c/f July 2019</li> <li>Infection Control Committee - 6 February &amp; <del>3 April</del> CANx 2019</li> <li>Integrated Joint Board (IJB) 20 February 2019</li> <li>Information Governance &amp; Security Group - 1 March 2019</li> <li>Joint Strategic Transformation Group – 27 February 2019</li> <li>Public Health Assurance Committee – 28 March 2019</li> <li>Resilience Forum - 12 March 2019</li> </ul>
		Version: 1.0		Date: Updated April 2019	
		Page 1 of 6			

NHS Fife Clinical Governance Committee Workplan  
2019 / 2020



Month & Timing of Papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
<b>Wednesday 3 July 2019</b>  Papers circulated Wednesday 26 June 2019  Considered by EDG Monday 24 June 2019  Deadline to C Law Wednesday 19 June 2019  Deadline to C Dziech Friday 14 June 2019  Call for papers Monday 27 May 2019	<ul style="list-style-type: none"> <li>Quality Report (CMCK / HB)</li> <li>IPR (SF)</li> <li>BAF for Quality &amp; Safety (HB)</li> <li>BAF for Strategic Planning (ER)</li> <li>Clinical Strategy (including Mental Health Strategy) (ER)</li> </ul>	<ul style="list-style-type: none"> <li>BREXIT (D Milne)</li> <li>eHealth Report (LD)</li> <li>Medical Education Report (CMCK)</li> <li>Mental Health Strategy (Julie O'Neill, H&amp;SCP)</li> <li>Winter Plan (ER)</li> <li>Kincardine &amp; Lochgelly IAD (MK)</li> <li>SIRO (ER) ? – <i>now taken in Private session</i></li> </ul>	<ul style="list-style-type: none"> <li>Clinical Advisory Panel Annual Report 2018-2019 (CMCK)</li> <li>Prevention &amp; Control of Infection Annual Report 2018/19 (HB)</li> </ul>	<ul style="list-style-type: none"> <li>NHS Fife Activity Tracker (EM)</li> <li>NHSFCGC Work Plan 2019 - 2020 (CDz)</li> </ul>	<ul style="list-style-type: none"> <li>Area Drugs &amp; Therapeutics (ADTC) – 17 April 2019 (c/f from May 2019)</li> <li>ASD CGC – 24 April 2019</li> <li>Clinical &amp; Care Governance Committee – 24 May 2019</li> <li>Clinical Governance Steering Group – 11 April, 15 May &amp; 13 June 2019</li> <li>Health &amp; Safety Sub Committee – 29 March 2019</li> <li>Infection Control – 5 June 2019</li> <li><del>Integrated Joint Board (IJB) – 26 April 2019</del> CANx</li> <li>Information Governance &amp; Security Group – 28 May 2019</li> <li>JSTG – 24 April 2019</li> <li>Resilience Forum – 30 April &amp; 30 May 2019</li> </ul>

	Version: 1.0	Date: Updated April 2019
	Page 2 of 6	

NHS Fife Clinical Governance Committee Workplan  
2019 / 2020



Month & Timing of Papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
<b>Wednesday 4 September 2019</b>  Papers circulated Wednesday 28 August 2019  Considered by EDG Monday 26 August 2019  Deadline to C Law Wednesday 23 August 2019  Deadline to C Dziech Friday 16 August 2019  Call for papers Monday 29 July 2019	<ul style="list-style-type: none"> <li>Quality Report (CMCK / HB)</li> <li>IPR (SF)</li> <li>BAF for Quality &amp; Safety (HB)</li> <li>BAF for Strategic Planning (ER)</li> <li>Clinical Strategy (ER)</li> </ul>	<ul style="list-style-type: none"> <li>eHealth Quarterly Report April – June 2019 (ER)</li> <li>BREXIT (D Milne)</li> <li>Winter Plan (ER)</li> <li>SIRO (ER) ?– <i>now taken in Private session</i></li> </ul>		<ul style="list-style-type: none"> <li>NHS Fife Activity Tracker (EM)</li> <li>NHSFCGC Work Plan 2019 - 2020(CDz)</li> </ul>	<ul style="list-style-type: none"> <li>ASD CGC – 24 July 2019</li> <li>Area Clinical Forum 11 June 2019</li> <li>Area Drugs &amp; Therapeutics (ADTC) – 19 June 2019</li> <li>Clinical &amp; Care Governance Committee – 12 July 2019</li> <li>Clinical Governance Steering Group – 18 July &amp; 15 August 2019</li> <li>Fife Research Governance – 27 June 2019</li> <li>Health &amp; Safety Sub Committee – 28 June 2019</li> <li>Infection Control Committee – 7 August 2019</li> <li>Integrated Joint Board (IJB) – 21 June &amp; 8 August 2019</li> <li>Public Health Assurance Committee – 31 July 2019</li> <li>Resilience Forum – 25 June &amp; 24 July 2019</li> </ul>

	Version: 1.0	Date: Updated April 2019
	Page 3 of 6	

NHS Fife Clinical Governance Committee Workplan  
2019 / 2020



Month & Timing of Papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
<b>Wednesday 6 November 2019</b>  Papers circulated Wednesday 30 October 2019  Considered by EDG Monday 28 October 2019  Deadline to C Law Wednesday 23 October 2019  Deadline to C Dziech Friday 18 October 2019  Call for papers Monday 30 September 2019	<ul style="list-style-type: none"> <li>Quality Report (CMCK / HB)</li> <li>IPR (SF)</li> <li>BAF for Quality &amp; Safety (HB)</li> <li>BAF for Strategic Planning (ER)</li> <li>Clinical Strategy (ER)</li> </ul>	<ul style="list-style-type: none"> <li>BREXIT (D Milne)</li> <li>Medical Revalidation 2018 -2019 (CMCK)</li> <li>eHealth Quarterly Report July – September 2019 (LD)</li> <li>R&amp;D Strategy Review (CMCK)</li> <li>Winter Plan (ER)</li> </ul> SIRO (ER) – <i>now taken in Private Session</i>	<ul style="list-style-type: none"> <li>R&amp;D Annual Report (CMCK)</li> <li>DPH Annual Report (DM) –</li> </ul>	<ul style="list-style-type: none"> <li>NHS Fife Activity Tracker (EM)</li> <li>NHSFCGC Work Plan 2019 – 2020 (CDz)</li> </ul>	<ul style="list-style-type: none"> <li>ASD CGC – 16 October 2019</li> <li>Area Clinical Forum – 11 September 2019</li> <li>Area Drugs &amp; Therapeutics (ADTC) – 21 August 2019</li> <li>Clinical &amp; Care Governance Committee – 27 September 2019</li> <li>Clinical Governance Steering Group – 11 September &amp; 10 October 2019</li> <li>Fife Research Governance – 12 September 2019</li> <li>Health &amp; Safety Sub Committee – 27 September 2019</li> <li>Infection Control Committee – 2 October 2019</li> <li>Information Governance &amp; Security Group – 28 August 2019</li> <li>Resilience Forum – 29 August &amp; 12 September 2019</li> </ul>

	Version: 1.0	Date: Updated April 2019
	Page 4 of 6	

NHS Fife Clinical Governance Committee Workplan  
2019 / 2020



Month & Timing of papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
<b>Wednesday 15 January 2020</b>  Papers circulated Wednesday 8 January 2020  Considered by EDG Monday 6 January 2020  Deadline to C Law Wednesday 2 January 2020  Deadline to C Dziech Friday 27 December 2019  Call for papers Monday 9 December 2019	<ul style="list-style-type: none"> <li>Quality Report (CMCK / HB)</li> <li>IPR (SF)</li> <li>BAF for Quality &amp; Safety (HB)</li> <li>BAF for Strategic Planning (ER)</li> <li>Clinical Strategy (ER)</li> </ul>	<ul style="list-style-type: none"> <li>BREXIT (D Milne)</li> <li>Winter Plan (ER)</li> <li>SIRO? – now taken in private session(ER)</li> </ul>	<ul style="list-style-type: none"> <li>Fife Child Protection Annual Report 2018-2019 (HB)</li> </ul>	<ul style="list-style-type: none"> <li>NHS Fife Activity Tracker (EM)</li> <li>NHSFCGC Work Plan 2019 - 2020 (CDz)</li> <li>Draft NHSFCGC Workplan 2020/2021 (CDz)</li> </ul>	<ul style="list-style-type: none"> <li>Area Clinical Forum – 3 December 2019</li> <li>Area Drugs &amp; Therapeutics (ADTC) – 23 October 2019</li> <li>Clinical &amp; Care Governance Committee – 8 November 2019</li> <li>Clinical Governance Steering Group – 14 November &amp; 11 December 2019</li> <li>Fife Research Governance – 12 December 2019</li> <li>Health &amp; Safety Sub Committee – 13 December 2019</li> <li>Integrated Joint Board (IJB) – 25 October 2019</li> <li>Infection Control Committee – 4 December 2019</li> <li>Information Governance &amp; Security Group – 28 November 2019</li> <li>Public Health Assurance Committee – 28 November 2019</li> <li>Resilience Forum – 30 October &amp; 19 November 2019</li> </ul>

	Version: 1.0	Date: Updated April 2019
	Page 5 of 6	

NHS Fife Clinical Governance Committee Workplan  
2019 / 2020



Month & Timing of Papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
<b>Wednesday 4 March 2020</b>  Papers circulated Wednesday 26 February 2020  Considered by EDG Monday 24 February 2020  Deadline to C Law Wednesday 19 February 2020  Deadline to C Dziech Friday 14 February 2020  Call for papers Monday 27 January 2020	<ul style="list-style-type: none"> <li>Quality Report (CMCK / HB)</li> <li>IPR (SF)</li> <li>BAF for Quality &amp; Safety (HB)</li> <li>BAF for Strategic Planning (ER)</li> <li>Clinical Strategy (ER)</li> </ul>	<ul style="list-style-type: none"> <li>Nursing, Midwifery Allied Health Professional – Professional Assurance Framework (HB)</li> <li>BREXIT (DM)</li> <li>Draft Assurance Statement &amp; Best Value Framework for NHS Fife Clinical Governance Committee</li> <li>Final Committee Self Assessment Report 2019 – 2020 (GMcl)</li> <li>Winter Plan (ER)</li> <li>SIRO? – now taken in private session(ER)</li> </ul>		<ul style="list-style-type: none"> <li>NHS Fife Activity Tracker (EM)</li> <li>NHSFCGC Work Plan 2019 – 2020 (CDz)</li> <li>Draft NHSFCGC Workplan 2020 – 2021 (CDz)</li> </ul>	<ul style="list-style-type: none"> <li>ASD CGC – 22 January 2020</li> <li>Area Drugs &amp; Therapeutics (ADTC) – 11 December 2019</li> <li>Integrated Joint Board (IJB) – 6 December 2019</li> <li>Resilience Forum – 18 December 2019</li> </ul>

	Version: 1.0	Date: Updated April 2019
	Page 6 of 6	

**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	3 JULY 2019
<b>TITLE OF REPORT:</b>	CLINICAL ADVISORY PANEL ANNUAL REPORT 2018/2019
<b>EXECUTIVE LEAD:</b>	DR FRANCES ELLIOT
<b>REPORTING OFFICER:</b>	DR FRANCES ELLIOT

Purpose of the Report (delete as appropriate)		
<del>For Decision</del>	For Discussion	For Information

SBAR REPORT
<p><b><u>Situation</u></b></p> <p>The Clinical Advisory Panel overseas requests for out of area treatment for Fife patients to ensure there is a governance process for decision making about these requests.</p>
<p><b><u>Background</u></b></p> <p>The Panel considers applications from clinicians to refer patients to Service Providers outwith Fife and has a membership to enable objective decisions based on a set of principles to be made in each case. The Panel regularly reviews the types of referrals to determine if there is a gap in service delivery which should be addressed locally.</p>
<p><b><u>Assessment</u></b></p> <p>The attached report summarises the activity of the Panel for year 2018/2019 it also gives details of the expenditure incurred as a result of the decisions.</p> <p>The Panel provides a clinical review process to balance the needs of individual patients and the best use of available resources.</p> <p>During the period 2018/2019 there were two Appeals made to the Chief Executive.</p>
<p><b><u>Recommendation</u></b></p> <ul style="list-style-type: none"> <li>• <b>For Information and Discussion</b></li> </ul>

Objectives: (must be completed)	
Healthcare Standard(s):	
HB Strategic Objectives:	

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	

Impact: (must be completed)	
<b>Financial / Value For Money</b>	For 2018/19 £1,600,169 was spent on out of area referrals to the independent sector.
<b>Risk / Legal:</b>	There can be appeals to the Chief Executive if patients do not agree with the decision.
<b>Quality / Patient Care:</b>	Patients can appeal against decisions on treatment. Exceptional circumstances are considered.
<b>Workforce:</b>	No issues
<b>Equality:</b>	<p>The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, <a href="#">click here</a> EQIA Template <a href="#">click here</a></p> <ul style="list-style-type: none"> <li>Has EQIA Screening been undertaken? Yes/No (If yes, please supply copy, if no please state reason)</li> </ul> <p>The Panel considers all referrals for out of area treatment.</p> <ul style="list-style-type: none"> <li>Has a full EQIA been undertaken? Yes/No (If yes please supply copy, if no please state reason)</li> <li>Please state how this paper supports the Public Sector Equality Duty – <a href="#">further information can be found here</a></li> <li>Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – <a href="#">further information can be found here</a></li> <li>Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)</li> </ul>

## **CLINICAL ADVISORY PANEL ANNUAL REPORT 2018 / 2019**

### **TO BE CONSIDERED BY NHS FIFE CLINICAL GOVERNANCE COMMITTEE ON 3 JULY 2019**

#### **PURPOSE**

- To provide assurance that a clinical review process is in place and effective in balancing the needs of individual patients and the best use of available resources.
- The work of the Clinical Advisory Panel (CAP) is subject to annual review.

#### **1 BACKGROUND**

- 1.1 The CAP considers applications from clinicians to refer patients to service providers outwith Fife. In general this is to access services such as investigations, assessments, treatments or placements not routinely provided in Fife. On occasion patients may be considered to display exceptionality, to be highly complex or to have exhausted conventional options.
- 1.2 Requests are also received from clinicians outwith Fife often in tertiary centres seeking clinical support for funding of onward referral or for specialised equipment.
- 1.3 In some instances requests to access second opinions are made but in general these are not granted if a second opinion is available within Fife.
- 1.4 Cases for exceptionality may be made when it is felt that standard referral or access criteria do not apply in individual circumstances and CAP is asked to take a view.
- 1.5 CAP's decision making is driven by consideration of clinical and cost effectiveness. Absolute cost is not the major consideration.
- 1.6 The facility exists, where cases are considered urgent, for cases to be considered virtually outwith formal meetings. Details are circulated by email to CAP members and opinions collated. In extreme circumstances the Medical Director can provide instant decisions which are subsequently reported to CAP for ratification.

#### **2 ACTIVITY IN 2018-2019**

2.1 CAP meets every six weeks. In 2018/2019 there were 9 meetings and CAP considered a total of 88 new requests for out-of-area and exceptional referrals. Seven of the meetings were held in person and two meetings were held virtually.

2.2 The cases considered by CAP in 2018/2019 can be broken down as shown in Table 1 below.

	<b>No</b>	<b>%</b>
<b>Total number of cases considered</b>	88	
Number of cases considered in formal meetings	73	83
Direct Referrals brought to CAP for Ratification	15	17
Number of cases approved	60	68
Number of cases declined	26	30
Number of Cases withdrawn / patient deceased	2	2

2.3 The clinical areas considered by CAP vary considerably. The breakdown by diagnostic grouping is shown in Table 2:

Table 2
Child Health
Medical – General
Medical - Cardiology
Medical – Neurology
Medical – Nutrition
Surgical – General
Surgical - Orthopaedic
Surgical – Vascular
Surgical – Plastic Surgery
Surgical – ENT
Treatment of Cancer
Reproductive Health
IVF
Psychiatry – General
Any Other Treatment

2.4 In the course of 2018 / 2019 a number of cases which had been considered by CAP in previous years came back to CAP for consideration of additional treatment. These are summarised in table 3 below.

<b>MEETING DATES</b>	<b>TOTAL NUMBER OF CASES</b>	<b>APPROVED</b>	<b>DECLINED</b>
Between April 2018 and March 2019	<b>31</b>	<b>26</b>	<b>5</b>

## FINANCIAL

The CAP considers applications from clinicians to refer Fife patients to services in other NHS Scotland Boards, to other NHS providers within the UK and to the Independent Sector providers.

There are established referral pathways for a wide range of specialist services to other Boards and such referrals do not require to come to the CAP.

There will however be times where the circumstances dictate the need for an application to CAP. Referrals to Scottish Boards will fall under the existing Service Agreement arrangements and referrals elsewhere in the UK will be on a cost per case basis.

All Elective referrals outside Scotland require prior authorisation and NHS Scotland's policy (supported by NHS England) is that without such prior authorisation we are entitled to withhold payment.

Table 4 below provides the financial details for referrals to the Independent Sector for 2017/18 and, as a comparator, 2016/17

	2017/18	2018/19
<b><u>Mental Health</u></b>		
Ayr Clinic	£358,981	£521,412
Huntercombe Hospital	£51,092	£0
The Priory	£0	£56,599
Harris Howard Psychology	£25,560	£23,220
	<b>£435,633</b>	<b>£601,231</b>
<b><u>Learning Disability</u></b>		
Ayr Clinic	£337,071	£793,092
St Andrews Healthcare	£156,600	£0
	<b>£493,672</b>	<b>£793,092</b>
<b><u>Neuro Rehab</u></b>		
Chaseley Trust	£75,253	£75,253
<b><u>Neurophysiology</u></b>		
Quarriers	£83,779	£52,465
<b><u>Plastic Surgery</u></b>		
Spire Laser	£57,071	£55,100
BPAS	£30,957	£20,254
Other	£10,717	£2,774
<b>Total</b>	<b>£1,187,082</b>	<b>£1,600,169</b>

**CONCLUSION**

This paper provides a clear description of the purpose and activity of the CAP and assurance that it's work is subject to regular review.

**DR C McKENNA**

Medical Director NHS Fife

May 2019

**A NOTE OF THE ACUTE SERVICES DIVISION CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 24<sup>th</sup> APRIL 2019 AT 2.00PM WITHIN TRAINING ROOM 1, DINING ROOM, VICTORIA HOSPITAL**

**Present**

Mrs Norma Beveridge  
Mrs Kathryn Brechin  
Mrs Lynn Campbell  
Mrs Donna Galloway  
Mrs Pamela Galloway  
Mrs Nicola Robertson  
Miss Arlene Saunderson

**Designation**

Head of Nursing – Emergency Care  
Head of Nursing – Quality  
Associate Director of Nursing – ASD (CHAIRPERSON)  
Laboratory Manager - Women, Children & Clinical Support  
Inpatient Midwifery Manager (rep Mrs A Lawrie)  
Head of Nursing – Planned Care Directorate  
Head of Nursing, Planned Care

**Apologies**

Dr Robert Cargill  
Mrs Chrissie Coulombe  
Dr John Donnelly  
Ms Aileen Lawrie  
Mrs Elizabeth Muir

**Designation**

Associate Medical Director - ASD  
Infection Control Manager  
Clinical Director – Planned Care Directorate  
Head of Midwifery  
Clinical Effectiveness Co-ordinator

**In Attendance:**

Mrs Margaret Dodds  
Miss Lynn Godsell

Senior Nurse – Quality & Risk – Emergency Care Directorate  
PA to the Associate Medical Director

**ACTION**

**1 Welcome and Introductions**

Mrs Campbell welcomed those present to the meeting.

**2 Apologies for Absence**

Apologies for absence were noted from the above named members.

**3 Unconfirmed Minute of ASDCGC Meeting held on 13<sup>th</sup> February 2019**

Mrs Campbell referred to note of the meeting from 13<sup>th</sup> February and asked members to check for accuracy.

There were no comments hence the minute was accepted as an accurate record.

**4 Matters Arising**

**4.1 Action List**

Action 91 – Spinal Governance Procedure - In the absence of Dr Donnelly, this action was deferred to the next meeting.

**JD**

Action 187 – SAER Learn Summaries - Miss Godsell to append the protocol for Vascular Surgery.

**LG**

Action 197 – SPSO Outcomes - VTE remains as work in progress and are doing a further test of change. Update at next meeting.

**PCD**

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by: LG
Meeting – 24/4/19	1	Created on : 24/4/19

Action 199 – CSA – Patient Feedback - Mrs Galloway advised that there a new suite of questions for your Care Experience which are suitable for AHP's/Radiology and are currently being tested. Update at next meeting.

**DG**

Action 218 – ECD – New Interventional Procedures – Mrs Beveridge advised that the Botox injections for stroke patients had been submitted and was now on the Intranet. It was noted that the procedure had not been submitted to the Committee. Mrs Beveridge to pick up.

**NB**

Action 219 – PCD – Directorate Report – General Surgery – DOC

Miss Saunderson met with Elizabeth Muir to review the DoC stickers used in the ward where this had been initiated. It was agreed that this was considered by the team to be working well in this area and supported effective communication with the affected persons along with apologies where appropriate. However, both Miss Saunderson and Mrs Muir considered that it would be too difficult to roll this out across the organisation at this time. Close action meantime and pick up at Adverse Events if required.

Action 220 – Divisional Risk Register

Dr Cargill and Mrs Campbell had reviewed the risk register. There was 1 outstanding risk relating to medical devices. Mrs Brechin advised that she had received feedback from Ian Forrest. This risk could now be closed off. Regard as complete.

Action 225 – FEWS/NEWS Update

Mrs Brechin advised that it has been escalated to Patientrak the need to have a mechanism to effectively put in our data. Steven Knapman created a program for this but it omitted collecting one piece of data so Patientrak are trying to do this for us just now. Mrs Brechin said the triggers may need to be altered and rebuild the escalation plan and then will follow up with Gavin Simpson. Mrs Campbell asked what the timeline would be and noted ongoing discussion. Mrs Brechin to update at next meeting.

**KB**

Action 226 – ECD – Directorate Report – Patient Falls

Mrs Beveridge said that there had been a significant increase in falls in Ward 32 and further examination of the data was underway. The increase has not been sustained and it was reported that this month's number of falls have reduced. Mrs Campbell noted the way falls were reported at the huddle and Mrs Dodds responded that there was a tool to determine level of harm. Mrs Robertson added that staff tend to over-report the level of harm and there was a question around how to define harm and the awareness around it in the ward setting. It was noted that the Senior Charge Nurses (SCN) are aware of the risk assessment process for falls but it was agreed that awareness could be enhanced. HoN's to consider with a view to reporting level of harm at the huddle.

**HON's**

Action 227 – ECD – Specialty reports – Mrs Beveridge spoke about re-aligning/updating the workplan with reports. Mrs Campbell advised to hold that meantime as the structure of the ASD GC meetings would be changing imminently.

Action 228 – ECD – Gastroenterology Report – As above.

Action 230 – PCD – Large Bowel Summary – Historical Comparison – 88 cases in Q3 resulted in 6 SSI. Regard as complete.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	2	Created on : 24/4/19

Action 232 – PCD – Day Surgery for Hip Patients – Mrs Robertson said that further cases would need to be carried out before auditing as only 4 cases have been done. c/f to January 2020.

LG/PCD

## 5 Hospital/Board or Population Level Reports

### Scheduled Governance Items :

- **CDI Report**

Mrs Campbell advised that there has been a slight increase in Clostridium Difficile infections up to March 2019 compared to the last quarter. Mrs Campbell added that there were no issues to be concerned about.

The update was noted.

- **Professional Assurance Framework (PAF) Stocktake**

Mrs Campbell noted the EIC update and advised that work confirmed with the Excellence In Care (EIC), the national programme, which was developed as a result of the Vale of Leven incidents.

The Professional Assurance Framework was launched last year and provides evidence that structures and processes are in place to provide the correct level of scrutiny and assurance across all nursing, midwifery and AHP services. Mrs Campbell added that a baseline stocktake was carried out last summer and it highlighted that work is required around consistency of reporting and competency of standards. This will be repeated annually to monitor progress and challenges. Mrs Campbell said that there were a couple of areas within Acute which needed strengthened.

The reports were noted.

- **HSMR**

Mrs Campbell refereed to the Hospital Standardised Mortality Rate (HSMR) report and advised that it showed the usual variation.

Mrs Brechin added that there was a seasonal increase in January – February 2019 which was greater than previous periods but has settled down again. This increase was picked up at the Adverse Events meeting although there was no definitive reason for it. We will continue to monitor the crude mortality rates.

The update was noted.

- **Patient Feedback**

Mrs Brechin referred to the Patient Feedback report and advised that the feedback related to Q3 of 2018 and reported that there were lots of good things going on within the Division.

The report noted that the Your Care Experience is currently not available for use. There is a review of this resource underway and work is ongoing to promote awareness of Care Opinion and to introduce new responders across the Board and

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	3	Created on : 24/4/19

to improve the timeliness of responses on Care Opinion. The reports provided by Care Opinion are shared with clinical teams, with updates in regard to changes made and actions resulting from the comment / on line post. A number of clinical areas use staff meeting and safety brief platforms to share patient stories, complaints, and staff stories in order to improve services.

- **Clinical Policies (new and for review)**

There were no clinical policies for review.

- **Medical Education & Training Governance Report**

N/A - to be reported to the Committee bi-annually.

#### One Off Reports

- **SBAR – HEI Report 2018**

Mrs Brechin advised that this was the Annual update for Healthcare Environment Inspectorate (HEI) which included the current action plan. Mrs Brechin added that the NHS Fife Inspection Co-ordinating Group maintain a focus of HEI preparedness and support a Fife wide approach to learning from published inspection reports, assessing local performance against key themes.

An unannounced inspection took place at the Queen Elizabeth University Hospital (QUEH) and the report was published in March 2019, and following concerns regarding the report and requirements identified Scottish Government has sought assurance regarding IP&C measures and hospital cleanliness from all territorial Boards across Scotland.

Mrs Brechin noted that the ongoing actions relevant to previous inspections for NHS Fife were:

- The SICPs audit tool within NHS Fife does not meet the requirements of HIS. A new eSICPs tool has been developed and testing has been completed. The roll out of this revised tool is underway across NHS Fife, and it is anticipated the roll out within the ASD will be achieved by September 2019.
- Review IP&C audit programme – The NHS Fife IP&C Assurance Framework has been reviewed, describing the range of IP&C audit activity to support HEI preparedness. The revised programme is under consultation at present, and will be approved on conclusion of review.
- Compliance with PPE – in particular FFP3 testing. To confirm with all clinical teams that each clinical area has staff trained to undertake FFP3 testing in standard risk areas, and that staff in high risk areas are routinely fitted for FFP3 mask.

Mrs Campbell added that as a result of the Scottish Government request for assurance, the Chief Executive was setting up a Fife wide group regarding cleanliness and the first meeting was scheduled for May.

The report was noted by the Committee.

- **SBAR SSR Audit & February results**

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	4	Created on : 24/4/19

Mrs Brechin presented the first bi-annual audit of SSR compliance which was completed in February. The SSR audit is a retrospective case note audit looking at the healthcare records of patients with a patient with a FEWS of 3 or more in February 2019, and in the hospital >24 hours.

The following points from the audit were noted:

64 patients triggered a FEWS of 3 and above using Patienttrack

- 33% (21/64) had a SSR sticker in the case notes.
- Of the patients who **did not** have a sticker in the notes 51% (22/43) had a management plan documented in the notes.
- 67% (43/64) had an appropriate clinical review with treatment plan documented following a FEWS of 3 or more.

Mrs Brechin said the findings from the most recent audit demonstrate a reduction in use of SSR during the period reviewed compared with the previous audit, however the review team did confirm that 51% of patients who did not have a SSR sticker in place had a detailed management plan in response to assessment following FEWS, indicating compliance with the review process.

The recommended actions are as follows:

- Share SSR report with clinical teams.
- Discuss report outcomes at ASD CGC.
- Re-circulate SSR sticker templates and FEWS escalation.
- Maintain focus of SSR and clinical review as part of junior Dr induction.

The next audit is planned for November 2019.

The update was noted.

- **SBAR Health Promoting Health Service**

Mrs Brechin referred to the Health Promoting Health Service Annual Report which had been prepared by Yvonne Telfer.

The Staffing Resource for the service is a Band 7 Senior Health Promotion Advisor (0.82 /32 hrs wte) and is a single handed post within ASD.

Mrs Brechin advised that a national solution meeting took place last week which considered the activity over the last 12 months and is reflected in the annual report.

The report notes the core activity & commitments of the service which are:

- Raising awareness, and increasing engagement, of Health Promotion activity across ASD.
- Supporting and Developing Well at Work within the ASD
- Supporting HPHS Innovations and Maintenance within the Acute
- Awareness of new emerging activity
- Responding to National Programs of work

Mrs Brechin highlighted that as part of a collaborative approach to delivering health promotion for staff the Senior Health Promotion Adviser works in partnership with a number of external agencies including;

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	5	Created on : 24/4/19

- Greener Kirkcaldy attending events and advice on walking routes for staff and Energy Savings.
- Prostate Scotland
- Fife Wide and National Health Promotion Programs and Services.
- RSPB Loch Leven
- St Andrews University Partnership. Sharing best practice around W @ W
- Muddy Boots Farm Shop Management/ Fruit and Veg.
- Graphic Design creation of Support Materials.
- KVH Volunteers for the Knit and Natter Groups
- KVH Hospice
- Home Energy Scotland
- Health Scotland

The Annual report was noted by the Committee.

- **SBAR Update re HACP & DNACPR**

#### **HACP**

Mrs Brechin advised that there is a monthly audit to monitor compliance with the HACP and DNACPR records undertaken by the clinical governance team and reviewed by the HACP Group.

The report notes that where a HACP is in place, there is good compliance with the completion of documentation with areas for improvement noted as documenting discussion with patient and their family, and where the HACP was completed by junior medical staff the form had not been countersigned by a senior clinician.

Mrs Brechin said that we are currently undertaking a piece of work with Ward 43 to promote Anticipatory Care Planning and DNACPR. Mrs Beveridge noted that this will link in with work that the Directorate are doing and helpful to join the two projects together.

#### **DNACPR**

Mrs Brechin advised that following an unannounced OPAH inspection at VHK an action has been identified in regard of DNACPR completion, that is, compliance with senior clinician signature within 72 hours of DNACPR being put in place. It was noted that DNACPR could be used more widely.

The update was noted by the Committee.

- **High Level Report Medicines Administration Controlled Drugs Observation Audit**

Mrs Campbell spoke to the Committee about the Planned Observation Audits which were carried out to ensure that all relevant clinical areas are adhering to the standards and practice expected for the safe and secure administration of controlled drugs by achieving 100% compliance with section 9 of the Safe and Secure Use of Medicines Policy and Procedure (SSUMPP) which was now well embedded in daily working. Mrs Campbell added that there is a broad programme of audits, some of these will be done through services and some as part of an internal audit programme. Mrs Campbell advised that there were no key themes identified from this audit and highlighted that there were now audit tools available

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	6	Created on : 24/4/19

for use to self-assess. These tools were accessible on the Pharmacy page of the Intranet and encouraged staff to utilise these.

The results of the controlled drugs audit are noted as follows:

- 40 areas (83%) were compliant with the SSUMPP after one cycle
- 8 further areas were compliant after cycle 2
- Overall compliance after cycle 2

Mrs Brechin said that the repeated cycles including rechecking patient ID and allergies and Mrs Beveridge added that although it looked like themes regarding medication were emerging, with further checks this did not become apparent across the system.

The Observation audit was noted by the Committee.

- **High Level Report Non Controlled Drugs Admin Observation Audit**

The results of the non controlled drugs audit are noted as follows:

- 54 areas (75%) were compliant with the SSUMPP after one cycle
- 13 additional areas were compliant after cycle 2
- Overall compliance after cycle 3

The Observation audit was noted by the Committee.

- **Palliative & End of Life Audit**

Mrs Brechin advised that this was the update for Palliative & End of Life Audit/Care which was overdue to the Committee.

The report provides a broad update on Palliative Care within the Acute setting.

The ongoing priorities and activity for the team is defined as;

- Ward 43 Respiratory Palliative Care Nurse Facilitator. Funding has been identified for this post in Ward 43 to take the workstreams forward. The job description has been amended and agreed and is now out to advert.
- AU1 Palliative Care Project - Funding had been identified from NHS Fife endowments and a 3<sup>rd</sup> sector charity, however due to delay in obtaining matched funding and achieving suitable job banding (Band 7) for the post the external funding has been lost. Further engagement with the charity for the funding will be sought now that the job has been banded.
- CSNAT – This is a specific carer's assessment and plan for use in palliative care situations. A small group of staff have been trained to undertake this assessment and support carers, caring for a person with palliative care needs and providing care at the end of life.
- Staff development programme – Endowment funding was secured to support staff development whereby staff from across NHS Fife could apply for a development post with palliative care, whilst undertaking an improvement project that would be relevant to their substantive clinical area.
- Palliative Care Performance Score (PPS) - The palliative care team have introduced quality measures in regard of a palliative care performance score to help identify patients at different stages along a palliative pathway. This is being used very effectively when supporting and prioritising patients

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	7	Created on : 24/4/19

- requiring support from the discharge hub, for discharge home.
- Service Review - Specialist palliative care in Fife has been undergoing a service review, and engagement with the Acute Palliative Care Team and the wider ASD will be important moving forward to inform the review.
- The National Improvement Project for End of Life and Palliative Care in Acute Hospital - This is a project being set up by Palliative Care Scotland which will roll out to NHS Fife. Mrs Robertson attending an event in Glasgow on 1 May 2019. It was noted that Mrs Watts provided Mrs Robertson with a contact name for End of Life (EOL) care. Mrs Campbell added that we have EOL standards to ensure that we link in with them. Mrs Campbell suggested that Mrs Robertson attend the forthcoming meeting arranged with Drs Cargill and Dr Steel.

LG

The update was noted by the Committee.

- **CPR SBAR & EBM Outcomes**

The CPR SBAR & EBM outcomes report was reported to the February 2019 meeting.

## 6 Planned Care Directorate

### 6.1 Clinical Director/Head of Nursing Report

Miss Saunderson presented the Directorate report. The following points were noted:

#### Incidents

There were 372 incidents reported from 1 January 2019 until 31 March 2019, 11 of which were reported as major.

#### Major/Extreme Incidents

There were 11 major /extreme incidents, these incidents related to:

- Cardiac Arrests
- Clinical Nutrition
- Healthcare Associated Infection
- Major Haemorrhage Activation
- Medication Incident
- Unexpected Complication following Procedure
- Tissue Viability

#### Patient Falls

The number of falls with harm has increased this quarter with an average of 5.3 per month. This quarter, 48 falls were reported across the Directorate, 16 of which were reported with harm – of these 13 with minor harm and 3 with moderate harm).

#### Surgical Site Infection

There were a total of 334 Orthopaedic procedures performed in Q4 2018 which fall under the Surveillance categories and this resulted with 3 confirmed SSI cases (1 knees, 1 elective hips and 1 neck of femur).

#### Medication Related Incidents

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	8	Created on : 24/4/19

It was reported that there were 47 medication incidents reported. Miss Saunderson noted that the narrative does not match with the graphs which denotes 37 incidents. Miss Saunderson to relook at this and report back.

AS

### **Risk Register**

There are currently no overdue risks.

### **Leak Analysis Report**

Miss Saunderson advised that a local review had been commissioned in General Surgery in relation to 7 patients who had complications of anastomatic leaks to ascertain if there was any communality to these complications. Generally over the years, such complications are extremely low. The 7 seven patients identified were during the period 12<sup>th</sup> September 2018 - 14<sup>th</sup> January 2019. The review of the patients took into account: patient factors, surgeons performing the procedures, operative techniques, intraoperative anaesthetic care and post operative care to see if there are any consistent factors that can be addressed to reduce anastomotic leak rates in the future. There was no conclusive evidence from the analysis to link the cases.

Miss Saunderson added that soon after the above review had been completed a Medical Alert Notice (MAN) was issued highlighting a potential fault and recall on Intraluminal Stapler (a range of specific product lots and batch numbers were highlighted). This type of equipment was used for the surgery as described for the patients in this report. The potential faulty batch numbers were checked against the 7 patients and it was identified that 5 out of the 7 of these batch numbers had been used during 5 of the patients operations. The following actions were carried out:

- All Intraluminal Staplers were removed from the theatre stock immediately.
- An alternative source of equipment was identified and supplied.
- The Medicine Healthcare Regulatory Agency have been advised.

Miss Saunderson said that there were lessons to be learned from this episode as the Theatre Manager was not involved with the initial investigation and equipment was not considered. Mrs Campbell asked about a follow up with the patients identified to have a leak? Miss Saunderson to determine with Dr Donnelly and Dr Cargill regarding Duty of Candour.

AS  
JD/RC

The report was noted.

### **New Elective Orthopaedic Centre**

Thompson Gray have been appointed as the Project Managers for the above construction project supporting the in-house project team through the business case process all the way to construction of the new facility.

### **Complaints**

The Directorate received 19 Stage 2 complaints – 4 of these were fully upheld, 2 were partially upheld and 5 were not upheld. Outstanding complaints are still to be concluded.

The three main themes identified were disagreement with treatment/care plan, unacceptable time to wait for an appointment and co-ordination of clinical treatment. The Directorate received 67 Stage 1 complaints and 9 of these were escalated to Stage 2.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	9	Created on : 24/4/19

### SPSO Outcomes

One complaint was upheld by the SPSO and appropriate action has been taken. A further decision is awaited for another case.

Mrs Campbell said there may be an increase in SPSO activity as there is no longer a second right of appeal which will encourage more complainants to follow up with the SPSO.

### Pressure Ulcers

There were no hospital acquired pressure ulcers during March 2019. The relevant staff have been praised for their exceptional care.

### Legal Claims

There have been 3 legal claims during the reporting period. These related to Ward 10 VHK, Day Surgery Unit (QMH) and General Surgery.

The report was noted by the Committee.

## 6.2 Directorate Governance – Specialty National Reports

- **Cleft Care Report – b/f from Feb 2019**

Mrs Robertson advised that she needed to discuss further with colleagues and report back to the next meeting with a summary of the Cleft Care Report.

NR/LG

## 6.3 Directorate level outcomes data:

- **Clinical Audit**
- **Laparotomy Audit – b/f from Feb 2019**

Mrs Robertson advised that she would bring back a summary of the Laparotomy audit to the next meeting.

NR/LG

- **Urolift Audit**

Miss Saunderson advised that the Trans-urethral Resection of the Prostate (TURP) is working well and we have now done around 50 cases. This procedure replaces a team performing local operations on patients for benign prostate hyperplasia (BPH) surgical treatment. Urolift saves around £286 and £159 on each patient undergoing monopolar and bipolar TURP respectively.

Miss Saunderson said that there have been some small post operative complications (Urinary Tract Infections) but there has been no Sepsis reported. There have been 4 procedures carried out in the first two months of 2019.

The audit was noted by the Committee.

- **SAER Learn Summaries**

The SAER LEARN Summaries were for the following incidents:

- Patient fall whilst in the toilet sustaining a fractured wrist.
- Incorrect patient brought into Endoscopy room for a procedure
- Patient fall whilst going to toilet – right femur fracture

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	10	Created on : 24/4/19

- Patient experiences awareness whilst under anaesthesia
- Medical Secretary found a bundle of varied communication in Consultant's office – a review determined that histology results had not been actioned despite being in Consultant's office for around 21 months.

#### 6.4 Specialty/departmental audit & assurance data (incl guidance)

##### Clinical Quality Indicators

- **L2 to L3 Grader – Ophthalmology**

Miss Saunderson referred to the L2 to L3 Grader progression paper written and submitted by Dr Styles. Miss Saunderson said that the number of Level 3 graders for Retinopathy has remained constant despite a steady increase in the number of patients per annum. Miss Saunderson added that the paper sets out a request for the Band 7 Retinopathy Screener to progress from a Level 2 screener to a Level 3 screener in order to carry out Level 3 grading.

Mrs Campbell asked about mentoring and maintaining competencies for the post and also what resilience plans were in place should the single postholder be absent? Who could fulfil the job description then? Miss Saunderson to find out more about this from Dr Styles and bring an update back to the Committee in July 2019.

AS/LG

##### Sedation SOP Thoracoscopy

Mrs Robertson advised that the Standard Operating Procedure (SOP) was presented for ratification by the Committee.

Mrs Robertson said that the crux of the procedure was the staffing model and how we undertake the procedure. It was noted that NHS Fife Respiratory Consultants have the role of 'operator-sedationist' as they administer the initial dose of sedation medication, are responsible for deciding appropriate top up doses and perform the thoracoscopy procedure and as it is difficult for the individual who administers the initial sedation medication to give further top up doses whilst scrubbed, the administration of these doses can be delegated to an appropriately trained assistant, under the direction of the respiratory consultant. The assistant is confirmed to be an Endoscopy Nurse. Mrs Campbell noted that this was a positive solution for this service.

Mrs Robertson asked Miss Godsell to send out the finalised version of the SOP with the minutes.

LG

- **Renal Cancer Report – b/f from Feb 2019**

This report presents analysis of data collected on renal cancer patients who are newly diagnosed with Renal cancer between 1 January 2017 and December 2017. NHS Fife met 9 (+5 n/a) of the 20 QPI's for Renal Cancer (includes sub QPIs). There were 6 actions identified for NHS Fife, 4 have been fully implemented 2 are agreed but not yet implemented and 1 has no action taken.

- **Prostate Cancer Report**

This report presents analysis of data collected on prostate cancer patients who are newly diagnosed with prostate cancer between 1 July 2016 and 30 June 2017.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	11	Created on : 24/4/19

NHS Fife met 3 out of the 10 QPIs for Prostate cancer, 1 was partially met and 3 were not applicable to Fife. An action plan has been agreed with only point for action. There was one action identified for Fife:

- NHS Fife to review cases where patients did not have repeat biopsies.

Mrs Campbell to pick up with Dr Cargill as we need to ensure there is governance around this.

LC/RC

- **HPB Cancer Report**

Miss Saunderson said the purpose of the report is to present an assessment of performance of HepatoPancreatoBiliary (HPB) Cancer Services relating to patients diagnosed across Scotland during 2017 through clinical audit data. It was noted that case ascertainment is excellent at 89% which indicates good data capture. Miss Saunderson said that analysis of 2017 audit data demonstrates a continual commitment to provide an equitable and consistent standard of care for HPB cancer patients across Scotland. Miss Saunderson agreed to check if the action plan for HPB had been submitted.

AS

- **Oesophagegastric Cancer Report**

This report presents analysis of data collected on Oesophagegastric cancer patients who are newly diagnosed with Oesophagegastric cancer between 1 January 2017 and 31 December 2017. NHS Fife met 18 of the 24 QPIs (including sub QPIs). There is one action for NHS Fife to improve the completion of the MUST nutritional screening tool. A plan has been put in place to ensure this information is routinely collected.

- **Colorectal Cancer Report**

This report presents analysis of data collected on Colorectal cancer patients who are newly diagnosed with Colorectal cancer between 1 April 2017 and 31 March 2018. In NHS Fife, 205 patients were diagnosed with Colorectal cancer. NHS Fife met 27 of the 30 QPIs (Including sub QPIs). There was one action for NHS Fife

- NHS Fife to ensure that patients are registered with the MDM.

This has been fully implemented.

The cancer reports were noted but there was no specialty input present at the Committee.

## **6.5 New Interventional Procedures**

There were no Interventional Procedures submitted by the Directorate.

## **6.6 SPSO Recommendations**

This was noted within the Directorate Report Item 6.1.

# **7 Women, Children & Clinical Support Directorate**

## **7.1 Directorate Report**

### **Incidents**

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	12	Created on : 24/4/19

There were 156 incidents reported between 1st December 2018 and 28<sup>th</sup> February 2019.

There were 2 moderate incidents and 1 major incident reported.

The major incident related to an IT glitch in SCI/Clinical portal which resulted in a reporting error for malignant melanoma which was deleted and the correct diagnosis reported. However, this triggered a review of other melanomas in the Department.

### Themes

The top 5 key themes of all incidents are:

- Radiation
- Blood Transfusion
- Patient Information
- Specimen Management
- Confidentiality

### Patient Information

The most common incident is incorrect or mislabelling of specimens sent to labs from multiple areas. These resulted in minor or no harm.

### Radiation Incidents

There were 24 Radiation incidents and none of these were reportable to the HSE and all resulted in minor or no harm.

### Patient Falls

There were 5 patient falls recorded – 2 with minor harm and 3 with no harm. All of the falls occurred in the Radiology department at VHK.

### Medication Incidents

There were no medication incidents.

### Risk Register

There are 21 risks on the WCCS risk register. There were no new risks added this quarter.

### Health & Safety

There remains one outstanding issue in Therapies & Rehab which is the lack of drinking water and poor ventilation for patients in the department. An SBAR was submitted to the Water Safety Committee in May 2018 but the issue remains outstanding.

### Patient Feedback

A survey was conducted by Physiotherapists working in elective Orthopaedics regarding early mobilisation after surgery. The survey was carried out on a small sample of patients who were in the first two theatre clots of the day. The survey had a positive outcome showing that all were happy to get up and mobilise post surgery.

### Complaints

There were 2 Stage 2 complaints recorded this quarter. One was partially upheld and the other was not upheld. There were also 7 Stage 1 complaints, five of these were partially or fully upheld.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	13	Created on : 24/4/19

The Directorate update was noted by the Committee.

## 7.2 Directorate Governance – Specialty National Reports

- **MBRRACE**

N/A - The MBRRACE report will be presented to the January 2020 meeting.

- **Each Baby Counts**

N/A - The Each Baby Counts report will be presented to the January 2020 meeting.

## 7.3 Directorate level outcomes data:

- **Clinical Audit**
- **Orthotics Annual Report**

Mrs Galloway explained that the Orthotic Service sits within Therapies and Rehabilitation ( T&R) in the Acute Services Division of NHS Fife and comprises of 1.6 wte staff who perform an administrative role as Surgical Appliance Officers and the Mobility & Technology Manager [0.5 wte] who has governance, oversight and service development role for this service. The M&T Service Manager is a registered Prosthetist/Orthotist with the HCPC and performs 0.5wte clinical duties. NHS Fife also have a contract with Opcare Ltd to supply 1.42 wte HCPC registered Orthotists. The HCPC carries out a Professional standards compliance audit on 2% of Orthotists across the United Kingdom every 2 years. The next audit point is October 2019.

It was noted that the service measures referral to treatment response times and aims to be compliant with the 4 week referral to treatment ambition. Despite frequently having days with over 100% of capacity filled the waiting times are inexorably slipping and the current RTT is over 8 weeks. Mrs Campbell asked if there was any initiative to drive down waiting times? Mrs Galloway advised that the demand on the service remains high with more complex patients requiring longer clinical slot times and return appointments, thus reducing the number of new patients being seen.

The Orthotics update was noted by the Committee.

- **Infection Control Service Reports**

The Infection Consult Service activity reports were noted for information.

- **Radiation Protection Report**

Mrs Galloway advised that there were 5 IR(ME)R reportable incidents over the 12 months:

- 4 were referral errors of an incorrect patient (2 CT, 1 DXA, 1 x-ray)
- 1 was an administration of Sentinel Node Radioisotope before the notification of ARSAC license extension had officially been notified.

These have been reported to Scottish government in line with the policy.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	14	Created on : 24/4/19

There were no major issues to highlight from the report.

- **TAMIS Outcome Audit**

The TAMIS outcome audit will be carried forward to July 2019.

- **Cancer Reports**

- **Cancer Waiting Times – b/f from Feb 2019**

Mrs Galloway referred to the Cancer Waiting Times report.

It was noted that:

We are not achieving the 62 day target although we are still slightly better than the Scottish average.

The 62 Day Standard states that 95% of patients urgently referred with a suspicion of cancer will wait a maximum of 62 days from referral to first cancer treatment.

- There were 3664 (3399 Q1) eligible referrals within the 62 day standard, an increase of 172 (4.9%) on the same period in 2017.
- In Scotland 84.6% of patients started treatment within the 62 day standard, a decrease from 85.0% in the previous quarter and for quarter.
- The 62 day standard was met by three NHS Boards: NHS Dumfries & Galloway, NHS Lanarkshire and NHS Western Isles.

The 31 Day Standard applies to all eligible referrals, regardless of route of referral and states that 95% of all patients will wait no more than 31 days from decision to treat to first cancer treatment.

- There were 6094 (5836 Q1) eligible referrals within the 31 day standard for this period, an increase of 163 (2.7%) on the same period in 2017.
- 95.0% of patients started treatment within the 31 day standard, an increase from 93.5% for quarter ending March 2018.
- The 31 day standard was met by 11 of the 15 NHS Boards (NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Fife, NHS Forth Valley, NHS Highland, NHS Lanarkshire, NHS Orkney, NHS Western Isles, Shetland and NHS Golden Jubilee National Hospital).

The report was noted.

- **Endometrial (Gynae) Cancer – b/f from Feb 2019**

This quality assurance aims to give Boards confidence of the quality of data collected against nationally agreed standards.

The Endometrial Cancer report noted:

- In mainland Scotland and three Island Boards 167 records were assessed.
- This represented 22% of Endometrial patients.
- The dataset contains 29 data items. 113 discrepancies were identified.
- Eight out of the 29 data items were recorded with complete accuracy.
- The overall accuracy of recording data items was **97.3%**
- There were three typographical errors. If these had been correctly recorded

LG

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	15	Created on : 24/4/19

- the percentage accuracy would have increased to 98.7%
- In Fife a random sample of 15 records were assessed.
- 22 of 29 data items were recorded with complete accuracy.
- The overall accuracy of recording data items was **98.2%**

- **SAER Learn Summaries**

There were no SAER LEARN summaries to report.

#### **7.4 Specialty/departmental audit, assurance data (incl guidance)**

- **Clinical Quality Indicators**
- **SBAR for Water Cooler**

This item was discussed under 7.1 – Health & Safety.

A replacement water cooler has been requested via the Water Safety Management Group – there has been discussion to ensure the correct model. Andrea Barker to provide further details to Mrs Galloway.

**DG**

- **MLD Leaflet**

In the absence of Mrs Duncan-Farrell this will be carried forward to the July 2019 meeting.

**LG**

#### **7.5 New Interventional Procedures**

- **Vaccine Programme**

The Vaccine Programme was unavailable and will be carried forward to July 2019.

**LG**

#### **7.6 SPSO Recommendations**

There were no SPSO recommendations.

### **8 Emergency Care Directorate**

#### **8.1 Clinical Director/Head of Nursing Report**

Mrs Beveridge presented the Directorate report for Emergency Care:

##### **Incidents**

There were 962 incidents reported from 1 January to 31<sup>st</sup> March 2019 of which 76 were reported as major.

##### **Major/Extreme Incidents**

There have been no extreme incidents reported this quarter.

The 76 major incidents relate to:

- Pressure damage on admission
- Cardiac arrests

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	16	Created on : 24/4/19

- Legionella
- PVC SAB & CVC SAB
- Delay in treatment
- Unexpected patient deterioration
- Patient Falls
- Pressure Ulcers

### **Patient Falls**

It was noted that there have been 233 patient falls, a decrease of 19 on the previous quarter. There were 32 falls which resulted in harm – 5 falls resulted in major harm, 1 moderate harm and 26 minor harm. Mrs Beveridge advised that Ward 32 has been closely monitored closely due to an increase in falls in the previous quarter and a change of environment. Mrs Beveridge added that there has also been an increase in observation procedures due to an increase in patients with hyperactive delirium.

### **Tissue Viability**

There have been 192 tissue viability incidents reported over the quarter of which 39 were developed in hospital. These will be subject to the normal process review.

Mrs Beveridge advised there was a Pressure Ulcer Collaborative arranged for 2<sup>nd</sup> May. There was no major harm from pressure ulcers reported across the collaborative wards this year which was commended.

SHDU/ITU are being closely monitored as there have been clusters of device related equipment skin bundle incidents which is concerning. Mrs Brechin said that the TV Nurse was working closely with Theatres regarding the management of the patients concerned.

### **Medication**

There have been 119 medication incidents this quarter.

100 resulted in no harm, 16 minor harm and 3 moderate harm. No major incidents were reported.

The main sub categories of medication errors are:

- Administration/missed doses
- Prescribing
- Supply (delayed, missing, wrong)

### **Cardiac Arrests**

There have been 22 reported cardiac arrests, an increase of 2 on the previous reporting period.

### **SABs**

There has been 1 reported PVC SAB in Ward 44.

There has also been a CVC SAB from a Hickman Line in Ward 34, this is a complex case which has already been to SAER due to the PVC SAB.

### **Risk Register**

The risk register is maintained robustly and there were no new risks added this quarter.

### **Infection Control SBAR updates**

There was nothing to report this quarter.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	17	Created on : 24/4/19

## Complaints

There have been 32 complaints received this quarter. The Directorate is sustaining an improved performance against the completion target and the quality of the responses has notably improved. Mrs Beveridge said that there were 5 complaints upheld and 9 complaints remained open. The themes for the complaints were :

- Disagreement with treatment/care plan
- Co-ordination of clinical treatment
- Lack of clear explanation

Mrs Campbell advised that the Service Managers are now handling Stage 1 complaints for the Directorates. Mrs Campbell asked if there was any change for the number of Stage 1 progressing to Stage 2 complaints. Mrs Beveridge said it was not a large amount.

## SPSO Cases

There are 2 SPSO cases for the Directorate. The information has been submitted to the SPSO and we currently await further contact.

## Patient Feedback

Mrs Beveridge reported that all areas have local processes for sharing patient feedback.

## Live Claims

There are currently 3 claims for Clinical Negligence and 3 claims for Employers Liability for the Directorate.

## HSE/COPFS Activity

There was nothing to report from either the HSE or COPFS.

The Directorate report was noted.

## 8.2 Directorate Governance – Specialty National Reports

- **Acute Medicine – N/A – c/f to July 2019**
- **Diabetes – N/A – c/f to July 2019**
- **Neurology – N/A – c/f to July 2019**
- **Scottish Trauma Audit Group – N/A – c/f to July 2019**
- **National Cardiac Arrest Data Q3 2018-19**

See Peri- Arrest Data.

## 8.3 Directorate level outcomes data

### Clinical Audit

- **Peri Arrest Audit Q3**

Mrs Brechin advised that Data from this report has been collected for individuals who had, in response to a 2222 call, a visit from the hospital based Resuscitation Team. This report covers Q3 – (April – end of December) and the data was very

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	18	Created on : 24/4/19

positively sustained.

Mrs Brechin added that NHS Fife are withdrawing from National Cardiac Arrest Data reporting due to cost but will still collect and report data.

Mrs Brechin said the number of peri arrests for this period was 107 (76 inpatients, 31 non inpatients).

The report was for the Committee's information.

- **SBAR & Guidelines for the Management of Dysphagia**

Mrs Beveridge informed the Committee that we have updated the swallow protocol and noted that we seem to be using a more up to date one than is enclosed in this document. Mrs Beveridge to pick up with Katrina McCormick.

NB

- **SBAR & NHS Fife Stroke Dept Guidelines**

Following from the publication of the new Scottish Stroke Care Audit, NHS Fife was tasked with developing a local protocol for the detection and management of atrial fibrillation (AF). It was recommended that we Adopt the SOP in current form with a review of this in 2 years or earlier if significant new evidence comes to light.

The guidelines were noted.

- **SAER Learn Summaries**

The SAER LEARN Summaries related to the following incidents:

- Doctor sustained an electric shock during a patients cardiac arrest, whilst delivering CPR
- A patient developed an infection at the site of a previous intravenous cannula. This resulted in a Staph Aureus Bacteraemia (SAB) and sepsis.
- Patient who was admitted with Diabetic Ketoacidosis (DKA) and who was very confused and agitated in the Emergency Department (ED) needed urgent central line for DKA treatment (difficult venous access). Line insertion with aseptic technique but was difficult.

#### **8.4 Specialty/departmental audit, assurance data and clinical guidance**

- Clinical Quality Indicators

There was nothing to report.

#### **8.5 New Interventional Procedures**

There was nothing to report.

#### **8.6 SPSO recommendations**

There were no SPSO cases.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	19	Created on : 24/4/19

## 9 Divisional Risk Register – Active Risks (for review)

Mrs Campbell advised that she and Dr Cargill had met and the Risk Register was now up to date.

Miss Saunderson said that it was anticipated that Planned Care will escalate a couple of issues which will result in additions to the Risk Register. These relate to Resus trolleys and Suction and add a couple of issues to the Risk Register. Mrs Campbell suggested tying in with Mrs Brechin to ensure there was no duplication.

AS/KB

## 10 ASD Terms of Reference – Updated March 2019

Mrs Campbell informed members that the Chief Operating Officer and Associate Medical Director have been looking at the performance and governance structures of the meetings in the Acute Division.

The Committee is likely to be changing imminently and proposed to meet on a monthly basis with the format being internal business and then scheduled reports on an alternative basis. Mrs Campbell said this has been agreed in principle but we need to work through to fine tune any issues. Mrs Galloway said there was no longer any AHP input on the new role and remit. Ms Brechin also spoke about the membership and the requirements for being quorate.

All

Mrs Campbell asked members to feedback any comments regarding the Role & Remit to Lynn Godsell by 3<sup>rd</sup> May 2019.

## 11 Items for information only:

### 11.1 NHS Fife Activity Tracker

The activity tracker was noted.

### 11.2 SIGN Guidance

The SIGN Guidance was noted by the Committee.

### 11.3 ASD CGC Workplan 2018/19

The workplan for 2018 – 2019 was noted and was now complete.

### 11.4 ASD CGC Workplan 2019/20

The workplan for 2019 – 2020 was noted as work in progress due to the imminent changes to the meeting format and structure.

### 11.5 Infection Control Committee (6 February 2019 & 3 April 2019 – meeting cancelled) incorporating AMT meeting of 24 January 2019

The Infection Control Committee minutes were noted by the Committee.

### 11.6 HAIRT Report

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	20	Created on : 24/4/19

The HAIRT report was noted by the Committee.

#### **11.7 SRTC Minute of 7<sup>th</sup> February 2019**

The SRTC minutes were noted by the Committee.

#### **11.8 NHS Fife CP&PAG Minute of 18<sup>th</sup> February 2019**

The NHS Fife Clinical Policy & Procedure Authorisation Group minutes were noted by the Committee.

#### **11.9 Resuscitation Committee Minutes of 14<sup>th</sup> March 2019**

The Resuscitation Committee minutes were noted by the Committee.

#### **11.10 Hospital Transfusion Committee Minutes**

N/A – no further meeting has taken place.

#### **11.11 Patientrak Action Note of 1<sup>st</sup> April 2019**

The Patientrak action note was noted by the Committee.

#### **11.12 Vascular Access Strategy Group Minutes of 28<sup>th</sup> February 2019**

The Vascular Access Strategy Group minutes were noted by the Committee.

#### **11.13 NHS Fife Point of Care Testing Committee Minutes of 5<sup>th</sup> December 2018 & 20<sup>th</sup> March 2019**

The NHS Fife Point of Care Testing Committee minutes were noted by the Committee.

### **12 Future Structure & Meetings of ASD CGC**

Mrs Campbell informed the Committee that the structure, frequency and possibly membership of meetings would be changing imminently.

### **13 AOCB**

There were no matters raised for discussion.

### **14 Date of Next Meeting**

The next meeting will take place in May/June 2019. Dates still TBC.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 24/4/19	21	Created on : 24/4/19

## Update to NHS Fife Clinical Governance Committee of May 2019

### Reporting Period 24<sup>th</sup> April 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the Acute Services Clinical Governance meeting.

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
<b>Title of Group/Sub-committee</b>	Acute Service Division Clinical Governance Committee
<b>Date of Group/Sub-committee Meeting:</b>	24 April 2019
<b>Release: draft/final</b>	Unconfirmed
<b>Author/Accountable Person:</b>	Lynn Campbell
<b>Agenda item Title and Number:</b>	N/A
<b>Date of Report:</b>	29/5/19

Section 2
<b>Summary of Meeting</b> (An overview at this time)
Minutes attached

Section 3	
Summary of risk/issue to be escalated/highlighted to NHSF CGC.	A local review of 7 patients developing an anastomotic leak following their colorectal surgery which had been carried out 12 <sup>th</sup> September 2018–14 <sup>th</sup> January 2019 found no common themes or repeated identifiable risk factors. As this review was concluding a Medical Alert Notice (MAN) was issued noting that the manufacturers

Note: This document is only valid on the day it was printed		
Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 1 of 2	Review Date:

## Update to NHS Fife Clinical Governance Committee of May 2019

	of the circular staples used in these operations had received a small increase in complaints in relation to the staple line integrity. This was not a recall notice but a field safety corrective action.
	The lot numbers identified in the field safety notice where linked with 5 out of the 7 patients involved in the local report. The Review continues to identify any further learning from this event albeit of note the theme had been picked up in advance of the MAN
<b>Accountable person for actions taken to date?</b>	John Donnelly
<b>Other identified risks?</b>	
<b>Action/s required from NHSF CGC?</b>	None
<b>Areas of good practice?</b>	To note the Annual Palliative Care report and the work being taken forward in the ASD to support both palliative and end of life care.

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 2 of 2	Review Date:

## Update to NHS Fife Clinical Governance Committee of 3 July 2019

### Reporting Period January to April 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting of the **Fife Area Drug & Therapeutics Committee** on 17 April 2019.

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
<b>Title of Group/Sub-committee</b>	Fife Area Drug & Therapeutics Committee
<b>Date of Group/Sub-committee Meeting:</b>	17 April 2019
<b>Release: draft/final</b>	Draft
<b>Author/Accountable Person:</b>	Dr Chris McKenna
<b>Agenda item Title and Number:</b>	
<b>Date of Report:</b>	6 June 2019

Section 2
<b>Summary of Meeting</b> (An overview at this time)
<ul style="list-style-type: none"><li>• <b>SBAR - Fluoroquinolone Antibiotics Update.</b> The ADTC noted the update on progress in response to MHRA guidance/advice on the prescribing of fluoroquinolones.</li><li>• <b>SBAR - Shared Care Protocols.</b> The ADTC noted that a lead has been identified to take forward the review of Shared Care Protocols within NHS Fife. Existing Shared Care Protocols to remain on the ADTC website pending review.</li><li>• <b>SBAR - Valproate Update.</b> The ADTC noted the progress to date/proposed future actions. Further MHRA advice including a revision to the annual risk acknowledgement form and guidance around the involvement of clinical nurse specialists in the specialist review process also discussed.</li><li>• <b>SBAR - Use of PGD after Vaccine Cold Chain Excursions.</b> The ADTC supported the inclusion of appropriate wording in NHS Fife PGDs to clarify that where a vaccine has been involved in a cold chain excursion and advice has been given by pharmacy that its continued use is acceptable, the vaccine can continue to be administered under a PGD.</li><li>• <b>SBAR - BNF Distribution.</b> The ADTC agreed that the preferred method of accessing the</li></ul>

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Medical Director	Page 1 of 2	Review Date:

## Update to NHS Fife Clinical Governance Committee of 3 July 2019

BNF and BNFC within the managed service should be electronically. A small quantity of paper copies to be ordered for issue in exceptional circumstances and communication/education to promote electronic versions to be developed.

- **SBAR - Formulary Medicine Shortages.** The ADTC noted the issues surrounding Formulary medicines shortages and approved the process for the management of temporary Formulary medicines shortages/approval of suitable alternatives through the Formulary Committee in consultation with local specialists.
- **Updated Polypharmacy Mobile App.** The ADTC noted the communication from the Scottish Government regarding an update to the Polypharmacy Mobile App which includes patient shared decision making tools. To be distributed to all prescribers.
- **Yellow Card Centre Quarterly Reports.** The ADTC discussed the Yellow Card Centre quarterly reports and noted the progress within NHS Fife to encourage Yellow Card reporting. It was noted that a Roadshow event hosted by representatives from the Yellow Card Centre Scotland is scheduled for 1 May.
- **NHS Scotland Biosimilars Uptake Data March 2019.** The ADTC discussed the report and noted that a managed programme to switch patients to biosimilar adalimumab (Amgevita®) where clinically appropriate is being progressed. New patients deemed suitable for treatment with adalimumab to be commenced on Amgevita®.
- **PACS/SMC Non Submissions.** The ADTC noted the latest PACS/SMC Non Submissions. As there is overlap in membership of the PACS Panel and Clinical Advisory Panel, PACS submissions will now be considered at monthly Clinical Advisory Panel meetings. Submissions relating to cancer and cystic fibrosis medicines will continue to be considered at the Lothian PACS Committee with representatives from NHS Fife joining the meeting via teleconference.
- **ADTC Sub-group Update Reports/Minutes.** Update reports/minutes from the Fife Formulary Committee, MSDTC and Antimicrobial Management Team were discussed.

### Section 3

<b>Summary of risk/issue to be escalated/highlighted to NHSF CGC.</b>	
<b>Action taken To date?</b>	
<b>Accountable person for actions taken to date?</b>	Medical Director
<b>Other identified risks?</b>	
<b>Action/s required from NHSF CGC?</b>	
<b>Areas of good practice?</b>	<ul style="list-style-type: none"> <li>• Updated polypharmacy app</li> <li>• Yellow Card Centre event</li> </ul>

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Medical Director	Page 2 of 2	Review Date:

UNCONFIRMED

**MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 17 APRIL 2019 IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.**

**Present:** Dr Chris McKenna (Chair)  
 Ms Karen Baxter  
 Ms Claire Fernie  
 Dr John Kennedy  
 Dr Seonaid McCallum  
 Dr Alan McGovern  
 Mr Euan Reid  
 Ms Andrea Smith  
 Ms Geraldine Smith

**In attendance:** Mrs Sandra MacDonald (minutes)

		ACTION
1	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were noted from Dr Annette Alfonzo, Dr Rob Cargill, Ms Claire Dobson, Dr John Donnelly, Mr Scott Garden, Dr Iain Gourley, Dr David Griffith, Mrs Evelyn McPhail and Dr Tahir Mahmood.</p>	
2	<p><b>MINUTES OF PREVIOUS MEETING ON 19 DECEMBER 2018</b></p> <p>The minutes of the meeting held on 19 December 2018 were confirmed as a true record.</p> <p>Ms Fernie highlighted that item 8.1 makes reference to the potential introduction of Microguide to host clinical guidance documents. It was noted that the update report from the Antimicrobial Management Team highlights the expiry of the Microguide app and proposals for migration of antimicrobial guidelines to the new national antimicrobial prescribing app (Antimicrobial Companion).</p>	
3	<p><b>SUMMARY OF ACTION POINTS FROM DECEMBER 2018 MEETING</b></p> <p>The summary of action points was updated.</p> <p><b>Formulary Compliance Reports</b>          Mr Reid advised that issues with destination code changes due to moves within the hospital are being addressed. It is anticipated that specialty reports will be available for discussion at the next ADTC meeting in June.</p> <p><b>Biomelatonin</b>          It was noted that a CAMHS pharmacist has now been appointed. An update to be brought to the next meeting.</p> <p><b>SPSP Medicines Group</b>          No update available at present. Feedback from Clinical Directors is that the</p>	<p>ER</p> <p>ER</p> <p>CMcK/</p>

Interface Group has a larger remit than medicines. Dr McKenna to discuss with Mrs McPhail.

EMcP

### **Cannabis Based Medicinal Products**

Mr Reid to circulate link to the NHS FAQ document.  
<https://www.nhs.uk/conditions/medical-cannabis/>

ER

Dr McKenna to discuss the action list in general with Mrs McPhail.

CMcK/  
EMcP

## **4 ANY OTHER MATTERS ARISING FROM THE MINUTES**

### **4.1 Scottish Health Technology Group Membership - Deputy Role**

Ms Baxter advised that she received information on the role and remit of the Scottish Health Technology Group and has agreed to take on the role of Deputy representative for NHS Fife. Ellen Ryabov, Chief Operating Officer, has taken on the NHS Fife representative role previously held by Dr Gordon McLaren.

### **4.2 DHSC Consultation Response: Serious Shortage Protocol and 'no deal' Modification HMR2012**

The ADTC noted the Department of Health & Social Care response to the consultation with stakeholder representative bodies on changes to the Human Medicines Regulation 2012 (HMR2012) to ensure the continuity of supply of medicines (including in a 'no deal' EU exit).

### **4.3 Low Clinical Value Medicines - Verbal Update**

Mr Reid advised that feedback from dietetics is that they are supportive of proposals to include the infant milks specified. The list has been approved through all appropriate governance processes and covering letters are being produced for circulation to prescribers/Community Pharmacies/Optometrists.

## **5 DECLARATION OF INTERESTS**

There were no declarations of interests.

## **6 ADTC SUB-GROUP UPDATE REPORTS**

### **6.1 Fife Formulary Committee**

Mr Reid introduced the update reports and minutes from the Fife Formulary Committee meetings on 16 January and 20 March 2019.

A number of submissions were considered and approved by the Formulary Committee, including dihydrocodeine for moderate-severe pain postoperatively in obstetric patients; Paravit-CF liquid and capsules multivitamin and mineral supplementation for pancreatic insufficient cystic fibrosis; biosimilar adalimumab (Amgevita®); droperidol for the prevention and treatment of postoperative nausea and vomiting in children; and

replacement of Thick & Easy with Nutilis Clear for patients requiring modification of fluids to support the management of dysphagia. The Committee also approved an amendment to replace Epipen® with Emerade® as the preferred choice of adrenaline autoinjector, subject to an implementation plan being developed for carers, schools and emergency services. Orlistat was also removed from the Formulary for the management of obesity. This would support clinicians in directing patients to towards diet and exercise options and is in line with a more realistic medicine approach.

The ADTC noted the update report from the Fife Formulary Committee and supported the recommendations made.

## 6.2 MSDTC

The minutes from the MSDTC meeting on 13 December and 19 February 2019 were noted.

Mr Reid also gave a verbal update on behalf of the MSDTC and highlighted key items. It was noted that the Pain Guidance and changes to the PCA chart were approved. The MSDTC did not approve the paediatric PCA chart and requested that it be incorporated into charts currently available.

It was noted that the NHS Fife Treatment Algorithm for Multiple Sclerosis with Disease Modifying Therapies was not approved. The implications for approval of Formulary submissions were also noted. Potential options for national work to be discussed with the ADTC-Collaborative. Dr McKenna to discuss implications of the MSDTC decision with Dr Cargill and Mrs McPhail.

**CMcK/  
RC/  
EMcP**

Dr McCallum highlighted the prescription and monitoring of high dose antipsychotics item and clarified that high dose antipsychotics are audited on an annual basis. Mr Reid to feed back to the MSDTC Professional Secretary.

**ER**

The ADTC noted the update report from the MSDTC. The ADTC requested that going forward a separate cover sheet of items for escalation to ADTC should be submitted with the minutes.

**RC**

## 6.3 Antimicrobial Management Team

The ADTC noted the report from the Antimicrobial Management Team with an update on current progress and the work plan for the next six months.

### Fluoroquinolone Antibiotics Update

The ADTC also noted the SBAR in response to MHRA guidance/advice on the prescribing of fluoroquinolones and the update on progress with regard to potential implications for NHS Fife. An update to be brought back to the next ADTC meeting.

**DG**

## **7 SBARs**

### **7.1 Shared Care Protocols**

Mr Reid introduced the report on the situation with regard to existing Shared Care Protocols/Shared Care Agreements on the ADTC website and briefed the ADTC on the background to this.

The ADTC noted that all Shared Care Protocols on the ADTC website are past their review dates but at present remain extant pending review. It was noted that a lead has been identified to take forward the review of Shared Care Protocols. A separate short-life working group was established to look at issues identified in a GP Practice relating to the prescribing and monitoring of rheumatology patients on DMARDs.

The ADTC agreed that engagement with the LMC is crucial to progressing issues with the review of out of date Shared Care Protocols. Mr Reid to liaise with Dr Susie Mitchell to identify and prioritise Shared Care Protocols for review.

In the meantime it was agreed that the existing Shared Care Protocols should remain on the ADTC website.

ER

### **7.2 SBARs Agreed Virtually February 2019**

#### **7.2.1 Valproate Update**

Mr Reid briefed the ADTC on the SBAR outlining the progress to date and proposed future actions on the implementation of the valproate pregnancy prevention programme in NHS Fife. Mr Reid also highlighted further MHRA advice including a revision to the annual risk acknowledgement form and guidance around the involvement of clinical nurse specialists with an independent prescribing qualification in the specialist review process.

The ADTC noted the update and approved the recommendations outlined in the SBAR.

#### **7.2.2 Advice and Use of PGD after Vaccine Cold Chain Excursions**

Mr Reid briefed the ADTC on the background to the SBAR relating to the administration of vaccines involved in cold chain excursions via a PGD. It is proposed that where a vaccine has been involved in a cold chain excursion and advice has been given by pharmacy that its continued use is acceptable, the vaccine can continue to be administered under a PGD.

The ADTC approved the recommendations within the SBAR and the inclusion of appropriate wording within NHS Fife PGDs.

### 7.2.3 BNF Distribution

Mr Reid briefed the ADTC on the background to the SBAR on BNF distribution.

It was noted that historically paper copies of the BNF and BNFC have been distributed by pharmacy to healthcare professionals within the managed service. With the introduction of electronic versions which give prescribers access to more up-to-date information, it is proposed that paper copies of the BNF and BNFC are no longer distributed.

Dr McCallum highlighted potential implications for designated mental welfare officers who require to refer to BNF chapters for the completion of paperwork. Mr Reid to ask Mr David Binyon to clarify any issues with the Division of Psychiatry.

ER

Potential issues for PCES in relation to reliability of IT facilities/mobile telephones were also noted. Dr McGovern to discuss with PCES.

AMcG

The ADTC agreed that paper copies of the BNF and BNFC should no longer be distributed to healthcare professionals within the managed service and the preferred method of accessing the BNF and BNFC should be electronically. A small quantity to be ordered for issue in exceptional circumstances. Communication/education to promote electronic versions to be developed.

### 7.2.4 Formulary Medicine Shortages

Mr Reid introduced the SBAR on issues surrounding Formulary medicines shortages and briefed the ADTC on the background to this.

It was noted that in the event that a Formulary medicine is temporarily unavailable due to a national shortage, the Medicines Management Team, after consultation with local specialists, will suggest an alternative medicine. Where the proposed alternative is a non-Formulary medicine, agreement to make the change will be sought from the Formulary Committee virtually and a Formulary Application Form will not be required. Permanent Formulary changes due to long-term/discontinued medicines will follow the usual Formulary submission process.

The ADTC agreed the recommendations outlined in the SBAR.

## 8 RISKS DUE FOR REVIEW IN DATIX

The ADTC discussed the risks that were scheduled for review.

Risks 522 (Prescribing and Medicines Management Prescribing Budget) and Risk 356 (Clinical Pharmacy Input) to be updated and brought back to the next meeting.

ER

**9 SMC: ACCESS TO MEDICINES FOR EXTREMELY RARE CONDITIONS VIA THE NHS SCOTLAND ULTRA-ORPHAN PATHWAY**

The ADTC noted the communication from Healthcare Improvement Scotland regarding assessment of medicines via the NHSScotland ultra-orphan pathway.

S MacDonald to request that Dr McKenna is added to the distribution list for future communications.

**SMacD**

**10 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION**

**10.1 Polypharmacy App**

The ADTC noted the communication from the Scottish Government regarding an update to the Polypharmacy Mobile App which includes patient shared decision making tools. S MacDonald to distribute to all prescribers.

**SMacD**

**10.2 ADTCC Flash Report March 2019**

The ADTC-Collaborative Flash Report March 2019 was noted.

**10.3 ADTCC Newsletter February 2019**

The ADTC-Collaborative Newsletter February 2019 was noted.

**10.4 Notes from ADTCC Webex January 2019**

The update from the ADTC-Collaborative Webex January 2019 was noted.

**11 EFFECTIVE PRESCRIBING**

**11.1 EAMS Operational Guidance**

**11.1.1 Atezolizumab**

The EAMS operational guidance for atezolizumab, in combination with bevacizumab, paclitaxel and carboplatin for the treatment of adult patients with metastatic non-squamous non-small cell lung cancer with EGFR activating or ALK-positive tumour mutations after failure of appropriate targeted therapies, was noted.

**11.1.2 Dupilumab**

The EAMS operational guidance for dupilumab for the treatment of adolescent patients  $\geq 12$  to  $< 18$  years of age with severe atopic dermatitis who have responded inadequately to at least one systemic therapy or where the available systemic therapies are not recommended or are not tolerated, was noted.

## **11.2 Medicines Procurement Newsletter**

The ADTC noted the Medicines Procurement Newsletter December 2018.

## **11.3 Yellow Card Centre Quarterly Reports**

Mr Reid highlighted the Yellow Card Centre quarterly reports April-September and October-December 2018. The progress within NHS Fife to encourage Yellow Card reporting was noted.

Mr Reid also highlighted the Yellow Card Roadshow event on 1 May hosted by representatives from the Yellow Card Centre Scotland.

## **11.4 Biosimilar Update March 2019**

The ADTC noted the NHS Scotland Biosimilars Uptake Report March 2019. The ADTC noted that a managed programme to switch patients to biosimilar adalimumab (Amgevita®) where clinically appropriate is being progressed. New patients deemed suitable for treatment with adalimumab to be commenced on Amgevita®.

## **12 PACS/SMC Non Submissions**

### **12.1 Latest Submissions**

The table detailing the latest PACS/SMC non submissions was noted.

Dr McKenna highlighted a change to the PACS process within NHS Fife. It has been agreed that as there is overlap in membership of the PACS Panel and Clinical Advisory Panel, PACS submissions will now be included on the agenda for consideration at monthly Clinical Advisory Panel meetings. Submissions relating to cancer and cystic fibrosis medicines will continue to be considered at the Lothian PACS Committee with representatives from NHS Fife joining the meeting via teleconference.

### **12.2 PACS Tier 2 Update/Report from National Review Panel Learning Session November 2018**

The ADTC noted the update from the ADTC-Collaborative. Mr Reid to discuss with Mrs McPhail whether there are any potential implications for NHS Fife.

**ER/  
EMcP**

## **13 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE**

It was agreed that the following items should be highlighted to the Clinical Governance Committee:

- Updated polypharmacy app
- Yellow Card Centre event

**CMcK**

**14 ANY OTHER COMPETENT BUSINESS**

Dr McKenna highlighted that it was Dr McCallum's last ADTC meeting. Dr McKenna thanked Dr McCallum for her valuable support to the ADTC.

**Other Information**

- a Minutes of Diabetes MCN Prescribing Sub-Group 18 December 2018; 19 February 2019.** For information.
- b Minutes of Heart Disease MCN Prescribing Sub-Group February 2019.** Meeting cancelled.
- c Minutes of Respiratory MCN - minutes from meeting 12 December 2018** not available.
- d Date of Next Meeting**  
The next meeting is to be held on **Wednesday 19 June 2019 at 12.30pm in Training Room 1, Dining Room, Victoria Hospital, Kirkcaldy.** Papers for next meeting/apologies for absence to be submitted by 7 June.

**NOTE OF MEETING OF THE NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP HELD ON WEDNESDAY 15 MAY 2019 AT 9.30AM IN THE STAFF CLUB, VHK**

**PRESENT**

Dr Chris McKenna (Chair)	Medical Director, NHS Fife
Lynn Campbell	Associate Nurse Director, ASD
Nicky Connor	Associate Nurse Director, Health & Social Care Partnership, Fife Wide
Pauline Cumming	Risk Manager, NHS Fife
Cathy Gilvear	H&SCP Clinical & Care Governance Lead
Dr Seonaid McCallum	Associate Medical Director, H&SCP
Helen Woodburn	Head of Quality & Clinical Governance, NHS Fife

**In Attendance:**

Geraldine Smith	Lead Pharmacist, Medicines Governance and Education & Training
Catriona Dziech (Minute)	PA to Medical Director, NHS Fife

**MINUTE**

REF	ITEM	ACTION
036/19	<p><b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b></p> <p>The Chair welcomed everyone to the meeting and reminded them the meeting was being recorded with the Echo Pen to aid production of the notes. These recordings are also kept on file for any possible future reference.</p>	
037/19	<p><b>DECLARATION OF MEMBERS' INTERESTS</b></p> <p>There were no declarations of interest.</p>	
038/19	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Lynn Barker, Dr Cargill, Cathy Gilvear, Evelyn McPhail</p>	
039/19	<p><b>MINUTES OF MEETING HELD ON 21 FEBRUARY 2019 (FOR FINAL APPROVAL FOLLOWING AMENDMENT)</b></p> <p>The notes of the meeting held on 21 February 2019 were approved.</p> <p><b>MINUTES OF MEETING HELD ON 14 MARCH 2019</b></p> <p>The notes of the meeting held on 14 March 2019 were approved.</p>	

- 040/19 ACTION LIST**  
All outstanding items were updated on separate Action List.
- 041/19 QUALITY REPORT**  
The Group noted the Quality Report.
- 042/19 CLINICAL QUALITY REPORT – H&SCP CLINICAL & CARE GOVERNANCE COMMITTEE MARCH 2019**  
The Group noted the report.
- 043/19 UPDATED TERMS OF REFERENCE (FOR FINAL APPROVAL) HW**  
It was agreed:  
  - Name to be changed from Assurance to Oversight Group
  - Deputies to be identified for members unable to attend
  - Quorum to be added - Check standard wording of Quorum
  - Thanks to be sent to previous members who will no longer attend due to review of composition of the Group
- 044/19 MORTALITY & MORBIDITY**  
Dr McKenna advised there was no update at present from HIS.
- Dr McKenna agreed to write to the Surgeons for an update on the work they were considering in relation to DATIX. It was agreed they would be asked to develop a paper to present to the Group's next meeting in July for the Group to consider and take a decision on how the organisation would wish to proceed. **CMcK**
- 045/19 ITEMS FOR INFORMATION**
- i) QUALITY OF CARE APPROACH & FRAMEWORK – LETTER TO CHIEF EXECUTIVES**  
The Group noted this report.
- ii) LEARNING FROM GOSPORT**  
Geraldine Smith gave a verbal update on this report on behalf of Evelyn McPhail. It was noted a lot of work has been undertaken following the Gosport incident and further learning continues.
- Dr McKenna agreed to check to see if there had been discussion at SAMD level. **CMcK**

Geraldine Smith agreed to send on the link for the GMC report.

**GS**

Post meeting Geraldine Smith sent the following link:  
[https://www.gmc-uk.org/-/media/documents/gosport-war-memorial-hospital-report-gmcresponse\\_pdf-76338897.pdf](https://www.gmc-uk.org/-/media/documents/gosport-war-memorial-hospital-report-gmcresponse_pdf-76338897.pdf)

**046/19 MINUTES FROM LINKED COMMITTEES**

**NHS FIFE ADVERSE EVENTS GROUP**

**26 February 2019, 7 March 2019 and 2 April 2019**

The Group noted the above minutes. It was also noted the Adverse Events meetings would be held bi-monthly.

**047/19 SUMMARY POINTS FOR CHAIR TO RAISE AT NHS FIFE CLINICAL GOVERNANCE COMMITTEE**

It was agreed the following items would be raised:

- Gosport
- Accountability & Performance Framework
- Quality of Care Mapping
- Deaths in Addictions

**048/19 AOCB**

There was no other competent business.

**049/19 DATE OF NEXT MEETING**

Thursday 18 July 2019 at 9.30am in the Staff Club, VHK

## Update to NHS Fife Clinical Governance Committee of 3 July 2019

### Reporting Period – Meeting 15 May 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting of **Clinical Governance Steering Group**.

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
<b>Title of Group/Sub-committee</b>	Clinical Governance Steering Group
<b>Date of Group/Sub-committee Meeting:</b>	15 May 2019
<b>Release: draft/final</b>	Unconfirmed
<b>Author/Accountable Person:</b>	Dr McKenna
<b>Agenda item Title and Number:</b>	
<b>Date of Report:</b>	15 May 2019

Section 2
<b>Summary of Meeting</b> (An overview at this time)
<p>The terms of reference have been updated and approved by the group, with a proposal of a change of name to become Clinical Governance Oversight Group.</p> <p>There is no national update on mortality and morbidity programme of work.</p> <p>An update was provided on Gosport and the group noted that a lot of work has been undertaken since this report and further learning continues.</p> <p>Work has started to map domains of the quality of care to executives, this needs further discussion</p> <p>The Accountability and Performance Framework was noted with a view to the indicators which maybe included from a clinical governance perspective</p> <p>A meeting has been arranged with Medical Director and Addiction Services.</p>

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 1 of 2	Review Date:

## Update to NHS Fife Clinical Governance Committee of 3 July 2019

<b>Section 3</b>	
<b>Summary of risk/issue to be escalated/highlighted to NHSF CGC.</b>	None
<b>Action taken To date?</b>	
<b>Accountable person for actions taken to date?</b>	
<b>Other identified risks?</b>	
<b>Action/s required from NHSF CGC?</b>	
<b>Areas of good practice?</b>	

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 2 of 2	Review Date:

**Minutes of the Health & Safety Sub Committee held on Friday 29<sup>th</sup> March 2019  
at 13:30 within Training room 2, Dining Room, Victoria Hospital**

**Present:**

Mr Andrew Fairgrieve (AF), Director of Estates, Facilities and Capital Services  
Mr Conn Gillespie (CG), Staff Side Representative  
Dr Chris McKenna (CM), Medical Director

**In attendance**

Mr Craig Webster (CW), Health & Safety Manager  
Mr David Young (minute taker)

**1. CHAIRPERSON'S WELCOME AND OPENING REMARKS**

AF welcomed members to the Health & Safety (H&S) Sub Committee meeting. He noted that the meeting had originally been postponed to allow H&S team to concentrate on issues relating to the Sharps Improvement Notices. However, the meeting had been reinstated by request. AF and CW noted that a number of issues on the agenda would be carried forward to future meetings.

**1.1. Revised Terms of Reference**

Following email correspondence, the Chief Executive has been removed from the H&S Sub Committee Terms of Reference as a member. Quorate number was also reduced to two members. Members agreed to these amendments.

**2. APOLOGIES**

Ms Barbara Ann Nelson, Director of Workforce

**3. MINUTES OF PREVIOUS MEETING**

**3.1. Approval of previous minutes**

The minutes of the previous meetings were reviewed by the group and agreed as accurate.

**3.2. Actions List Update**

Updates to the actions list were discussed.

**3.3. Matters arising not on agenda**

There were no further matters arising from the minutes of the previous meeting

**4. WORKPLANS**

**4.1. H&S Sub Committee Workplan**

CW noted that items due to come before the sub committee for this meeting would be brought to future meetings. CW to update workplan for next Sub Committee meeting.

Document Control:		
Document: H&S Sub-Committee March Minutes	Version: Unapproved v1	Version Date: 01 April 2019
Author: Craig Webster, H&S Manager	Page 1 of 4	Review Date: 28 June 2019

#### **4.2. Health & Safety Team Workplan**

The H&S Team workplan is ongoing.

### **5. NHS FIFE ENFORCEMENT ACTIVITY**

#### **5.1. HSE Improvement Notices (Sharps Management Issues)**

CW reported that he has received verbal confirmation from HSE stating that the enforcement notices have been closed off. He is still awaiting written confirmation. [Addendum. Written confirmation received from HSE Inspector Thursday 04 April 2019]

CW stated that the majority of staff from Maternity Services have now attended training with only 4 or 5 still needing to be trained.

AF asked that CW pass on his thanks to the H&S Team for all their hard work.

#### **5.2. Any other enforcement activity**

No further activity to report

### **6. INCIDENTS**

#### **6.1. Incident Statistics Report**

To be discussed at next meeting

#### **6.2. RIDDOR Incidents Overview / Update**

To be discussed at next meeting

### **7. OTHER BUSINESS**

#### **7.1. Sharps Strategy Group**

AF stated that Sharps Strategy Group will oversee management of sharps issues for NHS Fife. The focus of the group will be training strategy, procurement issues, incident review and policy development.

CM asked if GP Practices should be included in the training programme since there are GPs who are employed by NHS Fife

After some discussion, it was suggested by the group that a communication should be produced and raised at LMC. CW to draft communication and forward to CM who will pass it on at LMC.

CW noted that DATIX is giving much better information regarding sharps incidents.

The group discussed possible risk regarding “butterflies” [Technically, BD Vacutainer Safety-Lok]. CW and CM advised the group that butterflies were

Document Control:		
Document: H&S Sub-Committee March Minutes	Version: Unapproved v1	Version Date: 01 April 2019
Author: Craig Webster, H&S Manager	Page 2 of 4	Review Date: 28 June 2019

being used for routine blood collection across NHS Fife in situations when BD Vacutainer Eclipse needles are a clinically better option. Butterflies are being used because they give a visual indication that the device is seated properly in the vein, but they are significantly more expensive than the Eclipse devices and are more difficult to activate the safety mechanism. It was suggested that this should be added to risk register. It was also suggested that this issue could be addressed at source through procurement. The group suggested that this matter should be added as an agenda item at the NHS Fife Sharps Strategy Group. CW noted that procurement issues would be a standing agenda item. He also advised that BD have an updated Eclipse device coming on the market which does give visual indication on insertion. Whilst this would be more expensive than current Eclipse device, it will still be cheaper per unit than the Safety-Lok devices.

AF would like to track training figures. He has asked that a quarterly report is produced showing training by organisation throughout NHS.

CM asked if Junior Doctors received sharps training. CW advised that generic training is covered at corporate induction for Junior Doctors. CW also noted that he had met with Dr Martin Clark and June Adamson from Clinical Education to discuss this issue. It was agreed that this would also be part of the work of the Sharps Strategy Group.

## **7.2. Adverse Weather and PPE**

Ongoing. It was suggested by the CM that working in High Temperatures should be included in policy along with Low Temperatures

## **7.3. NHS Fife H&S Policy**

The H&S Policy was agreed at the December H&S Sub Committee. CW advised that the new version was now live on the NHS Fife Intranet.

## **7.4. Policy / Procedures Update**

CW advised that policy and procedure revisions were continuing but had been delayed due to Improvement Notice activity. Revised update plan would be incorporated into subcommittee work plan for presentation at June meeting.

## **7.5. Governance Structure Update**

The current governance structure has been incorporated into the H&S Policy. This will be reviewed as any changes to committee structures occur.

## **7.6. Risk Register**

Ongoing. For review at future meeting.

Document Control:		
Document: H&S Sub-Committee March Minutes	Version: Unapproved v1	Version Date: 01 April 2019
Author: Craig Webster, H&S Manager	Page 3 of 4	Review Date: 28 June 2019

### **7.7. Health & Social Care Partnership Manual Handling Update**

CW advised that there had been some concerns raised by colleagues in the Fife Health & Social Care Partnership regarding access to manual handling training. Following discussions between Manual Handling team and HSCP, Competency Based Assessor training is being implemented. This model of work will reduce the need for staff to attend classroom training. Situation currently resolved but subject to ongoing monitoring.

## **8. ANY OTHER COMPETENT BUSINESS**

### **8.1. Waste contingency plans.**

AF and CW noted that the contingency plans for waste management following withdrawal of services by Healthcare Environment Group were working well. The new waste contractor would begin services in NHS Fife in August.

### **8.2. Dangerous Occurrence Laboratories, VHK**

AF reported that a pressurised vessel which was part of a refrigerant cooling system external to the labs had ruptured forcibly during testing. CW advised that the incident had been reported to the HSE under RIDDOR as a Dangerous Occurrence.

### **8.3. Ligature issues.**

CW noted that he had been meeting with colleagues from risk management and the Health & Social Care Partnership to discuss how patient self-harm incidents were noted on DATIX and escalated to senior managers. Changes to the DATIX reporting system have already been implemented.

CM asked if any progress had been made regarding the construction of a reduced-ligature room at VHK. CW advised that he had managed to obtain some costings from Engie. AF requested that CW should a request form for consideration by the Minor Capital Group.

## **9. DATE OF NEXT MEETING**

Friday 28 June 2019, Training Room 2, Dining Room, VHK @ 13:30

Document Control:		
Document: H&S Sub-Committee March Minutes	Version: Unapproved v1	Version Date: 01 April 2019
Author: Craig Webster, H&S Manager	Page 4 of 4	Review Date: 28 June 2019

## Update to NHS Fife Clinical Governance Committee of (insert date)

### Reporting Period February 2019 – May 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting ..... (defined by them).

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

<b>Section 1</b>	
<b>Title of Group/Sub-committee</b>	Health & Safety Sub Committee
<b>Date of Group/Sub-committee Meeting:</b>	29 March 2019
<b>Release: draft/final</b>	Unapproved Draft
<b>Author/Accountable Person:</b>	Craig Webster, H&S Manager
<b>Agenda item Title and Number:</b>	
<b>Date of Report:</b>	07 June 2019

<b>Section 2</b>
<b>Summary of Meeting</b> (An overview at this time)
First meeting with Dr Chris McKenna as Medical Director At the time of the March meeting the Improvement Notices issued by HSE were still in place, so bulk of the meeting discussion related to the ongoing works at that time relating to compliance. Some discussions also around Waste Contingency arrangements and issues relating to reporting of ligature issues in HSCP and management of ligature risks in Acute Services Division.

<b>Section 3</b>
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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 1 of 2	Review Date:

**Update to NHS Fife Clinical Governance Committee of (insert date)**

<b>Summary of risk/issue to be escalated/highlighted to NHSF CGC.</b>	As noted in previous report to CGC, Improvement Notices relating to sharps issues were signed off by HSE in April 2019.  Submission made to Minor Capital Group regarding funding for creating a reduced ligature room in phase 3 VHK.
<b>Action taken To date?</b>	N/A
<b>Accountable person for actions taken to date?</b>	N/A
<b>Other identified risks?</b>	None to note in this submission
<b>Action/s required from NHSF CGC?</b>	None
<b>Areas of good practice?</b>	Nothing to note in this submission

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 2 of 2	Review Date:

**MINUTE OF THE INFORMATION GOVERNANCE & SECURITY GROUP MEETING HELD ON  
TUESDAY 28<sup>TH</sup> MAY 2019, 1400, TRAINING ROOM 1, VHK**

**Present:**

Carol Potter	Director of Finance (Chair)
Lesly Donovan	General Manager – eHealth & IMT
Heather Fernie	Business Manager, H&SC Partnership
Lesley Gauld	Information Compliance Manager, IJB
Margaret Guthrie	Information Governance and Security Manager
Andy Mackay	Deputy Chief Operating Officer
Torfinn Thorbjornsen	Information Services Manager
Gail Watt	Divisional Head of Health Records, Acute

**In Attendance:**

Andy Brown	Principal Auditor
Michelle Campbell	Information Governance & Security Advisor
Yvonne Chapman	Risk Management Co-ordinator
Fay Crawford	Senior Research Advisor (on behalf of Amanda Wood)
Kirsty MacGregor	Communications
Jane Mercer	Legal Services Manager
Kathleen Norris	Radiology IM&T Systems Manager
Janette Owens	Associate Director of Nursing
Andrew Rattrie	Biomedical Scientist (on behalf of Stephen McGlashan)
Garry Taylor	Information Security Manager

**Apologies:**

Bruce Anderson	Head of Partnership
Pauline Cumming	Risk Manager
Susan Fraser	Associate Director of Planning and Performance
Donna Hughes	Patient Relations
David Gowans	Primary Care IM&T Manager ( <i>For Joyce Kelly</i> )
Martin Kotlewski	Fife Council
Stephen McGlashan	Laboratory IM&T
Dr Chris McKenna	Medical Director
Michelle Smith	Medical Records Manager, Mental Health Service
Amanda Wood	Assistant Research and Development Director IMT
Allan Young	eHealth Head of Operations

**1. CHAIRPERSON'S WELCOME AND OPENING REMARKS**

C Potter opened the meeting by welcoming everyone in room, a round of introductions followed. C Potter confirmed as the new SIRO, she will be chair for this group and reminded everyone the importance of attendance and asked

that papers are sent within a timely manner.

**2. APOLOGIES**

Apologies were noted for group.

**3. MINUTES OF PREVIOUS MEETING HELD 01/03/19**

Minutes from previous meeting were reviewed and confirmed.

A Brown advised that item 12.1 was incorrect and previous minutes updated to reflect this.

**4. ACTION LIST**

Actions were discussed and Action log updated accordingly.

**5. INFORMATION GOVERNANCE & SECURITY PLAN UPDATE**

**5.1 IGS Work Packages**

M Guthrie gave an overview of Information Governance & Security plan and advised that this was current and there was no note of concern. C Potter queried if the group was being asked any actions or comments for this item. M Guthrie stated that this was just for noting and is for assurance unless concerns are required for escalation.

**6. IG TRAINING UPDATE**

Due to apologies of B Anderson no update was able to be provided. Concerns were raised of no representation within this meeting. C Potter acknowledged and will communicate with Barbara Ann Nelson. C Potter reiterated to Board the importance of this group and also the attendance. **CP/BN**

**7. INFORMATION REQUESTS**

**7.1 FOI Update**

L Gauld presented the FOI figures for H&SCP and advised that these were from January – March 2019 and they were working on joining together with NHS Fife figures.

NHS Fife figures were noted to Board.

**8. DATA PROTECTION UPDATE(S)**

M Guthrie gave a brief update on GDPR and advised that the project will be finished by December 2019 but is difficult to document we are fully 100% compliant. M Gurthrie assured that every step is audited and improvements are implemented. The next stage is retention and this will be worked on with Scottish Government from June.

M Guthrie highlighted that Information Roadshows had been organised for various sites within NHS Fife but unfortunately, this was not well attended.

M Campbell provided an update on the GP GDPR project. This has been well received by the GP community.

## **9. INFORMATION POLICIES UPDATE**

### **9.1a – Policies Summary Report**

G Taylor advised there are several policies overdue and will be updating. These will be presented to eHealth Board first and will then come to this group for review. G Taylor reported that these will be ready for August but may not be published at this time.

C Potter queried whether the information was for update or action, G Taylor confirmed that the report is for assurance for the group.

### **9.1b – Policies Report**

This was just for noting to elaborate on previous item.

## **10. INFORMATION AND SECURITY RISKS / INCIDENTS**

### **10.1 – IG&S Incident Summary Report**

G Taylor provided an update to report and acknowledged that at the time this report was created no incidents were reported but since creation, Microsoft confirmed an issue had been raised due to outage; this was reported to Scottish Government and ICO and can confirm there was no breach.

C Potter highlighted that Phishing was the highest security incident within NHS Fife and are in comparison with other Boards. Confirmation was provided and clarified NHS Fife provides anti-spoofing measures. L Donovan informed the Board that introducing new measures to reduce the amount of Phishing emails, has had an adverse effect, as some emails are going into Junk. L Donovan confirmed this is being dealt within eHealth. G Taylor clarified process for reporting spam emails. A Mackay queried whether we tested our system with spam emails and it was advised that we don't. Discussions took place whether this would be a good system to implement. L Gauld confirmed within Fife Council they have a process in place but for the amount of resource it takes there is not much return. **All**

### **10.2a – Information Security Risks Summary**

G Taylor highlighted the risk summary and reported that there had been an increase in risk numbers but this was due to M Richmond now adding programme risks onto Datix. Discussions took place within Board if the current report is providing relevant information to this group. L Donovan identified these are relevant and should be on report as these do include Information Governance. Queries were raised if this was the full list and G Taylor advised this is just a summary but full list is available.

### **10.2b – Information Security Risks report**

This paper is just for note highlighting more detailed information on the above item.

### **10.3 - IT Operations Highlight Report**

L Donovan gave an overview to highlight report and clarified this is just for noting as this is a tool to report how much work and the complexities that are involved. C Potter raised there are a number of TBC on report. L Donovan acknowledged that this is a resourcing issue and these are all monitored on a risk approach.

## 11. SUBJECT ACCESS REQUESTS

M Guthrie provided an update on SARS and reminded at previous meeting it was suggested a short life working group would be created to implement the suggestions from previous SBAR. SLWG is ongoing and feedback will be provided in July when they conclude the process. This will then be brought back to next meeting for endorsement. C Potter to clarify by email on progress of SLWG in July. **CP**

Concerns were raised within group regards to process of SARS and discussions took place. M Guthrie reiterated the importance of implementing the new system and output from SLWG.

Discussions took place regards to FOI's and was clarified that there is SPOC (single point of contact) and are distributed to each department.

## 12. APPROVALS

### 12.1 ToR

ToR was discussed within Board and the following were noted:

- 6.2 – C Potter would like to review.

### 12.2 Annual Assurance Statement

The board discussed the absence of a signed assurance.

It was agreed that a meeting will be further scheduled with C Potter, M Guthrie and A Brown to discuss both items. **Board agreed** **CP/MG/AB**

## 13 AOCB

### Electra (Enabling Learning NHS Care Systems utilising Electronic Medical Records)

A Tello and C McCowan attended this meeting to present further information on the Electra Initiative.

A presentation was delivered by C McCowan and he gave background information respects to Electra. Brief discussions took place with positive comments from Board were provided. This was just for noting. Attached presentation for further information.



Electra  
Presentation.pdf

No other business was raised. C Potter thanked everyone for their attendance and time.

**14 DATE OF NEXT MEETING:**

28<sup>th</sup> August 2019, 14.00 Training Room 1, VHK

## Update to NHS Fife Clinical Governance Committee of 3<sup>rd</sup> July 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting Information Governance (defined by them).

The ~~Reporting Officer/Chairperson~~ /**Accountable Person** of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
<b>Title of Group/Sub-committee</b>	Information Governance and Security Group
<b>Date of Group/Sub-committee Meeting:</b>	28 <sup>th</sup> May 2019
<b>Release: draft/final</b>	DRAFT
<b>Author /Accountable Person:</b>	Carol Potter
<b>Agenda item Title and Number:</b>	
<b>Date of Report:</b>	June 2019

Section 2
<b>Summary of Meeting</b> (An overview at this time)
The Information Governance and Security Group (IG&SG) meet 4 times a year and report to the Clinical Governance Committee, highlighting areas of note.
<b>Data Protection Update</b> M Guthrie, Data Protection Officer updated the group that the GDPR project will be completed by December 2019.  The Group were informed that a Project to deliver GP's with Data Protection provision had been kicked off and that an information gathering phase had just ended.
<b>INFORMATION POLICIES UPDATE</b>

Note: This document is only valid on the day it was printed		
Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 1 of 3	Review Date:

## Update to NHS Fife Clinical Governance Committee of 3<sup>rd</sup> July 2019

G Taylor, Information Security Manager, advised that several policies were overdue but these are currently being updated.

### INFORMATION AND SECURITY RISKS / INCIDENTS

G Taylor, informed the group that Microsoft reported there had been an outage. This was reported to Scottish Government and ICO, where it was confirmed there was no breach.

### SUBJECT ACCESS REQUESTS

M Guthrie updated the group that a SLWG is ongoing and feedback will be provided in July when the process is concluded. This will then be brought to the IG&S via email for endorsement.

### APPROVALS

The Group were unable to approve the Group's ToR and Annual Assurance Statement and M Guthrie, C Potter and A Brown agreed to meet to discuss outside the meeting.

Section 3	
<b>Summary of risk/issue to be escalated/highlighted to NHSF CGC.</b>	There are currently 11 HIGH risks pertaining to Information Governance and Security. This increase was attributed to M Richmond, eHealth Head of Strategy and Programmes adding eHealth Programme risks onto Datix.
<b>Action taken To date?</b>	
<b>Accountable person for actions taken to date?</b>	
<b>Other identified risks?</b>	
<b>Action/s required from NHSF CGC?</b>	Note the Minute of the Information Governance and Security Group Meeting.

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 2 of 3	Review Date:

## Update to NHS Fife Clinical Governance Committee of 3<sup>rd</sup> July 2019

<b>Areas of good practice?</b>	

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 3 of 3	Review Date:

## Update to NHS Fife Clinical Governance Committee

### Reporting Period from April to June 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting of the Infection Control Committee.

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
<b>Title of Group/Sub-committee</b>	Infection Control Committee
<b>Date of Group/Sub-committee Meeting:</b>	5 June 2019
<b>Release: draft/final</b>	Final
<b>Author/Accountable Person:</b>	Christina Coulombe for Helen Buchanan
<b>Agenda item Title and Number:</b>	N/A
<b>Date of Report:</b>	18 June 2019

Section 2
<b>Summary of Meeting</b> (An overview at this time)
<ol style="list-style-type: none"><li>1. Antimicrobial Prescribing and Resistance</li><li>2. Cleaning, Decontamination, Estates and Water Safety</li><li>3. Infection Prevention and Control Policy Guidance and Practice</li><li>4. Infection Prevention and Control Risk Register</li><li>5. National Guidance</li><li>6. Quality Improvement</li><li>7. Surveillance: Data collection and reporting to national infection surveillance programmes</li></ol> <p>Local Delivery Plan Standards (LDPS)</p> <ol style="list-style-type: none"><li>i. <i>Staphylococcus aureus</i> bacteraemias (SAB) ( including MRSA and MSSA)</li><li>ii. <i>Clostridioides difficile</i> Infection (CDI)</li></ol>

Note: This document is only valid on the day it was printed		
Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 1 of 5	Review Date:

## Update to NHS Fife Clinical Governance Committee

### iii. Surgical Site Infections (SSI)

8. External Scrutiny: Healthcare Environment Inspectorate (HEI) Inspections
9. The ICC, CGC and NHS Fife Board receive bimonthly reports on HAI rates, hand hygiene, cleaning standards and other nationally targeted priorities using the national HAI Reporting Template (HAIRT).

### Section 3

#### Summary of risk/issue to be escalated/highlighted to NHSF CGC.

#### **Risk 1:**

#### **Item 7: Surveillance: LDP Standard SABs**

*Risk 637: SAB LDP Target - There is a risk that NHS Fife will not achieve the reduction of SAB rates to 0.24 cases per 1,000 AOB by March 2019.*

#### **Commentary**

A multi-modal strategy has been employed to target SAB reduction in Fife. This includes process measures such as hand hygiene compliance rates, Standard Infection Control Precautions compliance, MRSA Key performance indicator rates and PVC insertion and maintenance compliance rates.

Much progress has been made in terms of reducing the number of avoidable vascular access device infections across ASD. Regrettably, ASD continue to see intermittent PVC and CVC related SAB. The ePVC work currently underway should direct and drive our improvement work in this area. Vascular access device (VAD) improvement work continues to be addressed via the Infection Control Committee, Acute Services Division Governance Committee and the NHS Fife Vascular Access Strategy Group. The HSCP is also involved via its Clinical and Care Governance Groups.

#### **Risk 2:**

Increased number of catheter associated *Escherichia coli* bacteraemia (ECB) infections related to catheters in our community services.

**Note: This document is only valid on the day it was printed**

Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 2 of 5	Review Date:

## Update to NHS Fife Clinical Governance Committee

	<p><b>Commentary</b> The <i>Urinary Catheter Improvement Group (UCIG)</i> is now well established with key stakeholders from across acute services and the health and social care partnership. Sub-groups have been established to drive this improvement work forward.</p> <p><b><u>Risk 3:</u></b> Failure to recruit to the Consultant Microbiologist/ Environmental Microbiologist Post.</p> <p><b>Commentary</b> This post has now been filled however no start date available at present.</p> <p><b><u>Risk 4:</u></b> Data exceedance in C Section Surgical Site Infection incidence rate for Quarter 1 2019.</p> <p><b>Commentary</b> HPS consultation carried out. As of April 2019 new reporting methodology to be implemented.</p>
<p><b>Action taken To date?</b></p>	<p><b><u>Risk 1:</u></b> Surveillance: LDP Standard SABs: Data exceedance of vascular access device related SAB in the acute services division.</p> <p>NHSFife will continue to:</p> <ul style="list-style-type: none"> <li>• Collect and analyse SAB data on a monthly basis to better understand the magnitude of the risks to patients in Fife;</li> <li>• Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible;</li> <li>• Examine the impact of interventions targeted at reducing SABs;</li> <li>• Use results locally for prioritising resources, and</li> <li>• Use the data to inform clinical practice improvements thereby improving the quality of patient care.</li> </ul> <p><b><i>Examples of current work supporting actions</i></b></p>

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 3 of 5	Review Date:

## Update to NHS Fife Clinical Governance Committee

### ***detailed above:***

- Monthly SAB reports to directorates and divisions across Fife, with an individualised report produced for the renal department, highlighting sources of infection and actions to be taken;
- The vascular access strategy is looking at vascular access across Fife and has produced working guidelines for all lines in terms of insertion and maintenance following evidence based practice and national agreed bundles of critical elements of care;
- Weekly interrogation of ePVC data will be fed back to clinical teams directly to inform them of failures in compliance with key prevention measures; and
- All CVC related SAB in ASD to be Datix'd by the clinical teams as red High Risk incidents.

### ***Reduction of Other Hospital Acquired SABs:***

- Continue joint action planning with Health Protection Scotland and other Scottish health boards to identify other areas for intervention;
- Reinforce blood samples guidance to junior doctors to reduce contaminated samples; and
- Target IP&C training based on SAB reports, SAERs and PVC/CVC audits.

### **Risk 2:**

Increased number of catheter associated *Escherichia coli* bacteraemia (ECB) infections related to catheters in our community services.

Fife will continue to:

- Work collaboratively across all systems to identify improvement strategies to support a reduction in urinary catheter related trauma

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 4 of 5	Review Date:

## Update to NHS Fife Clinical Governance Committee

	<p>and associated ECB.</p> <ul style="list-style-type: none"> <li>Key action areas will be highlighted and addressed via the <i>UCIG</i>.</li> </ul> <p><b><u>Risk 4:</u></b> Increase in SSI incidence rate for C Section procedures.</p> <ul style="list-style-type: none"> <li>New methodology for national reporting to be implemented from April 2019.</li> <li>Work for the SSI Implementation Group will continue to oversee improvements</li> <li>Training and education on SSI Definitions to continue</li> <li>Data feedback sessions for clinical team to continue</li> </ul>								
<b>Accountable person for actions taken to date?</b>	<table border="1"> <tr> <td><b>Risk 1.</b></td><td>NHS Fife Board and HSCP</td></tr> <tr> <td><b>Risk 2.</b></td><td>Associate Nurse Director for HSCP</td></tr> <tr> <td><b>Risk 3.</b></td><td>Executive Director for Estates and Facilities</td></tr> <tr> <td><b>Risk 4.</b></td><td>Women and Children's Directorate</td></tr> </table>	<b>Risk 1.</b>	NHS Fife Board and HSCP	<b>Risk 2.</b>	Associate Nurse Director for HSCP	<b>Risk 3.</b>	Executive Director for Estates and Facilities	<b>Risk 4.</b>	Women and Children's Directorate
<b>Risk 1.</b>	NHS Fife Board and HSCP								
<b>Risk 2.</b>	Associate Nurse Director for HSCP								
<b>Risk 3.</b>	Executive Director for Estates and Facilities								
<b>Risk 4.</b>	Women and Children's Directorate								
<b>Other identified risks?</b>	As per Infection Prevention and Control Risk Register.								
<b>Action/s required from NHSF CGC?</b>	Support the ongoing actions and improvement work.								
<b>Areas of good practice?</b>	<p>Collaboration and co-production across NHS Fife for all risks identified.</p> <p>Improvement focus for areas of concern.</p>								

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 5 of 5	Review Date:

**MINUTES OF THE MEETING OF THE NHS FIFE RESILIENCE FORUM HELD ON TUESDAY, 30 APRIL 2019 AT 2PM IN THE SEMINAR ROOM, WHYTEMAN'S BRAE HOSPITAL**

**Present:**

**Dona Milne (DM)**

George Brown (GB)

Dr Maggie Currer (MC)

Lesly Donovan

Andrew Fairgrieve (AF)

John Fairweather (JF)

Neil Hamlet (NH)

Dr Chris McKenna (CMcK)

Kirsty Macgregor (KM)

Andy Mackay (AM)

Barbara Anne Nelson (BAN)

Ian Orr (IO)

Euan Reid (ER)

**Director of Public Health, NHS Fife (Chair)**

Emergency Planning Officer, NHS Fife

Consultant in A&E

General Manager eHealth & IM&T

Director of Estates, Facilities & Capital Services, NHS Fife

Regional Resilience Advisor, Scottish Ambulance Service

Consultant in Public Health Medicine, NHS Fife

Medical Director

Head of Communications, NHS Fife

Deputy Chief Operating Officer, NHS Fife (for Ellen Ryabov)

Director of Workforce, NHS Fife

Business Continuity Manager

Pharmacist, NHS Fife (for Evelyn McPhail)

**In Attendance:**

Shona Lumsden (SL)

Personal Secretary, Dept of Public Health

**ACTION**

**1. WELCOME & INTRODUCTIONS**

DM welcomed everyone to the meeting. Round the table introductions followed.

**2. APOLOGIES**

Apologies were noted from Lynn Campbell, Susan Fraser, Evelyn McPhail, Ellen Ryabov and Avril Sweeney.

**3. MINUTES OF PREVIOUS MEETING HELD ON 12 MARCH 2019**

The minutes of the previous meeting were accepted as an accurate record.

**4. MATTERS ARISING**

- DM reported that the winter planning review will take place on Thursday, 2 May. A report will be prepared and brought to the next meeting of this group.
- DM referred to previous discussions around identifying the list of key staff who would be needed in the event of a major incident and that the Resilience Forum will work in conjunction with EDG to bring this list together. DM will email EDG and Resilience Forum members with two dates which have been identified for a training session which will be coordinated by Margaret Nicoll from ScORD. The dates are 20<sup>th</sup> and 25<sup>th</sup> June.

**DM**

**5. BREXIT**

DM thanked everyone for their commitment to the work done around Brexit. Although Scottish Government have stepped down additional meetings, etc. it is noted that we still need to be ready should the situation change. It was agreed to cancel meetings arranged for May and June and meet again in July.

## ACTION

- 5.1 **Self assurance checklist**  
 Avril Sweeney has confirmed contact has been made with the voluntary sector partners to provide signposting to the Governance workshop guidance and templates with offers of assistance to help support partners if necessary.  
 BAN/KM reported work is ongoing to support staff and their families regarding the resettlement scheme. This remains a weekly item at EDG.  
 Further comments to be submitted by Tuesday, 7 May. A nil response would also be welcome. **ALL**
- 5.2 **Brexit risks from Risk Register**  
 DM asked for any updates on risks to be made two weeks prior to the next meeting in July. **ALL**
6. **Major Incident Plan**  
 A copy of the revised plan was tabled for discussion and comment. The Action Cards are not included at this time as work continues in completing those outstanding. Approval of draft cards is awaited from some areas.  
 It was noted that the new draft is a considerable improvement on the previous version. A walk round session will be arranged when the draft has been refined. All comments on the plan to be sent direct to IO/MC. **ALL**  
 Once refined, a copy of the draft plan to be tabled at EDG along with details of the proposed training session dates in June. Additional names for the training session to be sent to SL. **ALL**  
 A table top exercise for the Acute Division will be planned on completion of the draft plan.  
 It was recommended that a LearnPro module be produced.  
 LD reported that it is hoped to arrange a call out test within the next 3 months. LD to keep the forum updated on this.
7. **List of Policies & Plans**  
 DM explained the purpose of this list was to identify which plans should sit under the Resilience Forum, who owns them and the review date. Members were asked to review the list and to pass comments/updates to GB. Once updated, the list will go to EDG for information. **ALL**
8. **Feedback from local and national meetings**  
 NH referred to the recent Winter Planning meeting he attended where discussions included people at risk of homelessness and asked that this be fed back to the winter planning review on 2 May. **IO/GB**
9. **Report to Clinical Governance Committee and Brexit Assurance Group**  
 DM will provide an update on the status of the Brexit Risks.  
 BAN will provide an update on workforce sustainability
10. **AOCB**  
 It was agreed to extend an invitation to Wilma Brown, Employee Director to attend meetings. **BAN**
11. **Date of next meeting**  
 24 July at 2pm in the Meeting Room, Hayfield House

## Update to NHS Fife Clinical Governance Committee of (insert date)

### Reporting Period (Date) to (Date)

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting ..... (defined by them).

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

<b>Section 1</b>	
<b>Title of Group/Sub-committee</b>	NHS Fife Resilience Forum
<b>Date of Group/Sub-committee Meeting:</b>	30 April 2019
<b>Release: draft/final</b>	Draft
<b>Author/Accountable Person:</b>	Dona Milne
<b>Agenda item Title and Number:</b>	
<b>Date of Report:</b>	20 June 2019

<b>Section 2</b>
<b>Summary of Meeting</b> (An overview at this time)
<ol style="list-style-type: none"><li>1. Consideration of Brexit planning arrangements and review of self assessment</li><li>2. Discussion on draft major Incident Plan</li></ol>

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 1 of 2	Review Date:

**Update to NHS Fife Clinical Governance Committee of (insert date)**

<b>Section 3</b>	
<b>Summary of risk/issue to be escalated/highlighted to NHSF CGC.</b>	Brexit risks have been reviewed and updated, nothing to escalate at this point as situation still unclear.
<b>Action taken To date?</b>	All risk holders are clear when they need to review and update their risks.
<b>Accountable person for actions taken to date?</b>	As defined on risk register, with Directors taking lead responsibility for their respective areas.
<b>Other identified risks?</b>	None at this time.
<b>Action/s required from NHSF CGC?</b>	None at this time.
<b>Areas of good practice?</b>	Good engagement at Resilience Forum from all areas of NHS Fife and the H&SC partnership.

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 2 of 2	Review Date:

## Update to NHS Fife Clinical Governance Committee of 3<sup>rd</sup> July 2019

### Reporting Period 16<sup>th</sup> April 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the Joint Strategic Transformation Group meeting.

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

<b>Section 1</b>	
<b>Title of Group/Sub-committee</b>	Joint Strategic Transformation Group (JSTG)
<b>Date of Group/Sub-committee Meeting:</b>	16 <sup>th</sup> April 2019
<b>Release: draft/final</b>	Draft
<b>Author/Accountable Person:</b>	Paul Hawkins
<b>Agenda item Title and Number:</b>	NA
<b>Date of Report:</b>	June 2019

<b>Section 2</b>
<b>Summary of Meeting</b> (An overview at this time)
Minutes attached.  The prime purpose of this meeting was to discuss the future composition and purpose for the JSTG.

<b>Note: This document is only valid on the day it was printed</b>		
Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 1 of 2	Review Date:

## Update to NHS Fife Clinical Governance Committee of 3<sup>rd</sup> July 2019

<b>Section 3</b>	
<b>Summary of risk/issue to be escalated/highlighted to NHSF CGC.</b>	As detailed in Section 2. Further workshop to be held with key participants to ensure that the JSTG meets the strategic objectives of the Board and H&SCP.
<b>Action taken To date?</b>	Papers to CGC on 3 <sup>rd</sup> July 2019
<b>Accountable person for actions taken to date?</b>	Paul Hawkins/Michael Kellet
<b>Other identified risks?</b>	N/A
<b>Action/s required from NHSF CGC?</b>	Note minutes and next steps regarding the future membership and purpose of the JSTG.
<b>Areas of good practice?</b>	

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 2 of 2	Review Date:



# JOINT STRATEGIC TRANSFORMATION GROUP

**Tuesday 16<sup>th</sup> April 2019 at 10.00 hrs  
in Staff Club, VHK**

**Present:** Paul Hawkins, Chief Executive (Chair)  
Barbara Anne Nelson, Director of Workforce, NHS Fife  
Euan Reid, Lead Pharmacist, Pharmacy Services, HSCP (for E McPhail)  
Helen Buchanan, Director of Nursing, NHS Fife  
Paul Short, Service Manager, House, Fife Council (for J Mills)  
Julie Paterson, General Divisional Manager – Fife Wide, HSCP  
Carol Potter, Director of Finance, NHS Fife  
Nicky Connor, Associate Director of Nursing, NHS Fife  
Audrey Valente, Business Partner, Fife Council  
Roz Barclay, Change & Improvement, West Fife  
Ellen Ryabov, Chief Operating Officer, Acute Services, NHS Fife  
Andy MacKay, Deputy Chief Operating Officer, Acute Services, NHS Fife

**Apologies:** Michael Kellet, Director of Health and Social Care  
Evelyn McPhail, Director of Pharmacy, HSCP  
Claire Dobson, General Divisional Manager – West, HSCP  
Susan Fraser, General Manager, IMPACT, NHS Fife  
Seonaid McCallum, Associate Medical Director, HSCP  
David Heaney, General Divisional Manager – East, HSCP  
Dona Milne, Director of Public Health, NHS Fife  
Fiona McKay, Head of Strategic Planning Performance and Commissioning, HSCP  
Sharon McKenzie, Head of HR, Fife Council  
John Mills, Head of Housing  
Wilma Brown, Employee Director, NHS Fife

**Minutes:** Helen Bailey, PA to Director of Workforce, NHS Fife

		<b>ACTION</b>
<b>1.</b>	<b>WELCOME AND APOLOGIES</b>  Mr Hawkins welcomed everyone to the meeting and stated that the purpose of this meeting was to address the future of this group.  Apologies were noted as above.	
	Mr Hawkins referred to the H&SC Strategy and stated the need to understand how work is managed between the needs of Health Board, Council and H&SC and how they are all brought together, working the Group as a conjugate to move things forward.	
	Mr Hawkins thanked members for the updates for respective programme areas.	

## UNCONFIRMED

	Introductions were made around the table.	
	Mr Hawkins suggested a discussion on how the group will be utilised, keeping it free flowing and with an objective to have a workshop looking at all the workstreams.	
	<p>Mrs Potter stated that with the joint approach across all the services, alongside transformation there is a need to think of the broader context of sustainability. There needs to be a sustainability of services from an operational perspective including workforce, quality of care, financial resources, using resources effectively, value for money, buildings and estates. Mrs Potter suggested using this forum as a conjugate to link the strategic plan, clinical strategy and regrouping collectively about focussing efforts and attention in a very planned programme approach. This can be part of a wider programme that this group can set out an overarching plan, what the expectations are around timescales and objectives and use it as a mechanism to feed in through the Boards, governance committees, NHS Board, IJB, partnership, etc.</p> <p>Mrs Potter stressed that this is a key group which requires participation from all members to influence going forward our collective priorities.</p>	
	Mr Hawkins reiterated this and asked for feedback from Nicky Connor and Julie Paterson.	
	Ms Connor stated that it was positive and welcomed the opportunity to explore this collectively.	
	Ms Paterson welcomed it and stated the need for this to deliver. Ms Paterson stated it was very health focussed and referred to social work and housing. Mr Hawkins stated it includes all of that.	
	Mr Short stated that Housing are focussed on sustaining “home living” to prevent people going into hospitals and working with Older Persons Services. He also referred to ongoing work around homelessness which can be as a result of ongoing health issues. Housing works closely with H&SC.	
	Mr Reid, Pharmacy, stated it was helpful and welcomed having key people on the group to drive some of the challenges ahead.	
	<p>Mrs Ryabov stated that within Acute Services the challenges are the savings to be made and in particularly around staffing and the need to do this differently.</p> <p>Mrs Ryabov stated that the benefit to be gained from this group is to think laterally about how the level of change is achieved, moving from business as usual to how we want it to be in the future. It is about how this group, as the “not doing” group influencing the next level down to think about the way it is being delivered and the level of sustaining change. Mrs Ryabov stressed the importance of looking at things with a blank sheet and designing things</p>	

## UNCONFIRMED

	<p>differently, sometimes there is a reticence about holding onto doing things they way they are currently done and not thinking what is best for the patient.</p> <p>Mrs Ryabov gave an overview of the 4 key areas of management in Acute and the 4 broad themes. Mrs Ryabov stated she was happy to share the structure of their work.</p>	
	Ms Paterson referred to the 3 way transformation in H&SC, Mental Health, Community Hospital Redesign and Out of Hours which is driven forward and the need to look at with a blank sheet.	
	Mrs Ryabov stated there were examples within the services of beneficial changes and it is about understanding where to start and creating sufficient capacity to do things differently. Mrs Buchanan referred to keeping the momentum and delivering on the strategies already started, move forward on foundations already established.	
	Mrs Potter stated that this was key and the need to use a system wide approach for maximum benefit. Mrs Potter has discussed with Mr Hawkins, for example, the need to re-establish a Procurement Steering Board with a system wide view of spend. Mrs Potter suggested admin support could also be considered. Using a system wide capacity approach to target certain key areas that may collectively work together and benefit different parts of the system.	
	Members discussed the involvement and impact around GP services.	
	Members discussed the strategic fit of the group, addressing the key issues and the strategic direction and doing a focussed stocktake on programmes of work.	
	<p>Members discussed the workshop linking in the priorities and strategies to have an inclusive conversation about what has been done, the stocktake and how it links to key workstreams.</p> <p>Mr Kellet, Mrs Buchanan and Ms Paterson are to look at the priorities and strategies, Mrs Potter will look at from a corporate view. Ms Fraser will collate this, with an IJB representative (Fiona McKay).</p>	<b>SF/FMcK</b>
	After the workshop there will be a conversation about the future membership of this group and who will be the decision makers.	
	Ms Nelson will discuss with Mrs Brown and Mrs McKenzie the cultural differences in terms of the employee relations, terms and conditions, etc.	
	The group discussed the “stage and gate” process.	
	Mr Hawkins summarised the purpose of the meeting. Presentations and further discussion will take place at the workshop.	

**UNCONFIRMED MINUTES OF THE AREA CLINICAL FORUM HELD ON  
TUESDAY 11 JUNE 2019 AT 2.00 p.m. IN THE STAFF CLUB, VHK**

**Present:**

Mrs J Owens (Chairperson)	Associate Director of Nursing
Ms S Bailey	Consultant Clinical Psychologist
Mrs K Baxter	Chair, Allied Health Professions Advisory Forum
Ms A Hughes	Chair of Area Dental Committee
Mrs A Lawrie	Head of Midwifery (representing ENMAC)
Mrs C McDonald	Chair IPAG
Dr C McKenna	Medical Director
Mrs K Smith	Dispensary Services Manager, Acute Services (member of APC)

**In Attendance:**

Christine Law	Minute Taker
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Declaration of members Interests

There were no declarations of interest from those present.

**1 APOLOGIES FOR ABSENCE**

Apologies were received from Scott Garden.

**2 CHAIRPERSON'S WELCOME AND OPENING REMARKS**

Mrs Owens stated that she had had a meeting with Dr McKenna to discuss the direction of the Area Clinical Forum.

She stated that following the Annual Review with the Cabinet Secretary, it had been stated that the Forum should meet bi-monthly in line with other Board ACFs. Members agreed that the meetings be held bi-monthly and be shorter and more succinct

**3 MINUTE OF PREVIOUS MEETING HELD ON 6 DECEMBER 2018**

The minute of meeting held on 6 December was agreed as a correct record.

**4 RESPONSE TO ANNUAL REVIEW**

Mrs Owens stated that as part of the response to the Annual Review Feedback letter, she had been asked to provide an assurance that there is adequate provision for appropriate attendance at, and regular meeting of the Area Clinical Forum. Following discussion it was agreed assurance can be given through the establishment of a Work Plan and meetings being held bi-monthly.

**5 DISCUSSION ON WAY FORWARD**

As agreed, meetings will be held bi-monthly and a workplan be followed. Meetings will be kept to an hour long. If a member cannot

attend a representative to come in their place.

## **6 TERMS OF REFERENCE**

Mrs Owens stated she would update as agreed – meetings to meet bi-monthly strengthen direction of the Forum.

## **7 DRAFT ANNUAL WORK PLAN**

Members considered and agreed the Work Plan.

The following was agreed:

- Terms of Reference for the various Professional Groups to be reviewed and submitted to ACF
- Contact details of Chairs and Vice Chairs to be submitted to ACF.

Mrs Owens stated that the date for the Annual Review for 2019 has not yet been announced.

## **8 DOCUMENTS FOR INFORMATION**

### **8.1 Personalising Realistic Medicine (and summary)**

Paper noted.

### **8.2 NHS Fife Director of Public Health Annual Report**

Paper noted.

### **8.3 NHS Fife Annual Operational Plan**

Paper noted.

### **8.4 Elective Centre Management Model.**

Paper noted.

### **8.5 Sturrock Report**

Report noted. Mrs Owens reported that a session had been held with B6 and B7 Nursing Staff where the Gosport report had been discussed, including correlation to the Sturrock Report around staff speaking out.

## **6 UPDATES FROM PROFESSIONAL CHAIRS**

### **Reporting Template**

Discussion took place on the introduction of a Reporting Template to be submitted with the Minutes of the various Advisory Committees that feed into the ACF. It was agreed that form be used to highlight areas of good practice from the Minute as well as areas of concern. These forms would then be used to inform NHS Fife Clinical Governance Committee and Fife NHS Board

It was also agreed that ACF request a session at a Board Development Session.

### **9.1 Allied Health Professions Clinical Advisory Forum**

Mrs Baxter stated that the following had been discussed at the last meeting:

- Young Carers
- ALIP – AHPs have collated information which will form a report to come to ACF
- AHP Connect had also been discussed.
- New Clinical Supervision and Policy about to be agreed.
- Project Lift – All AHP leaders have been asked to participate.

### **9.2 Area Dental Committee**

Mrs Hughes reported the last meeting had taken place in February.

She reported as follows:

- There is an NHS Fife 3 year rolling programme for inspection of dental practices. There have been improvements within Fife.
- Andy Yuille is to retire at the end of year.
- There are issues within eDental – all Practices have a generic email address but not every Practice uses it.
- Oral Health Improvement Plan has been published.
- Scottish Government Chief Dental Officer retires in November. A decision has been taken to appoint a Director of Dentistry for each Health Board area.
- Keep Fife Smiling 2019/20 out for consultation.
- Dawn Adams continues to provide dental public health service.

### **9.3 GP Sub-Committee**

No update

### **9.4 Area Medical Committee**

Dr McKenna reported that a meeting has been arranged for September which he will chair.

### **9.5 Area Optical Committee**

No update.

## **9.6 Area Pharmaceutical Committee**

Ms Smith reported as follows:

- Pharmacy Medicines Waste Campaign is ongoing.
- A short life working group is to be set up looking at model of discharge of patients on appliance aids to review supply and avoid duplication.
- National Tiered Service – looking at Test of Change
- Also looking at application process for those contracts going to MSDTC
- Implementation of national primary care best practice guidance medicines change.
- Formulary change for Epipens – training for community pharmacists and community hospital settings.
- Working Group taking forward smoking cessation pathways.

## **9.7 Healthcare Science**

No update.

## **9.8 Clinical Psychology**

Mrs Bailey reported that Katherine Cheshire is due to retire.

Issues with referral to treatment targets – not being able to meet them.

Within Mental Health Adult Services – working towards forming CHMTs.

## **9.9 Nursing and Midwifery**

Mrs Owens reported that she would circulate the link to Learning to Excellence.

Reflective Practice and Supervision was discussed at ENMAC.

## **10 ANY OTHER BUSINESS**

There was no other business

## **11 DATE OF NEXT MEETING:**

A list of dates will be circulated with the Minute,

## Update to NHS Fife Clinical Governance Committee of 3 July 2019

### Reporting Period December 2018 to June 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting of the Area Clinical Forum held on 11 June 2019.

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
<b>Title of Group/Sub-committee</b>	Area Clinical Forum
<b>Date of Group/Sub-committee Meeting:</b>	11 June 2019
<b>Release: draft/final</b>	Draft
<b>Author/Accountable Person:</b>	Janette Owens
<b>Agenda item Title and Number:</b>	
<b>Date of Report:</b>	18 June 2019

Section 2
<b>Summary of Meeting</b> (An overview at this time)
Reviewed Terms of Reference in line with Cabinet Secretary's letter following the Annual review.
ACF now meeting bi-monthly rather than quarterly
Discussion took place around the 'way forward' for the ACF. Workplan agreed. 'Realistic Medicine' and 'Clinical Engagement' are standing items on the agenda.
Professional and Advisory Committees will submit brief report (based on this template) to ACF to highlight good practice or concerns to ACF and on to CGC

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 1 of 2	Review Date:

## Update to NHS Fife Clinical Governance Committee of 3 July 2019

<b>Section 3</b>	
<b>Summary of risk/issue to be escalated/highlighted to NHSF CGC.</b>	<ul style="list-style-type: none"> <li>• Note change in frequency of ACF meetings</li> <li>• From Area Dental Committee (ADC): Scottish Government Chief Dental Officer retires in November. A decision has been taken to appoint a Director of Dentistry for each Health Board area.</li> <li>• From Area Pharmaceutical Committee (APC): Management of Medicines Shortages associated with Brexit</li> </ul>
<b>Action taken To date?</b>	ACF: Workplan agreed From APC: Fife Brexit Medicines PAG set up and currently developing operational procedures for primary care in line with new National guidance
<b>Accountable person for actions taken to date?</b>	Janette Owens
<b>Other identified risks?</b>	
<b>Action/s required from NHSF CGC?</b>	For awareness
<b>Areas of good practice?</b>	<ul style="list-style-type: none"> <li>• From ADC: Oral Health Improvement Plan has been published.</li> <li>• From APC: Reducing medicines waste campaign, which is 1 of 3 pillars of medicines efficiency work this year, progressing well</li> <li>• SLWG – review of supply of medicines at discharge from hospital for compliance aid patients utilising community pharmacy.</li> <li>• Implementation of National primary care best practice guidance for management of medicines shortages being progressed</li> <li>• Working group taking forward the development of smoking cessation pathways across the interfaces of care following approval of secondary care inpatient and outpatient guidance being approved.</li> </ul>

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Progress Update to NHS Fife Clinical Governance Committee	Version: 7	Date:
Author: Head of Quality and Clinical Governance	Page 2 of 2	Review Date: