

# NHS FIFE CLINICAL GOVERNANCE COMMITTEE

04 March 2020, 14:00 to 17:00  
STAFF CLUB, VHK

## Agenda

1

### APOLOGIES FOR ABSENCE

Wilma Brown, Dona Milne (Rep Dr Hamlet & Emma O'Keefe), Janette Owens, Helen Buchanan, Morag Olsen (Rep Andy MacKay), Scott Garden (Debs Stevenson in attendance), Susan Fraser

2

### DECLARATIONS OF MEMBERS' INTERESTS

3

### MINUTES OF PREVIOUS MEETING HELD ON 16 JANUARY 2020

(attached)



Item 3 Unconfirmed Notes 160120 GM.pdf

(12 pages)

4

### ACTION LIST

(attached)



Item 4 TABLE OF ACTION MARCH 2020.pdf

(3 pages)

5

### MATTERS ARISING

5.1

#### Surgical Site Infection (SSI) Update - Obstetrics Improvement & New Pathway

(attached)

Chris McKenna/Helen Buchanan



Item 5.1 CGC\_SBAR\_Maternity and Obstetrics\_Feb 2020.pdf

(1 pages)



Item 5.1 CGC\_Maternity and Obstetric Update\_Feb 2020\_final 1.pdf

(8 pages)

5.2

#### Alcohol & Drug Partnership Report

(attached)

Dona Milne



Item 5.2 SBAR Clinical Governance ADP March 2020 final.pdf

(5 pages)



Item 5.2 18 10 19 ADP Report V01 0 FINAL.pdf

(61 pages)

5.3

#### Drug Related Deaths Update

(attached))

Dona Milne



Item 5.3 Clinical Governance DRD SBAR March 2020 final.pdf

(4 pages)

5.4

#### Prescribed High Risk Medicines

(attached)

Scott Garden



Item 5.4 - NHS Fife CGC Drug Related Deaths - High

(7 pages)

## 5.5

### Organisational Resilience Standards Update

(attached)

Dona Milne



Item 5.5 SBAR Clinical Governance - Resilience Standards April submission to SGHRU March 2020 final.pdf

(2 pages)



Item 5.5. NHS Fife Resilience Standards Action Plan February 2020 for CGC.pdf

(17 pages)

## 6

### REQUESTED REPORT

#### 6.1

##### Coronavirus Update

(attached)

Dona Milne



Item 6.1 COVID-19 SBAR NHSFCGC\_040320\_v2.pdf

(6 pages)

#### 6.2

##### NHS Fife Digital & Information Strategy

(attached)

Chris McKenna



Item 6.2 SBAR Digital and Information Strategy.pdf

(2 pages)



Item 6.2 NHS Fife - Digital and Information Strategy (1).pdf

(37 pages)

## 7

### TRANSFORMATION / REDESIGN / CLINICAL STRATEGY

#### 7.1

##### Update from Integrated Transformation Board

(attached)

Jim Crichton



Item 7.1 SBAR CGC Transformation Programme Governance Update - Final.pdf

(4 pages)



Item 7.1 Update Report Medicines Efficiencies Programme Status Report December 2019.pdf

(2 pages)

#### 7.2

##### Acute Transformation

(verbal)

Morag Olsen

#### 7.3

##### Community Hospital Redesign

(verbal)

Nicky Connor

#### 7.4

##### Clinical Strategy Update

(attached)

Susan Fraser



Item 7.4 SBAR CGC Clinical Strategy revision 04032019.pdf

(2 pages)

## 8

### QUALITY, PLANNING AND PERFORMANCE

#### 8.1

## Integrated Performance & Quality Report

(attached)

Susan Fraser

 Item 8.1SBAR for IPQR Standing Committees.pdf (3 pages)

 Item 8.1 IPQR Feb 2020.pdf (43 pages)


### 8.2

#### Winter Performance Report

(attached)

Nicky Connor/Morag Olsen

 Item 8.2 SBAR Winter Report.pdf (3 pages)

 Item 8.2 Winter Planning Performance Summary Jan v0 2.pdf (15 pages)

### 9

## GOVERNANCE

### 9.1

#### Review of Fife Health & Social Care Integration Scheme

(verbal)


Nicky Connor


### 9.2


#### Board Assurance Framework - Quality & Safety

(attached)

Chris McKenna/Helen Buchanan

 Item 9.2 SBAR Report BAF Quality and Safety NHSFCGC 040320 V1 0.pdf (3 pages)

 Item 9.2 NHS Fife Board Assurance Framework (BAF) Quality and Safety V19 200220.pdf (1 pages)


 Item 9.2 BAF Risks - Quality and Safety - Linked Operational Risks at 200220.pdf (3 pages)


### 9.3

#### Board Assurance Framework - Strategic Planning

(attached)

Susan Fraser

 Item 9.3 SBAR CGC BAF 5 04032020.pdf (3 pages)


 Item 9.3 NHS Fife Board Assurance Framework (BAF) 040320 - Strategic Planning.pdf (1 pages)


### 9.4


#### Board Assurance Framework - eHealth

(attached)

Chris McKenna

 Item 9.4 SBAR Board Assurance Framework ehealth for CGC 100220.pdf (3 pages)

 Item 9.4 BAF Risks - eHealth - Linked Operational Risks as at 100220.pdf (9 pages)

 Item 9.4 NHS Fife Board Assurance Framework (BAF) V3 0 100220 - eHealth.pdf (1 pages)


### 9.5

#### eHealth Governance Review

(attached)

Chris McKenna

 Item 9.5 SBAR eHealth Governance Review CCG.pdf (3 pages)

 Item 9.5 SBAR Appendicies - eHealth Current Governance.pdf (1 pages)

## 9.6

### Committee Self Assessment Report

(attached)  
Gillian MacIntosh

 Item 9.6- SBAR Committee SA report CG.pdf (8 pages)

## 9.7

### Review of Committee's Terms of Reference

(attached)  
Gillian MacIntosh

 Item 9.7 - CG ToR.pdf (6 pages)

## 9.8

### Annual Workplan 2020/21

(attached)  
Helen Woodburn


 Item 9.8 190220SBARworkplanV1 0.pdf (2 pages)


 Item 9.8Annual Workplan 2020 -21.pdf (2 pages)

## 9.9

### Annual Accounts - Progress Update on Audit Recommendations

(attached)  
Gillian MacIntosh

 Item 9.9 - SBAR cover Annual Audit Report Recommendations.pdf (2 pages)

 Item 9.9- Annual Audit Report Recommendations Update March 2020 FINAL.pdf (12 pages)

## 9.10

### HAIRT Report

(attached)  
Helen Buchanan

 Item 9.10 HAIRT Report December update.pdf (19 pages)

## 10

### LINKED COMMITTEES

#### 10.1

### Acute Services Division Clinical Governance Committee - 22 January 2020 c/f 7 May 2020

#### 10.2

### Area Clinical Forum - 6 February 2020

(attached)

 Item 10.2 Cover sheet for Minutes NHSFCGC.pdf (1 pages)

 Item 10.2 ACF Development Session 20200206.pdf (1 pages)

#### 10.3


### Area Drugs & Therapeutics Committee - 19 February 2020 c/f 7 May 2020

#### 10.4


### HSCP Clinical and Care Governance Committee - 8 November 2018 & 10 January & 2020

(attached)

 Item 10.4 Cover sheet for Minutes NHSFCGC HSCP CCG Fri 8th Nov.pdf (2 pages)

 Item 10.4 HSCP CCGC Confirmed Minute 081119.pdf (13 pages)


 Item 10.4 Cover sheet for Minutes NHSFCGC HSCP CCG Fri 10th Jan.pdf (2 pages)


 Item 10.4 HSCP CCGC Unconfirmed Minute 10 01 20.pdf (22 pages)

## 10.5

### Clinical Governance Oversight Group - 23 January 2020

(attached)

 Item 10.5 Cover sheet NHS Fife Clinical Governance Oversight Group minutes 23 01 20.pdf (2 pages)


 Item 10.5 Unconfirmed Meeting Note of NHS Fife Clinical Governance Oversight Group 23 01 2020.pdf (5 pages)

## 10.6

### Fife Research Committee - 9 January 2020

(attached)

 Item 10.6 Cover sheet for Minutes NHSFCGC.pdf (2 pages)

 Item 10.6 Research Governance Group minutes.pdf (4 pages)

## 10.7

### Integrated Joint Board - 6 December 2019


(attached)

 Item 10.7 Draft IJB Minute 06 12 19 - Unconfirmed.pdf (8 pages)

## 10.8

### Infection Control Committee - 5 February 2020

(attached)

 Item 10.8 Infection Control Committee minutes 04 12 19.pdf (8 pages)

## 10.9

### Radiation Protection Committee

(attached))

 Item 10.9 Cover sheet RPC October 2019.pdf (1 pages)

 Item 10.9 MINUTES RPC OCTOBER 2019.pdf (3 pages)


## 10.10

### Resilience Forum - 15 January (no meeting) & 5 February 2020 (Cancelled)

## 10.11

### eHealth Board - 21 January 2020

(attached)

 Item 10.11 Cover sheet for Minutes eHealth Board 200304 NHSFCGC.pdf (1 pages)

 Item 10.11 eHealth Board Minutes 21 01 20 v0 4.pdf (6 pages)

## 10.12

### Information Governance & Security Group - 16 January 2020

(attached)

 Item 10.12 Cover sheet for Minutes NHSFCGC.pdf (1 pages)

 Item 10.12 CONFIRMED IGS Minute - 12 11 19.pdf (7 pages)

## 10.13


### Integrated Transformation Board - 19 November 2019 & 13 February 2020

(attached)

 Item 10.13 Cover sheet for Minutes ITB 19 11 2019 NHSFCGC.pdf (1 pages)

 Item 10.13 ITB Minutes 19 11 19.pdf (4 pages)


 Item 10.13 Cover sheet for Minutes ITB 13 02 2020 NHSFCGC.pdf (1 pages)


 Item 10.13 ITB Minutes 13 02 20202 - CP comments.pdf (6 pages)

## 10.14

### Health & Safety Sub Committee - 13 December 2019

(attached)

 Item 10.14 2020-02-19 H+S Governance Group CGC return.pdf (1 pages)

 Item 10.14 2020-02-21 Unconfirmed Minutes Dec Meeting.pdf (3 pages)

## 11

### ITEMS FOR NOTING

#### 11.1

#### CMO Taskforce Board Specific Update Report

(attached)

Chris McKenna/Helen Buchanan

 Item 11.1 Board Chair Update Report Fife.pdf (9 pages)

## 12

### ISSUES TO BE HIGHLIGHTED TO THE BOARD

#### 12.1

#### To the Board in the IPQR and Chair's comments

(verbal)

## 13

### AOCB

(verbal)

## 14

### DATE OF NEXT MEETING

Thursday 7 May 2020 at 2pm in the Staff Club

**MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON THURSDAY  
16 JANUARY 2020 AT 2PM IN THE STAFF CLUB, VHK**

**Present:**

Dr Les Bisset, Chair  
Sinead Braiden, Non Exec Member  
Rona Laing, Non Exec Member  
Wilma Brown, APF Representative  
John Stobbs, Patient Representative  
Dona Milne, Director of Public Health  
Carol Potter, Director of Finance (deputising  
for Paul Hawkins)

Martin Black, Non Exec Member  
Cllr David Graham, Non Exec Member  
Margaret Wells, Non Exec Member  
Janette Owens, ACF Representative  
Helen Buchanan, Director of Nursing  
Dr Chris McKenna, Medical Director

**In Attendance:**

Dr Rob Cargill, AMD, ASD  
Susan Fraser, Associate Director of Planning  
& Performance  
Gillian MacIntosh, Board Secretary (until 3pm)  
Helen Woodburn, Quality & Clinical Gov Lead

Nicky Connor, Director of H&SCP  
Scott Garden, Director of Pharmacy (until  
4pm)  
Morag Olsen, Interim COO ASD  
Catriona Dziech, Note Taker

**MINUTE**

<b>REF</b>	<b>ITEM</b>	<b>ACTION</b>
<b>001/20</b>	<b>APOLOGIES FOR ABSENCE</b> Apologies were received from member Paul Hawkins and attendee Linda Douglas.	
<b>002/20</b>	<b>DECLARATIONS OF MEMBERS' INTERESTS</b> There were no declarations of interest.	
<b>003/20</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 6 NOVEMBER 2019</b> The notes of the meeting held on 6 November 2019 were approved.	
<b>004/20</b>	<b>ACTION LIST</b> All outstanding actions were updated on the separate rolling Action List.	
<b>005/20</b>	<b>MATTERS ARISING</b> <b>5.1 Surgical Site Infection (SSI) Update – Obstetrics Improvement Plan</b> Dr McKenna advised this update related to the wider Obstetric Improvement Plan and reducing SSIs was part of that larger programme of work. Dr McKenna had hoped to be able to provide the Committee with a more detailed update but this was not available. This therefore remains an ongoing action.	

Helen Buchanan advised that the new methodology was being applied and, under this, there had been a substantial reduction in SSIs over the last two quarters.

Helen Buchanan advised there has also been work undertaken with the clinicians on SSI criteria and the clinical judgement. Re monitoring of improvement, this would come to the Committee via the HAIRT report and data within the IPQR.

The pathway into Acute Services was being looked at, as patients are seen by a midwife or doctor for a wound site if there is an issue. Discussions are underway on how to redirect patients back into the GP service. The final pathway will come back to Committee for sign off. An update will be available for the next Committee meeting in March 2020.

HB

## 5.2 Drug Related Death Report Update

Dona Milne advised that a meeting has taken place at which the current process for reviewing drug related deaths was discussed, with a view to improving the level of scrutiny. A new process has been put in place that is chaired by a Consultant in Public Health, which is a sub-group of Heather Bett's quarterly monitoring group. We have also adopted some of the paperwork from Tayside. Delays in police notification to Public Health and in the issuing of post-mortem paperwork were being actively addressed.

Dr Bisset noted this was a very important issue and the Committee should receive a report setting out clearly where we are and how we are moving forward, particularly in light of the report published on Dundee. Dona Milne agreed to bring an interim report back to the Committee meeting in March 2020.

DM

Scott Garden also agreed to bring a paper to the Committee in March 2020 on prescribed high risk medicines, which are an aspect of this workstream.

SG

## 006/20 REQUESTED REPORTS

### 6.1 Organisational Resilience Standards

Dona Milne advised that a letter was received on 2 December from the Scottish Government Health Resilience Unit providing us with feedback on our 2018 Self Assessment. This reviewed the progress we have made and the work involved towards implementing their Standards of Organisational Resilience. Their comments in the letter were very positive, but they also



highlighted a few areas where we should focus our attention as a part of the overall implementation of the standards going forward.

Since the standards were introduced in May 2016, we have made two self-assessment returns to the Scottish Government Health Resilience Unit (SGHRU), one in October 2016 and a second in August 2018, which relates to the letter received on the 2 December 2019. Good progress has been made in implementation. The standards cover all areas of our business and they provide a great opportunity for us to enhance the overall resilience of our organisation.

The NHS Fife Resilience Forum monitors each of the 41 standards and each standard has been allocated to a lead person who is responsible to either progress the standard through the four benchmarking levels within the report or for keeping the standards under continual review once it has reached its highest benchmark level.

Standard owners report progress of their standard/s on a six-monthly basis to the NHS Fife Resilience Forum; the next update is due for the February 2020 Resilience Forum. Our next self-assessment report on the ongoing implementation of the standards covering the period 1 April 2018 to 31 March 2020 is to be submitted to SGHRU by 10 April 2020.

In taking questions, Rona Laing highlighted from p.2 of the letter that she was not aware of the Climate Change Impact Assessment. Dona Milne said this would come back within the Resilience Forum and further details could be provided to the Committee at that point.

The Committee noted the progress update and feedback from the Scottish Government. Dr Bisset asked that an updated report is brought back to the Committee in March 2020.

**DM**

## **007/20 QUALITY, PLANNING AND PERFORMANCE**

### **7.1 Integrated Performance and Quality Report (IPQR)**

Dr McKenna highlighted the update within the Executive Summary for:

- HSMR
- Inpatient Falls
- Pressure Ulcers
- Caesarean Section SSI
- SAB (MRSA/MSSA)
- C Diff

- Complaints – Stage 2

Helen Buchanan asked that the HAIRT report (Item 8.6) be also considered under this section.

In considering the HAIRT report, Helen Buchanan highlighted the Achievements and Challenges as set out within the report. In particular raising the issues around: Caesarean Section SSI, SABs, ECBs, Large Bowel SSI. Helen Buchanan also highlighted that this year is the second lowest on a yearly basis. This data will come back to the Committee in March 2020.

**HB**

In taking questions, Rona Laing raised the issue of the increase of C Diff. Helen Buchanan advised there has been an increase in incidents from the Community Services. This is being looked at by the Infection Control Team and Keith Morris at the moment, and Helen Buchanan agreed to bring back an update to the Committee in March 2020.

**HB**

Dr Bisset raised the issue of the HSMR data increase, as it now includes data for QMH. Dr McKenna advised that the reporting mechanism is now different and the inclusion of QMH is skewed by the hospice data; he has therefore asked NSS to removed QMH from the data.

Although complaints remain an issue, Helen Buchanan assured the Committee they strive to respond within the 20 day response time, but some complaints are very complex. Helen Buchanan highlighted it is important the quality of the response needs to be appropriate to address the issues of the complainant, and that ensuring a thorough response sometimes means the time limits are not met. Plans are however in place to continue to improve response times for complex complaints.

## **7.2 Winter Plan 2019-20 Update**

Nicky Connor advised that this report covered the period 6 October to 1 December 2019 and is an update from the draft Winter Plan.

This is the first monthly report summarising performance against key indicators and actions for Winter 2019/20. The key points for Acute and H&SCP are listed within the report.

Morag Olsen gave the Committee a verbal update on the current situation and the challenges faced.

Carol Potter highlighted that with Nicky Connor and Morag Olsen's leadership at present, we are now in a very different place than we have before and they should be commended for bringing their teams together. The solutions are coming from the teams together; this is a very positive approach and asked that the Board be made aware of this.

In closing Dr Bisset said the Committee were assured both organisations are working closely together and doing their utmost to keep things safe and stable at a time of challenging demand.

## **008/20 GOVERNANCE**

### **8.1 Board Assurance Framework – Quality and Safety**

This report is an update on the Quality & Safety BAF since the last report on 6 November 2019.

The Committee noted the changes and were content with the risk level.

### **8.2 Board Assurance Framework – Strategic Planning**

This report provides the Committee with the most recent version of the NHS Fife BAF from January 2020.

The Committee noted the current position set out in the report in relation to the Strategic Planning risk and were content with the level of risk.

### **8.3 Board Assurance Framework - eHealth**

This report provides the Committee with the NHS Fife BAF specifically in relation to eHealth as at 24 December 2019.

The Committee considered the questions set out in the report and approved the eHealth element of the BAF.

### **8.4 Brexit**

Dr McKenna advised there was no formal update to provide to the meeting, but noted that Shirley Rogers, from the Scottish Government, has issued a letter providing an update on preparations for the UK's withdrawal from the EU and what this might mean for the organisation.

Dona Milne advised that this letter was being circulated to the Brexit Assurance Group for members' information.

### **8.5 Annual Accounts – Progress Update on Audit Recommendations**

Carol Potter advised that the purpose of this report is to provide an overview of the recommendations emerging from both the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19, and the resultant actions progressed to date.

Appendices 1 and 2 of this paper provided updates of specific actions taken to end of December 2019.

This report is being taken to all Board Committees for them to consider their individual action. In relation to this Committee these actions were:

Appendix 1 – Recommendation 7 (GDPR)

Appendix 2 – Recommendation 9 (IT Data Recovery)

Appendix 2 – Recommendation 11 (Cyber Security)

Appendix 2 – Recommendation 12 (GDPR Compliance)

Dr Bisset asked if it would be possible to extract the specific issues for this Committee in to a report for discussion at the next meeting in March 2020. Carol Potter advised this was a routine report produced for the Audit & Risk Committee and it would be her team who would be co-ordinating the update of the schedule for the next meeting.

**CP**

The Clinical Governance Committee noted the actions taken to date, particularly in relation to the recommendations related to areas under its remit.

### **8.6 HAIRT Report**

Discussed previously under Item 7.1 (IPQR Report).

### **8.7 eHealth Governance Review**

Dr Bisset asked that this paper be withdrawn and a revised version will be discussed at the next meeting of the Committee in March 2020.

### **8.8 Updated Workplan**

Helen Woodburn advised that this report sets out the changes to the current Workplan, which were for noting.

Helen Woodburn advised the Workplan for 2020/2021 was in final draft and will be brought the Committee meeting in March 2020.

**009/20 TRANSFORMATION / REDESIGN / CLINICAL STRATEGY****9.1 Mental Health Strategy**

Nicky Connor reported that, further to our letter of 27 September 2019, in which the Partnership undertook to take action to address the feedback from the NHS Board, considerable work has been undertaken by clinical, social work and managerial teams within the Partnership to address the reported gaps in the strategy. The strategy has been redrafted to take these concerns in to account.

The specific areas which were addressed and are detailed within the report are:

1. Ensuring that the priority of high quality, safe and effective care is clearly articulated.
2. Reviewing commitments with a view to prioritising and reducing them in number.
3. Reviewing the descriptions of mental health and wellbeing/mental illness.
4. Clarifying the position of learning disabilities and drug and alcohol problems.
5. Undertaking an assessment of current challenges to delivering safe, effective person-centred mental health care.

In summary, Dr Bisset noted the changes made within the SBAR detailing the issues raised by the Committee and highlighted the incorporation of them in to the strategy, which addressed the previous concerns. It was also noted the individual actions that come out of this will go through the due process of the Integrated Transformation Board and other governance routes.

**9.2 Medicines Efficiency & Future Working**

Scott Garden advised that this paper outlines options for the future medicine efficiency structure in NHS Fife and Fife Health & Social Care Partnership.

The NHS Fife prescribing budget for Acute and Primary Care is approx £110M p.a., with an annual efficiencies target of approx £2-2.5M pa. There is a continuous need to not only deliver efficiencies but also meet the increasing demand for medicines and to fund new medicines.

The Medicines Efficiency Programme has entered a fourth year, but now requires reinvigorating and refreshing to evolve as we move beyond the “low hanging fruit” and “easy wins” savings. This will involve significant culture change and the Programme will

require broad support, engagement and expertise from across the whole health and social care system to deliver further efficiency savings.

Key drivers for change include:

- The Medicines Efficiency Programme is now viewed as mature and “business as usual”.
- Whole system approach for both acute and H&SCP.
- Integrating Managed Clinical Networks (MCNs) and Speciality Groups to utilise expertise and leadership and maximise engagement.

Accountability for ensuring the prescribing expenditure is within agreed budgets remains the responsibility of budget holders. The Director of Pharmacy and Medicines, along with the Pharmacy Service, will provide leadership for Medicines Efficiencies. In order to maximise the success of the medicines efficiency programme and ensure sustainability, consideration has been given to the required infrastructure and is set out in the options within the report and summarised below.

Option 1 – Status Quo; continues existing structure

Option 2 - Wider engagement of all clinicians/ services; joint decision making / accountability across acute / H&SCP; recognises expertise of specialist groups/ MCNS; pace of delivery likely to be faster; builds a more sustainable model

Option 3 - Utilises existing groups.

The NHS Fife ADTC has reviewed the options and recommends option 2 as the preferred option, to ensure sustainability of the medicines efficiency programme. Work has started to draft a Terms of Reference (TOR) for the Fife Wide group and review the TORs for other medicines governance groups that will be impacted by this change.

Dr Bisset advised that, following the good work undertaken by Pharmacy over the past three years, the Committee would wish to support a model which will continue to develop that.

The Committee agreed the preferred option (Option 2) for the Medicine Efficiency structure and supported the need for ongoing input from the Transformation and Change Team, eHealth and Communications.

## 010/20 ANNUAL REPORTS

### 10.1 Fife Child Protection Annual Report

Helen Buchanan advised that the Scottish Government's Child Protection Improvement Programme sets out key actions to improve child protection in Scotland. In Fife protecting children is one of H&SCP children's services strategic priorities and strong leadership and governance arrangements are in place to support, strengthen, improve and align our activity with that of other agencies with whom we work to jointly to progress core areas of service delivery. This report focuses on:

- Health's Child Protection Team's performance and quality assurance data;
- Progress update on improvement work generated from Significant Case Reviews (SCR) / recent Initial Case Reviews (ICRs) learning, and recommendations from last year's Inspection through the lens of one SCR
- Finally the development of a Quality Assurance Child Protection Framework for Children's Services.

In taking questions Margaret Wells raised a query as to how all the governance across both the Board, IJB and the Local Authority Chief Officers Group all manage to knit together in a way that is clearly understood by everyone, and those who are in a position to play a part in governance actually are getting to opportunity to do so. Margaret Wells said she did not get a clear sense it is understood in the same way across the bodies by senior staff. Helen Buchanan advised that, from a governance position, she disagreed, as she sits on the Child Protection Committee, so as a multi-agency group we are very clear in terms of the governance arrangements within the Child Protection Committee and up to COPS.

Dr Bisset noted this was an important issue but not one necessarily for this Committee, and suggested Helen Buchanan, Nicky Connor and Margaret Wells meet separately to discuss to ensure Margaret Wells has assurance on the issues she raised.

**HB,MW,  
NC**

The Committee noted the information presented within this update, in particular the significant step being undertaken to strengthen quality assurance and governance in keeping children safe from abuse and neglect.

## 10.2 ADP Annual Report

The Fife ADP Annual Report as set out in Appendix 1 of the report is in the format required by the Scottish Government. A Red, Amber, Green (RAG) status has been added to provide members with a visual indication of local progress on the ministerial priorities for this area of work.

Donna Milne advised that this report has been taken to the Clinical & Care Governance Committee and IJB. There was to have been an ADP workshop where this report and the Public Health report was due to have been considered, with a number of recommendations about the future drug services for Fife, but this was postponed and has now been rearranged for 31 January 2020. This is when the Public Health report and the recommendations from it and the work on our three-year review will be considered. Dona Milne, along with Nicky Connor, will be working together to ensure a decision is made at the end of January. A report will then come back to the Committee in due course.

In taking questions, Martin Black welcomed the update but expressed his concerns around the report. Rona Laing said she was also concerned but welcomed the further information. Dona Milne advised she shared the Committee's concerns but she is working hard with Nicky Connor to try and resolve the issues.

The Committee noted the contents of the report. Dr Bisset asked that a more comprehensive report is brought back to the Committee in March 2020.

**DM**

### 011/20 LINKED COMMITTEE MINUTES

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

Dr Bisset raised under Item 11.5 the concerns highlighted at the Clinical & Care Governance Oversight Group held on 14 November 2019 around the IPQR. Dr McKenna said the issue had arisen with the merging of the two reports, as it was felt some of the data may have been diluted.

Dr Bisset stated he felt this Committee were content with the information they have as the IPQR has developed, which is sufficient for assurance purposes. Dr Bisset was concerned that the Clinical Governance & Oversight Group has a different view and, if they felt so strongly that we were not getting enough



information, they may wish to advise what further data they feel the Committee need.

Dr McKenna advised that one of the issues raised has been Medicines, as there is no information presently included in the IPQR. It was agreed Dr Bisset, Dr McKenna, Dr Cargill and Scott Garden would meet to discuss further.

**CMcK**

The other minutes below were all noted:

- 11.1 Acute Services Division Clinical Governance Committee
- 11.2 Area Clinical Forum
- 11.3 Area Drugs & Therapeutics Committee (ADTC).
- 11.4 HSCP Clinical and Care Governance Committee
- 11.5 Clinical Governance Oversight Group
- 11.6 Health & Safety Sub Committee
- 11.7 Infection Control Committee
- 11.8 Information Governance and Security Group
- 11.9 Integrated Joint Board (IJB)
- 11.10 Public Health Assurance Group
- 11.11 Resilience Forum

**012/20 ITEMS FOR NOTING**

**12.1 Audit Report B14/20 Follow Up of Fire Safety**

Carol Potter advised the purpose of this report is to provide assurance to Committee members regarding the design and operation of the controls related to Fire Safety.

The Committee noted the findings of the report.

**12.2 Audit Report B21/20 Transport of Medicines**

The purpose of this report is to provide assurance to Committee members regarding medicine deliveries to community hospitals by hospital transport and taxis.

The Committee noted the findings of the report.

**013/20 ISSUES TO BE HIGHLIGHTED TO THE BOARD**

There were no issues for highlighting to the Board.

**014/20 AOCB**

**14.1 Paper / Electronic Records**

Dr Bisset reported that he had spoken to Dr McKenna, who had highlighted an issue at the last Board Development Session around the complications there are for clinicians to deal with both paper and electronic records.

Dr McKenna advised that this is a routine issue we face mostly in Acute Services. GP practice seem to have moved on to full electronic records many years ago and the complexity of bringing paper records into a full electronic record into secondary care is not one to be underestimated. The issue that exists is that clinicians are dependent on both at present. In the majority of cases the electronic record is enough, as it contains a couple of years' worth of information, although in some cases it may be important in some specialities to see older records that are still held on paper. We are still on a journey from being paper-heavy to paper-light and it is hard to imagine a hospital without paper because of the dependency on papers over many years. This may indeed produce a risk, such as information that may be missing or hard to find.

Dr McKenna advised that within the eHealth Strategy there is a section about becoming paper-light and he has spoken with Lesly Donovan about how we move this forward.

Dr Bisset highlighted that the Committee are assured that all is being done that can be done.

**015/20 DATE OF NEXT MEETING**

Wednesday 4 March 2020 at 2pm in Staff Club, VHK

**TABLE OF ACTIONS FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE  
UPDATED ON 16 JANUARY 2020  
FOR DISCUSSION ON 4 MARCH 2020**

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
<b>Item 134 Report from Information &amp; Governance Security Group on Compliance with General Data Protection Regulations (GDPR)</b>	6.3.19	Minute Ref 022/19 Report to be brought to NHSFCGC in early March 2020.	CMcK	March 2020	
<b>Item 138 NHS Fife Activity Tracker - Victoria Hospital Older People in Acute Hospitals unannounced inspection report and action plan</b>	6.11.19	In HB absence LC advised there was no update on the specific actions. LB asked this was disappointing and would be looking for a specific update from Ann Gow which addresses and rectifies the way NHS Fife were treated.	HB	January 2020	16.1.2020 HB advised she has had a formal meeting with Ann Gow who has apologised for the errors.
<b>Item 143 Update on Vaping report submitted to SGHD</b>	3.7.19	DM advised the consultation should be available in July looking at secondary recommendations by November 2019. Hopefully the Consultation will be available for NHSFCGC in September 2019 to consider before a view is taken to the Board.	DM	September 2019 November 2019 January 2020	4.9.19 DM confirmed this has been delayed due to Brexit. 6.11.19 Draft taken to APF – will come to NHSFCGC in January 2020
	16.1.2020	DM advised an extension has been requested. LB said it was important for the Committee to see this consultation and asked that it be circulated to all Board Committee for comments back to DM mid week.	DM	March 2020	

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
<b>Item 146</b> <b>Annual Statement of Assurance eHealth Board 2018/19</b>	8.5.19	Minute Ref 038/19 ER to share revised Terms of Reference with NHSFCGC when this is produced.	ER CMcK	<del>July 2019</del> <del>September 2019</del> November 2019 January 2020	4.9.19 ER to liaise with LD and bring to NHSFCGC 6.11.19 – CMcK to check with Lesly Donovan
	16.1.2020	CMcK advised this links to main agenda item 8.7 (eHealth Governance Review) which had been withdrawn for the agenda until a more comprehensive report was prepared.	CMcK	March 2020	
<b>Item 150</b> <b>Surgical Site Infection Update</b>	4.9.19	Minute Ref 06/19 HB & Keith Morris to liaise with Obstetricians, Midwives and GP Services about the preferred pathway. Update paper to come to NHSFCGC 6.11.19	HB	<del>November 2019</del> March 2020	16.1.2020 HB advised final pathway will come to the Committee for sign off. Update will be considered in March 2020.
	6.11.19	Minute Ref 079/19 Women and Children Directorate to provide a Summary of where they are with the Obstetrics Improvement Plan.	HB/CMcK	<del>January 2020</del> March 2020	16.1.2020 CMcK advised work still ongoing.
<b>Item 154</b> <b>Primary Care Improvement Plan</b>	6.11.19	Minute Ref 079/19 For future updates a brief report to be prepared for being taken to all relevant Committees.	HH	January 2020	16.1.2020 Further updates will be provided in due course. Closed
<b>Item 162</b> <b>Drug Related Death Report</b>	6.11.19	Minute Ref 080/19 Further work required on Gabapentin issue. HH to set up meeting to discuss and take forward.	HH	<del>January 2020</del> March 2020	
	6.11.19	Minute Ref 080/19 Meeting required with H&SCP to quickly take forward issues.	HH/DM/NC	<del>January 2020</del> March 2020	16.1.2020 DM to produce an interim report for next meeting.
	<b>DATE OF</b>				

MINUTE REFERENCE	MTG	ACTION	LEAD	TIMESCALE	PROGRESS
<b>Item 162</b> <b>Drug Related Death Report</b> <b>Continued...</b>	16.1.2020	Minute Ref 005/20 SG to bring a paper on prescribed high risk medicines.	SG	March 2020	
<b>Item 163</b> <b>Organisational Resilience Standards</b>	16.1.2020	Minute Ref 006/20 Update report to be brought back to the Committee in March 2020.	DM	March 2020	
<b>Item 164</b> <b>Integrated Performance &amp; Quality Report (IPQR)</b>	16.1.2020	Minute Ref 007/20 HAIRT Report data to be considered in March 2020.	HB	March 2020	
		Minute Ref 007/20 Update on C Diff to be considered in March 2020.	HB	March 2020	
<b>Item 165</b> <b>Annual Accounts – Progress Update on Audit Recommendations</b>	16.1.2020	Minute Ref 008/20 CP to produce a report with the specific issues for this Committee.	CP	March 2020	
<b>Item 166</b> <b>Fife Child Protection Annual Report</b>	16.1.2020	Minute Ref 010/20 HB, NC and MW to meet and discuss issues raised by MW.	HB,NC, MW	March 2020	
<b>Item 167</b> <b>ADP Annual Report</b>	16.1.2020	Minute Ref 010/20 DM to bring a more comprehensive report to the Committee in March 2020.	DM	March 2020	
<b>Item 168</b> <b>Linked Committee Minutes</b>	16.1.2020	Minute Ref 011/20 <i>Clinical Governance &amp; Oversight Group</i> LB, CMcK, RC & SG to meet to discuss the issue of medicines information within the IPQR.	LB, CMcK, RC, SG	March 2020	

# CLINICAL GOVERNANCE COMMITTEE



<b>DATE OF MEETING:</b>	4 <sup>th</sup> March 2020
<b>TITLE OF REPORT:</b>	Maternity and Obstetrics Improvement Plan Update
<b>REPORTING OFFICER:</b>	Dr Chris McKenna, Medical Director Helen Buchanan, Nurse Director

Purpose of the Report (delete as appropriate)		
	Discussion	Information

SBAR REPORT
<p><b><u>Situation</u></b></p> <p>The Clinical Governance Committee has requested an update in relation to the programme of work within Maternity and Obstetrics which has been in progress since 2018.</p>
<p><b><u>Background</u></b></p> <p>In early 2018 a programme of work was established within Maternity and Obstetrics which incorporated the following key workstreams:</p> <ul style="list-style-type: none"><li>a) Induction of Labour (IOL) Pathway</li><li>b) Medical workforce redesign across Obstetrics and Gynaecology</li><li>c) Development of the Caesarean Section Service</li><li>d) Redesign of the Midwifery workforce</li><li>e) Development of eHealth Interfaces</li><li>f) Bed modelling</li><li>g) Surgical Site Infection (SSI) Surveillance</li></ul>
<p><b><u>Assessment</u></b></p> <p>The programme of work is now well established and embedded within the operational plans for the service, with some of the workstreams now complete. The update paper details the progress of delivery.</p>
<p><b><u>Recommendation</u></b></p> <p>The Clinical Governance Committee are recommended to:</p> <ul style="list-style-type: none"><li>1. Note the progress made to deliver the plans and;</li><li>2. Note that the ongoing delivery and implementation of work is embedded within operational service planning.</li></ul>

**MATERNITY AND OBSTETRICS IMPROVEMENT UPDATE**

**1. PURPOSE**

1.1 The purpose of this paper is to provide the Clinical Governance Committee with assurance of progress in relation to the following workstreams:

- a) Induction of Labour (IOL) Pathway
- b) Medical workforce redesign across Obstetrics and Gynaecology
- c) Development of the Caesarean Section Service
- d) Redesign of the Midwifery workforce
- e) Development of eHealth Interfaces
- f) Bed modelling
- g) Surgical Site Infection (SSI) Surveillance

1.2 In the following sections this paper provides the background and current status of each of these workstreams.

**2. INDUCTION OF LABOUR PATHWAY**

Background	IOL rates within the maternity service in NHS Fife have rising in recent years from 18.7% in 2011 to c30% today. This increase is consistent with rates across Scotland.  Increased complexities such as obesity, co-morbidities (e.g. diabetes, heart disease), smoking in pregnancy, social deprivation and national guidelines to reduce the rate of stillbirths have contributed to the increase rates of IOL nationally.
Objective	Implement a dedicated Induction of Labour (IOL) Pathway
Update	Dedicated IOL pathway in place since October 2018 and now well established
Status/ Timescale for Delivery	Complete

**3. MEDICAL WORKFORCE REDESIGN**

Background	In 2018 the Obstetric and Gynaecology team provided resident on call cover resulting in a loss of senior medical presence during the day. A plan had been developed to replace resident shifts with 3 specialty doctor posts. This was progressed, with 2 specialty doctor posts appointed. Both doctors appointed resigned and as such the posts have been converted into Consultant posts as this is recognised as being the most sustainable way forward.
Objective	Implement Consultant On call rota for both obstetrics & gynaecology round the clock, seven days a week by splitting consultant teams into two on call teams.

	<p>Obstetrics</p> <ul style="list-style-type: none"> <li>• Labour ward cover by fully trained obstetrician round the clock, seven days a week.</li> <li>• Continuity of care for inpatient antenatal high risk women and Continuity of care during intra-partum and post-partum period</li> </ul> <p>Gynaecology</p> <ul style="list-style-type: none"> <li>• A dedicated Consultant Gynaecologist available round the clock, seven days a week to deal with gynaecology emergencies admissions.</li> <li>• Dedicated consultant colleague support round the clock if Caesarean Hysterectomy or complex Caesarean Sections is required. This will meet the standard as set out by the RCOG</li> </ul>
Update	Future risk averse summary paper and option appraisal set out in appendix 1
Status/ Timescale for Delivery	August 2020

#### 4. CAESAREAN SECTION SERVICE

Background	<p>NHS Fife is a 3100 births per annum unit, with elective c-sections representing c12.5% of deliveries. Current elective capacity for c-section activity is provided in Theatre 7 identified on the 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> Mondays of the month. Each theatre session accommodates two elective c-sections. Current elective sessions provide capacity for c56 c-sections/ annum against a demand of 400. There is therefore an elective capacity deficit for 344 elective c-section cases annually.</p> <p>Out with the limited elective capacity available elective c-sections are performed in the emergency obstetric theatre.</p> <p>In line with Boards with a similar birth rate there is a requirement to increase c-section elective activity to 5 planned sessions per week in order to meet demand.</p>
Objective	Increase c-section capacity to meet elective demand
Update	<p>Updated c-section protocol now in place</p> <p>Three cases per list has been piloted but was not successful</p> <p>Occasional additional Friday lists have been delivered pending Consultant and Theatre Staff availability this will continue in the interim. Upon implementation of the Medical workforce redesign additional c-section sessions will be implemented, linking to Anaesthetic investment.</p>
Status/ Timescale for Delivery	Delivery linked to completion of Medical Workforce Redesign – August 2020



## 5. REDESIGN OF THE MIDWIFERY WORKFORCE

Background	Development of the Maternity Care Assistant (MCA) role.
Objective	To better utilise the existing registered midwifery workforce by developing the role of the MCA within the department to undertake clinical care not required to be undertaken by a registrant.
Update	Four members of the current ancillary team are undertaking the MCA education at the University of the West of Scotland and will be graduating in September 2020. Funding has been allocated from Best Start. There is further funding available to support further MCA investment. Development of this role will be integral in the Midwifery Workforce Plan.
Status/ Timescale for Delivery	September 2020

## 6. EHEALTH DEVELOPMENT

Background	With the introduction of Badgernet there has been a requirement for the service to collaborate with eHealth and establish interfaces with other clinical systems.
Objective	Develop Badgernet interface with labs and other clinical management systems  Development of a Maternity Dashboard to enhance monitoring performance and governance by supporting proactive early identification of patient safety issues  Use of Trak in Maternity Services (links with the dashboard not the maternity record)
Update	The interface with Labs is being progressed but not complete- with a Start and Finish Group now established to take this forward.  The maternity dashboard is being taken forward at a National Level by Scottish Government, updates on the progress of this will be provided to NHS Fife clinical governance committee as appropriate  The use of Trak has been implemented within maternity as a admission/discharge tracker but not linked with any dashboard
Status/ Timescale for Delivery	Ongoing with work being progressed through the Women, Children and Clinical Services Directorate Management Group

## 7. BED MODELLING

Background	In 2018 the Acute Service Division delivered phase I of the Site Utilisation programme to ensure optimised use of facilities to deliver clinical care. One of the key changes within this work was the relocation of inpatient Medicine of the Elderly wards within the Tower Block to new areas in the Victoria Hospital. In order to accommodate the moves of wards out of the Tower Block the Gynaecology ward has moved from the new part (phase 3) of the hospital into
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	an interim ward (ward 9) within phase 1 of the Victoria Hospital. The physical environment within ward 9 also has a number of limitations which do not meet the needs of the Gynaecology service.
Objective	Review of bed configuration across Paediatrics, Gynaecology and Maternity - underpinned by redesign opportunities to deliver change
Update	Optimal space identified within the maternity footprint. Plans have been developed to create a separate Gynaecology Ward within the Ward 24 footprint.
Status/ Timescale for Delivery	Timescales currently being confirmed expected Spring 2020

## 8. REVIEW OF SURGICAL SITE INFECTION (SSI) SURVEILLANCE FOR C-SECTION

Background	NHS Fife had a history of being an “outlier” in terms of the rate of recorded SSI. This was in spite of robust processes in both clinical care and surveillance being evidenced. There was local recognition that the SSI being reported was, in part, due to the strict adherence by NHS Fife of reporting criteria along with questions regarding the efficacy of the reporting criteria.
Objective	In July 2019 the Lead Microbiologist formally contacted Health Protection Scotland to query the reporting criteria. Following this communication it was agreed that the methodology for reporting required to be reviewed.
Update	The local multidisciplinary team reviewed and revised the reporting methodology. NHS Fife is now reporting SSI rates in line with the National figures. The multidisciplinary team continue to meet every 6 weeks as the SSI Implementation team to review and audit pathways and processes. The new methodology is set out in appendix 2.
Status/ Timescale for Delivery	Complete

## 9. RECOMMENDATIONS

9.1 The Clinical Governance Committee are recommended to:

- a) Note progress made against each of the workstreams and;
- b) Note that each of the workstreams are now incorporated within annual service delivery plans.

## 10. APPENDICES

1. Emergencies Cover Provision for Obstetrics & Gynaecology
2. SSI Surveillance Methodology

### **Aileen Lawrie**

Head of Midwifery  
Women, Children and Clinical  
Services Directorate

### **Dr Tahir Mahmood**

Clinical Director  
Women, Children and Clinical  
Services Directorate

### **Gemma Couser**

General Manager  
Women, Children and Clinical  
Services Directorate

## Appendix 1: Emergencies Cover Provision for Obstetrics & Gynaecology

### Executive Summary

### Emergencies Cover Provision for Obstetrics & Gynaecology

#### Current arrangement:

- There are two consultants on call and onsite between 0900-1700hrs (Monday-Friday).
- At 1700 hrs, the on call consultant takes over ( who could be either an obstetrician or a Gynaecologist) and is resident on site till 2100 for both Obstetrics and Gynaecology (Monday-Friday).
- From 2100 hrs, on call consultant is available till 0900 following morning as required.
- On the weekend (Saturday-Sunday), there is only one consultant on call who can be either a predominantly consultant obstetrician or a consultant Gynaecologist.

- **Obstetrics (0900-1700) hrs.**

Labour ward cover by fully trained obstetrician with predominant obstetrics workload

#### Advantages

- Continuity of care for inpatient antenatal high risk women
- Continuity of care during intra-partum and post-partum period

- **Gynaecology (0900-1700) hrs**

Covered by a Gynaecologist with predominant gynaecology workload and regular Gynaecology operating session

#### Advantages

- Appropriate assessment/treatment and discharge of gynaecology emergencies admissions, thus efficient use of resources and reduce bed occupancy
- Free up gynaecologist to manage gynaecology emergency/urgent referrals (from GPs as an afternoon clinic) and operating timely on gynaecology emergencies, thus efficiently managing waiting time guarantees.
- Also available to see emergency referrals from general surgery and medicine
- Patient satisfaction especially EPC. Managed by dedicated consultant.
- Dedicated consultant if Caesarean Hysterectomy is required during day time hours, instead of phoning a friend and pray someone will come and help.

- **Pitfalls of current arrangement**

- The unit remains vulnerable after 5 pm and weekend on those days when there is an Obstetrician on call ( as most obstetricians do not undertake major gynaecology operating) and may need help for managing Gynaecology emergency and complex operative obstetric emergency.
  - Laparotomy for antenatal ovarian cyst accident
  - Major Post-Partum Haemorrhage management needing emergency hysterectomy
  - Laparoscopic management for ectopic pregnancy

- Laparoscopic and laparotomy management of ovarian cyst and Ovarian accident.
  - Laparoscopic and open management for tubo-ovarian abscess
  - Returning to theatre for post operative complication eg intraperitoneal bleed or vaginal bleeding following pelvic floor surgery
- Conversely, Most Gynaecologists are not involved in day to day antenatal care, so are incrementally losing skills in the management of complex obstetric patients.
  - Reduced foetal movement scan,
  - Emergency cervical cerclage
  - IUD confirmatory scan
  - CS for placenta praevia
  - Complex CS following failed attempted instrumental delivery
  - Failed Forceps/assisted Ventouse vaginal delivery
  - Undiagnosed vaginal breech is second stage and attempted vaginal delivery
- There may be recruitment problems as most trainees will be Obstetric focus due to the current training program.

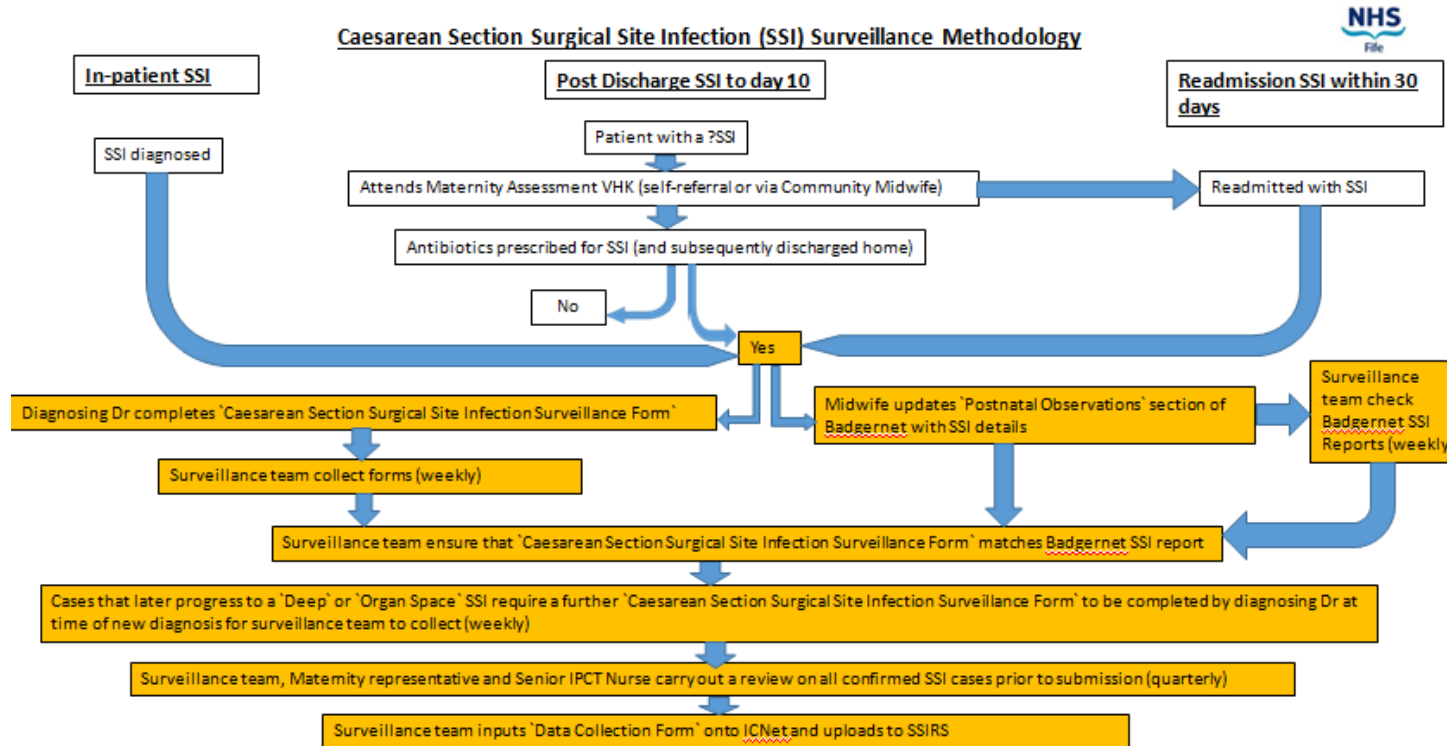
## **Future Risk averse Model 2020 and beyond**

**Split consultants team into two groups for on call arrangement for both obstetrics & gynaecology round the clock, seven days a week**

- **Obstetrics**
  - Labour ward cover by fully trained obstetrician round the clock, seven days a week.
  - Continuity of care for inpatient antenatal high risk women
  - Continuity of care during intra-partum and post-partum period
- **Gynaecology**
  - A dedicated Consultant Gynaecologist available round the clock, seven days a week
  - Appropriate assessment/treatment and discharge of gynaecology emergencies admissions, thus efficient use of resources and reduce bed occupancy
  - Patient satisfaction especially EPC. Managed by dedicated consultant.
  - Dedicated consultant colleague support round the clock if Caesarean Hysterectomy or complex Caesarean Sections is required.
- **Work Force Implications**
  - Ideally two separate on call rotas with cell of 10 Obstetricians and 8 Gynaecologists.
  - As an interim arrangement, Consultant team need to discuss if 1:10 Obstetric and 1:7 Gynaecology weekend on call rota can be delivered. ( This proposal will require one Gynaecologist from the current team to join obstetric team for on call with understanding of future recruitment will release him/her from the commitment)
  - Funding has been identified for 9<sup>th</sup> Consultant obstetrician and EDG has approved this new job. Therefore there will be 9 Consultant Obstetricians for on call duties.
  - The increased number of consultants' obstetricians will ensure adequate number of consultants available during day time to cover antenatal clinics and other activities.
  - This work force will guarantee two consultants with appropriate skill mix be on call each day of the week



## Appendix 2: SSI Surveillance Methodology



NHS Fife

Version 5

September 2019

**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	March 2020
<b>TITLE OF REPORT:</b>	Alcohol and Drugs Partnership update
<b>EXECUTIVE LEAD:</b>	Dona Milne, Director of Public Health and Nicky Connor, Joint Director, Health and Social Care Partnership (HSCP)
<b>REPORTING OFFICER:</b>	Paul Madill and HSCP Representative

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

**SBAR REPORT**

This report provides an update on ADP work to reduce alcohol and drug related harm and deaths in Fife as requested by the Clinical Governance Committee.

**Situation**

- DRDs have more than doubled in Scotland and in Fife in the last decade. The five-year aggregated data show an increase of 108% in Scotland and 121% in Fife between 2004-8 and 2014-18.
- **Partial and provisional figures for 2019 suggest that this trend has continued in Fife**
- Many of the people dying had not been accessing treatment for their drug problems
- Across Scotland, even amongst those accessing services, deaths have been increasing
- There has been a demographic shift in drug deaths, with an increasing number of female deaths, and a marked increase in deaths in the 35-44 and 45-54 age groups
- There are some differences in drugs implicated in DRDs in Fife as compared to Scotland, with gabapentinoids present in 81% of DRDs in Fife, v. 31% in Scotland
- 20% of Fife DRD deaths in 2018 occurred within 6 months of release from prison
- In 53% of cases, a friend or family member was in the house, often in the same room
- In only 3 cases is it recorded that Naloxone was present, and it was only administered in 1 of those (may be a data recording issue)

**Background**

In response to these national trends, the Scottish Government has set up a national taskforce. Its primary role is to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death.

The Scottish Directors of Public Health issued a position statement in July 2019 describing drug and substance misuse in Scotland as a public health emergency.

The Dundee Drugs Commission report was published in August this year. It looked at evidence from local residents and organisations, but also sought examples of good practice from elsewhere, and expert advice from across Scotland. The commission made 16 recommendations, including:

- improved leadership and governance,

- need to challenge and eliminate stigma;
- a common level of accountability for all provider organisations
- a holistic system, including integrated primary care provision
- integration of mental health and substance misuse services

NHS Fife Public Health department produced a report comparing local provision to the evidence base. The emerging recommendations mirror almost all of those in the Dundee Commission report.

Some of the key documents referred to are listed in the evidence section of this report.

### **Assessment**

The overall picture of drug-related deaths in Fife is similar to that of Scotland as a whole, with a higher proportion of female deaths, more deaths in older drug users, and more than double the number of deaths over the last decade. This is despite estimated drug use remaining about the same over the same period.

The harm caused by drug use is disproportionately borne by areas of Fife with high levels of deprivation. Most DRDs in Fife in 2018 occurred in the person's own home and in the presence of another person.

Learning from individual drug-related deaths in Fife is currently limited to those who were engaged with addictions services within 6 months of their death. This has historically been a minority of all deaths in Fife.

Projects to reduce drug-related harm in Fife have been running for some time, but novel initiatives based on the "Staying Alive" report include:

- A Pilot project led by ADP/ADAPT in partnership with Scottish Ambulance Service started in April 2019 to respond to near fatal overdoses (NFOs). This team has provided support for more than 90 individuals to date.
- There is a newly commissioned multidisciplinary Hospital Liaison Team, based within Victoria Hospital to improve access to and retention in services for at risk patients attending the hospital.
- Fife Naloxone Strategy is complete and an action plan developed. It aims to increase understanding of drug related death risk and increased distribution of naloxone, a drug which, if delivered shortly after an overdose is taken, can greatly reduce the risk of death.
- New pathways of care and focus on physical and mental health care within Addictions services.

Nonetheless the evidence suggests that we need to respond to the drug-related deaths crisis and the pattern of drug harms in Fife with significant changes in service provision and delivery.



Public Health in Fife was asked by the ADP to prepare a report that considered the recommendations from a needs assessment and government reports and commissions in 2018-2019 with a view to making recommendations for the ADP in Fife to take forward. This was considered by the ADP commissioning sub group in October 2019 and subsequently was considered by the ADP on 31<sup>st</sup> January (the October ADP was cancelled).

At the ADP on 31<sup>st</sup> January a number of reports were considered and following discussion the ADP agreed to convene a short life working group in February, chaired by the ADP coordinator, to develop a five year strategy for reducing alcohol and drug related harm to be completed by the end of March 2020. This group will include representation of people with lived experience of drug and/or problematic alcohol use. This strategy will be based on recent evidence (primarily the Public Health report of July 2019 and the Dundee Drug Commission report of Aug 2019), and will include interim action plans for years 1 and 3. This will include a review of the current commissioning process.

In addition, the Overdose Prevention and Drug-Related Deaths Management Group at its meeting in December 2019 proposed the following urgent actions in addition to the above initiatives:

- An audit of the time between referral for treatment and actual treatment being commenced, including numbers who are referred but do not in the end access treatment
- A review of the functioning of referral pathways into services with a view to establishing whether people are struggling to return to services previously accessed
- A review of the practical implementation and outcomes of the “no unplanned discharge” policy
- A sub-group of the OPDDMG to be established to ensure that we learn systematically from each individual drug-related death, based on the Tayside model, as outlined in a separate report to Clinical Governance Committee in March 2020

Finally, the ADP team gave a presentation to the HSCP’s Levenmouth Locality Group meeting on 11/02/20 outlining the particularly high rate of DRDs in Levenmouth. Following discussions, it was agreed that the chair will convene a working group to consider an assets based community approach to reducing DRDs in the locality.

#### Evidence Base for this SBAR

Fife Public Health Evidence Review (July 2019)  
Fife Drug-Related Deaths 2018 (Fife ADP)  
Drug Related Deaths in Scotland in 2018 (NRS)  
Dundee Drugs Commission Report (Aug 2019)  
Rights, Respect and Recovery (2018)  
Fife ADP’s Needs Assessment (2018)  
Drug-Related Deaths Rapid Evidence Review (2017)  
Staying Alive in Scotland (2016)  
The Development of an Integrated Approach to the Delivery of Substance Misuse Services in Fife: An Options Appraisal (2016)  
Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services (2014)

<b>Recommendation</b>	
<ul style="list-style-type: none"> <li>• Discussion – Clinical Governance Committee are invited to note the content of this report and discuss the next steps.</li> </ul>	
<b>Objectives: (must be completed)</b>	
Healthcare Standard(s):	Safe and Effective Care
HB Strategic Objectives:	Clinically Excellent Person Centred (Reduce Health Inequalities in terms of access and services)

<b>Further Information:</b>	
Evidence Base:	<p>Fife Public Health Evidence Review (Draft, 2019)</p> <p>Fife Drug-Related Deaths 2018 (Fife ADP)</p> <p>Drug Related Deaths in Scotland in 2018 (NRS)</p> <p>Dundee Drugs Commission Report (2019)</p> <p>Rights, Respect and Recovery (2018)</p> <p>Fife ADP's Needs Assessment (2018)</p> <p>Drug-Related Deaths Rapid Evidence Review (2017)</p> <p>Staying Alive in Scotland (2016)</p> <p>The Development of an Integrated Approach to the Delivery of Substance Misuse Services in Fife: An Options Appraisal (2016)</p> <p>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services (2014)</p> <p>Martin, Lynsey (unpublished) Alcohol and Drugs Service Provision in Fife: a synthesis of policy recommendations for Fife</p>
Appendix	Drug Related Deaths in Scotland in 2018 (2019) National Records of Scotland
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	<p>Director of Public Health</p> <p>Director of Health and Social Care</p> <p>Divisional General Manager HSCP (Fife-wide)</p> <p>Consultant Psychiatrist/Clinical Lead in Addictions Medicine</p> <p>Consultant Psychiatrist /Clinical Director Fife-wide HSCP</p> <p>Alcohol &amp; Drug Partnership Coordinator</p> <p>Clinical Services Manager, Whyteman's Brae Hospital</p>

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	This report has no immediate financial impact or capital requirements
<b>Risk / Legal:</b>	This paper aims to address a significant current risk to the health of individuals and vulnerable communities. Reputational risk to NHS Fife and Fife HSCP could result from a failure to find new ways of addressing the issues outlined in this paper.

<p><b>Quality / Patient Care:</b></p>	<p>This report addresses the need to provide care according to the needs of a highly vulnerable population. There are significant consequences of not managing to engage and retain in treatment people who use substances. These consequences can be severe for the health of individuals, but they also include reputational risk for the organisation .</p>
<p><b>Workforce:</b></p>	<p>It is hoped that by addressing the training requirements of existing staff, the quality of their working lives can be improved. There is always the potential for staff opposition to changes in service provision.</p>
<p><b>Equality:</b></p>	<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. This report does not in itself alter service delivery. It does anticipate changes that will address inequalities in access to, and retention in, services.</li> <li>• Has a full EQIA been undertaken? No. See above.</li> <li>• Please state how this paper supports the Public Sector Equality Duty – <a href="#">further information can be found here</a></li> <li>• This paper aims to ensure equitable access to and retention in drug and alcohol and other health and care services, especially for women and for people living in areas of high deprivation</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>• The report identifies inequalities in outcomes and in service access and aims to reduce such inequalities</li> <li>• Any potential negative impacts identified in the EQIA documentation - No (if yes please state)</li> </ul>



# Alcohol and Drugs Service Provision in Fife: A synthesis of policy recommendations for Fife

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A Report for Fife Alcohol and Drugs Partnership  
Commissioning Group

AUGUST 2019

DRAFT

<b>Key Document Information</b>	
<b>Title</b>	Alcohol and Drugs Service Provision in Fife: A synthesis of policy recommendations for Fife
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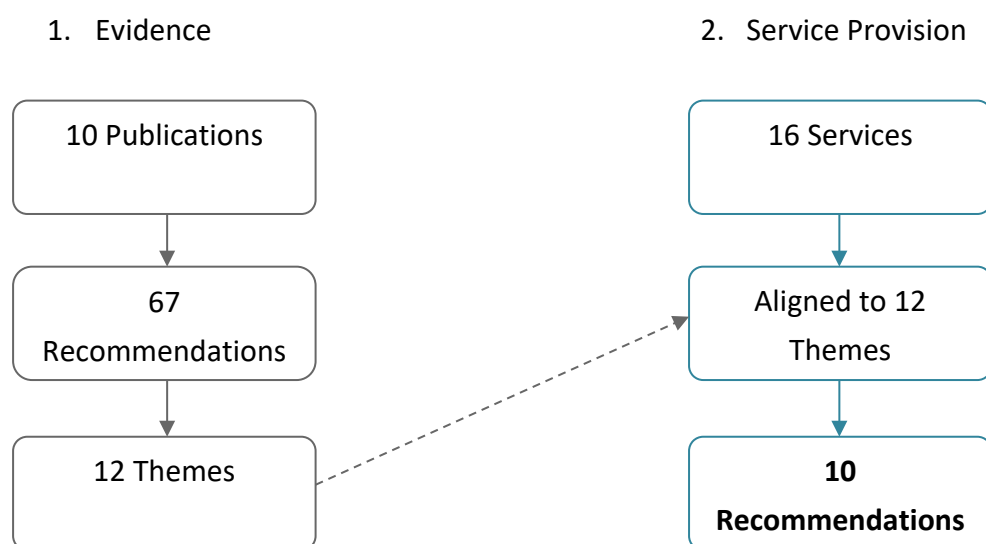
## Summary

The recent increase in drug-related and alcohol-specific deaths in Scotland provides a reminder of the gravity of the effects of drug and alcohol use on our society. This report has been compiled at a time where there is great opportunity to adopt new approaches to drug and alcohol service provision to prevent and mitigate the harms from the use of drugs and alcohol.

Significant work has been undertaken to produce national and local publications which aim to inform Alcohol and Drug Partnership (ADP) service provision. This report brings together the recommendations from these publications to identify key themes. The themes identified highlight the changing needs of people who use alcohol and drugs with a shift towards an increase in females and an ageing population of people who use drugs. There is a shift in recommendations from treatment-focussed service provision towards adopting a joined-up holistic approach to alcohol and drug use, of which treatment is a part. This reflects the complexity of these issues and the requirement for multi-sectoral responses.

Existing service provision in Fife was examined in relation to these themes to inform the recommendations of this report. A summary of the methods is provided in *Figure 1*.

**Figure 1: Summary of Methods**



The existing service provision in Fife provides a solid foundation to build upon. The recommendations from this report present an evidence-based direction for ADP service provision in Fife. This is an opportunity to transition from a treatment-focus to a holistic approach to alcohol and drug services.

From aligning the existing service provision to the themes from the evidence, ten recommendations were made, which can be divided into two categories:

1. Principles for all- can be implemented across all commissioned services
  - Embedded approaches
  - Client involvement
  - Workforce
  
2. Service development- areas for new service provision or modifications to existing provision
  - Service access
  - Housing
  - Shared learning
  - The right to health
  - Whole systems approach
  - Assertive outreach
  - Environment

This is not a unique situation in Fife and ADPs elsewhere in Scotland are also working to improve outcomes for people who use drugs and/or alcohol. This therefore provides an opportunity to learn from others and to develop innovative approaches to improve services for the population.

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## 1. Background

Drug-related deaths in Scotland are at an all time high. In 2017, drug-related deaths had increased by 105% in the last decade<sup>(1)</sup>. In 2018, Scotland recorded 1,187 drug-related deaths; a 27% increase on the previous year<sup>(2)</sup>. Alcohol-specific deaths in Scotland have been consistently over 1,000 per year for the past 6 years, with 1,136 alcohol-specific deaths in 2018. The high numbers of drug-related deaths, alcohol-specific deaths and associated morbidity prompted the Scottish Government to take action. An additional £20 million per year was allocated to the Alcohol and Drug Partnerships (ADP) in Scotland for 3 years from 2018 onwards<sup>(3)</sup>. The aim of this additional funding was to resource services to prevent and reduce harms associated with alcohol and drug use.

The recent Scottish Government strategy, 'Rights, Respect and Recovery' (2018)<sup>(4)</sup>, identifies drug and alcohol use as a public health issue and recommends holistic, human-rights based approaches to prevent harms from and mitigate the effects of drug and alcohol use. Above all, the focus is to reduce preventable deaths. The importance of this issue is highlighted through inclusion as one of Scotland's six public health priorities: *"A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs"*<sup>(5)</sup>.

The Scottish Government has demonstrated commitment to their alcohol and drugs strategy through the introduction of policies such as minimum unit pricing of alcohol. Given the recent ADP investment, there is opportunity at a local level to improve service provision to meet the changing needs of the community that we serve.

The Scottish Government strategy is ambitious but does not provide one clear direction for all ADPs to adopt. This allows our services to be shaped to meet the needs of the population in Fife, in relation to alcohol and drug harms, taking direction from national and local publications.

Previous publications have highlighted the changing needs of those who use drugs and/or alcohol and some publications have examined specific issues such as Naloxone provision and problems specific to older people who use drugs.

This work aims to look across national and local publications for key themes that can be used to shape Fife's ADP service provision. These over-arching recommendations will shape ADP service provision that is evidence-based and meets the needs of the people affected by drug and alcohol use in Fife.

This is an opportunity to build on the existing work of the ADP, but also to change it and to work with partners across different sectors to develop innovative services that prevent and mitigate the harms from alcohol and drug use.

Language is important and phrases used to talk about drug and alcohol use can be stigmatising such as 'drug abuse' and 'alcohol misuse'<sup>(6)</sup>. Language is powerful and in an attempt to prevent stigmatisation, the phrase 'people who use drugs and/or alcohol' will be used in this report based on recommendations from The Scottish Drugs Forum<sup>(7)</sup>, with the exception of specific definitions from statistical publications.

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## 2. Methods

A systematic approach was adopted to understand the needs of the population in Fife (in relation to alcohol and drug use), the current alcohol and drug service provision and how this aligns with the existing evidence base.

The remit of this work was to examine service provision in Fife rather than the effectiveness of individual interventions, which has been reported in a recent Scottish Government scoping review<sup>(10)</sup>. The aim of this work was to identify gaps between the recommendations for ADP service provision and current service provision in Fife in order to determine a work plan for service development.

### 2.1 Where are we now?

#### Alcohol and Drug Use

The current needs of the population were informed by The Fife Needs Assessment Report<sup>(8)</sup> and The Provision and Impact of Alcohol in Fife<sup>(9)</sup>. Figures from these reports were updated where possible using the most recent statistics available from Information Services Division (ISD) Scotland, National Records for Scotland and The Scottish Health Survey.

#### Service Provision

Fife ADP uses Service Briefs to describe the services they require to meet the needs of their population in relation to alcohol and drug harms and invites organisations to tender for these services. Service Level Agreements are established between Fife Council and the organisation providing the service. Existing service provision in Fife has previously been examined in The Fife Needs Assessment Report.

The Fife Needs Assessment Report<sup>(8)</sup> (November 2018), Fife ADP Service Briefs and existing Service Level Agreements (SLAs) were used in combination to describe the current alcohol and drugs service provision in Fife. Fife ADP Quality Principles have not been used to describe services as they set out expectations of services rather than providing an outline of service provision.

## 2.2 Where do we want to be?

### Identification of Relevant Publications

National recommendations were identified from Scottish Government alcohol and drugs strategy documents. These documents were identified from searching all publications available from the Scottish Government website for 'drugs' or 'alcohol'. The Scottish Government was chosen as the key source due to the statutory requirements of the ADP to report to the Scottish Government.

Local recommendations were identified from work that has previously been undertaken to assess ADP service provision in Fife. These publications were identified through The Alcohol and Drugs Partnership, Fife Public Health Department, the Fife Council website and ADP website. References of all included reports were searched for additional sources.

Publications were included if they provided guidance on service provision. This could be presented in a variety of formats including recommendations, principles and good practice indicators.

### Identification of Themes from the Recommendations

Recommendations from included publications were pooled and recommendations with a shared meaning or similar concepts were grouped together. This process enabled identification of key themes from the publications.

## 2.3 How are we going to get there?

The existing service provision was mapped to the themes identified to highlight areas of alignment and discrepancy between existing service provision in Fife and the evidence base.

The findings of this report will be fed back to the ADP and its commissioning team. This work, in conjunction with previous publications, will be used to inform alcohol and drug service provision in Fife. It is anticipated further work will be required to determine how the resources available can be used to achieve delivery of evidence-based services to minimise the harms from alcohol and drug use in the Fife population.

## 2.4 How will we know when we have arrived?

Although outwith the scope of this work, it is important to note any changes in service provision should incorporate monitoring and evaluation. This should assess both the effectiveness of the implementation process and the service outcomes. This will provide a test of the recommendations and will inform future service provision and delivery.

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### 3. Findings

#### 3.1 Where are we now?

##### Drugs

For the purposes of statistical analysis and data collection, Information Services Division Scotland defines problem drug use as:

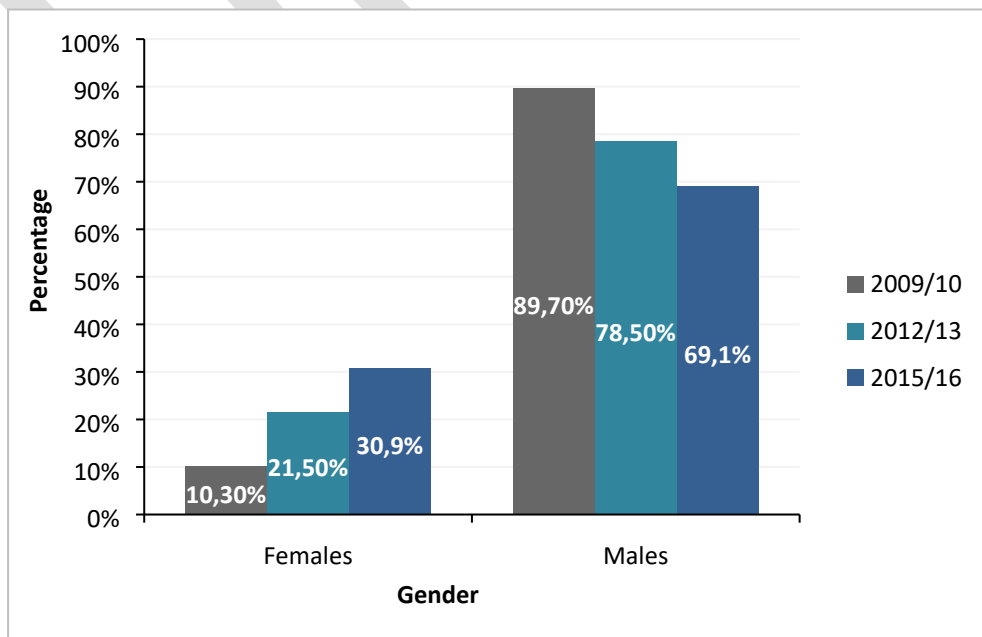
*“...the problematic use of opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines, and implies routine and prolonged use as opposed to recreational and occasional drug use.”<sup>(11)</sup>*

The most recent figures estimate 1.19% of the Fife population (aged 15-64 years) have problematic drug use, equating to 2,800 Fife residents<sup>(11)</sup>. Although this is lower than the Scottish prevalence (1.62%)<sup>(11)</sup>, there has been no statistically significant change in the prevalence in Fife since 2009/10<sup>(12)</sup>.

The gender divide in Fife is similar to Scotland, with males with problem drug use comprising 69% of the total (71% in Scotland). The trend of an increasing proportion of females who use drugs in Scotland is mirrored in Fife with the proportion of females who use drugs in 2015/16 three times higher than in 2009/10 as shown in *Figure 2*.

The ratio of males to females has decreased from 8.75:1 in 2009/10<sup>(12)</sup> to 2.24:1 in 2015/16<sup>(11)</sup>.

**Figure 2: Percentage of Males and Females with Problem Drug Use in Fife (2009/10-2015/16)**

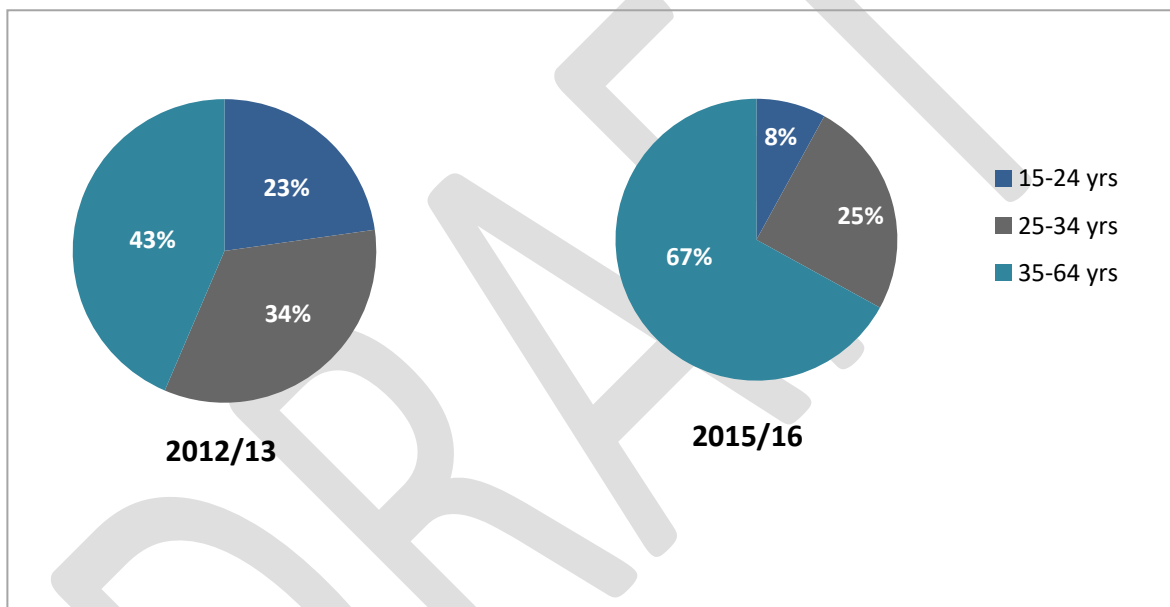


Source: Prevalence of Problem Drug Use; ISD Scotland (2011, 2014 and 2019)

In Fife, the majority of individuals with problem drug use are aged 35-64 years, with latest figures estimating 67% of male and 64% of females with problem drug use in this age range. This is in contrast to 2012/13, with 43% of males with problem drug use aged 35-64 years old (*Figure 3*).

The proportion of people with problem drug use in Fife aged under 35 years has decreased since 2012/13 (*Figure 3*). Combined with the relatively static prevalence, (1.23% in 2012/13 to 1.19% in 2015/16) this is suggestive of an ageing population who use drugs.

**Figure 3: Males with Problem Drug Use in Fife by Age Range (2012/13 and 2015/16)**

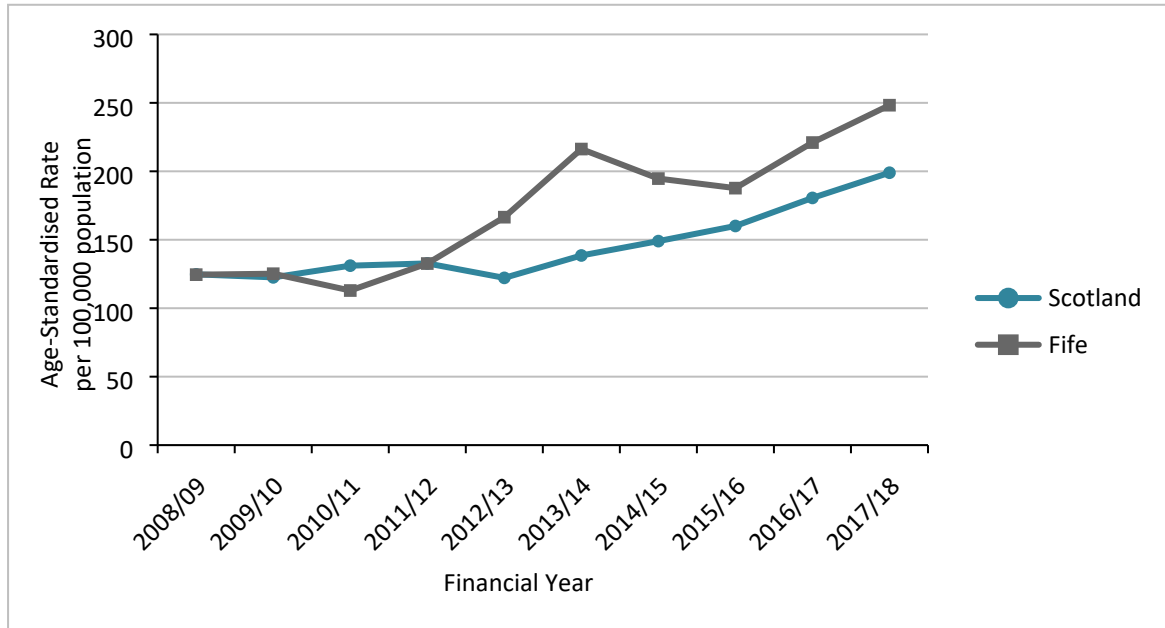


*Source: Prevalence of Problem Drug Use; ISD Scotland (2011, 2014 and 2019)*

There is an increasing trend in the rate of drug-related hospital stays in Fife and Scotland. The rates in Fife have increased from 124.51 stays per 100,000 population in 2008/09 to 248.3 in 2017/18 and have been consistently higher than the rate for Scotland since 2012 as shown in *Figure 4*. The increasing trend of drug-related hospital stays is seen for both males and females, with males having a larger increase. In both males and females the highest rate of hospital stays is in those aged over 35 years.



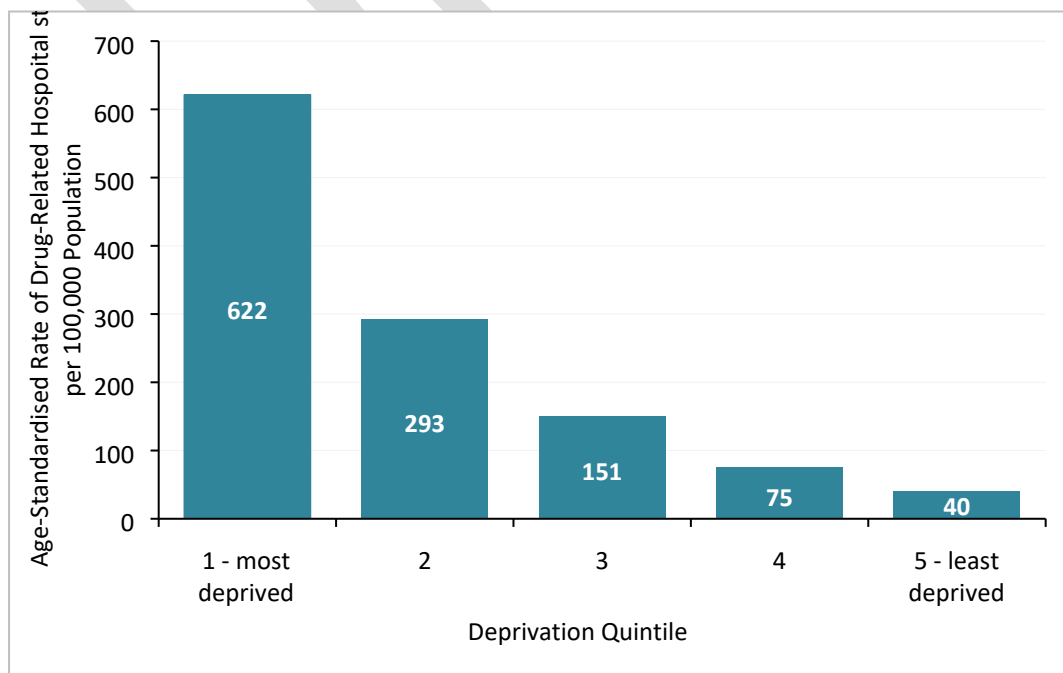
**Figure 4: Trend in Rate of Drug-related Hospital Stays (Acute) in Fife and Scotland from 2008/9 to 2017/18<sup>(13)</sup>**



Source: Drug-Related Hospital Statistics, ISD Scotland (2019)

Scottish figures on drug-related hospital admissions show those who experience a drug-related hospital admission are more likely to live in the most deprived quintile. The most deprived quintile contributes more drug-related hospital stays than all other quintiles combined (Figure 5). Areas of Fife within the most deprived quintile in Scotland include Levenmouth and Kirkcaldy<sup>(14)</sup>.

**Figure 5: Drug-Related Hospital Stays in Scotland (combined acute and psychiatric) by Deprivation Quintile (2017/18)**



Source: Drug-Related Hospital Statistics, ISD Scotland 2019

Scotland has recorded the highest number of drug-related deaths since records began, with 1,187 deaths in 2018; a 27% increase from the previous year<sup>(2)</sup>. The median age of death was 42 years with the highest number of deaths occurring in 35-44 year olds (n=442), followed by the 45-54 year old age group (n=345)<sup>(2)</sup>.

There were 64 (49 males and 15 females) documented drug-related deaths in Fife in 2018. Although this is a slight decrease from 2017 (66 deaths), this small change is not suggestive of a decreasing trend. To account for small number fluctuation, 5-yearly averages were also calculated and the average annual drug-related deaths in Fife have more than doubled from 24 to 53 from 2004-2008 to 2014-2018<sup>(2)</sup>.

### Alcohol

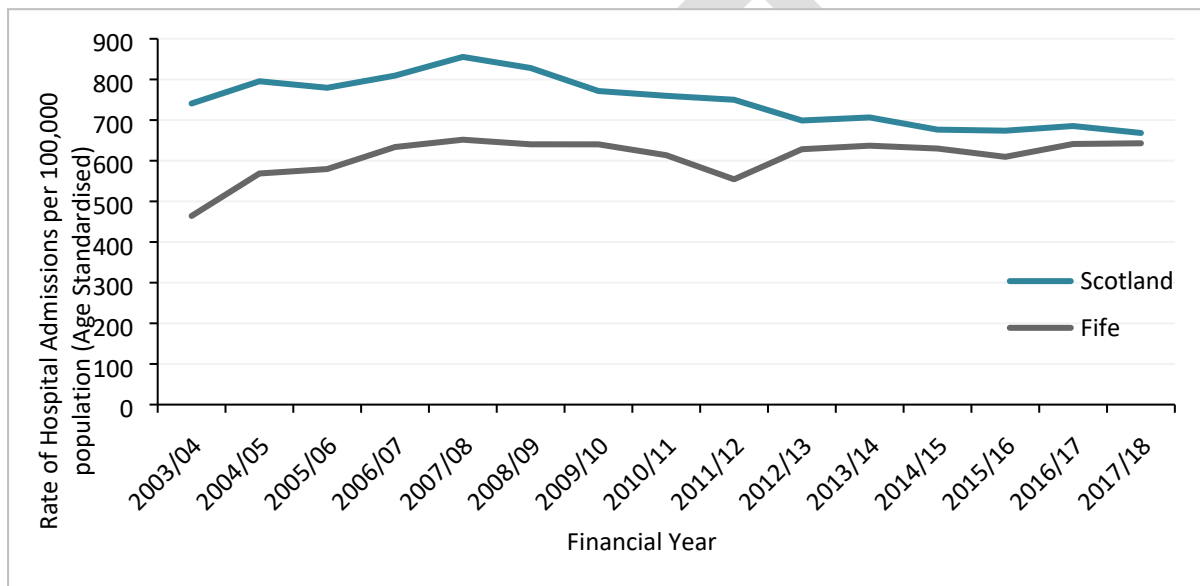
Alcohol has been reported separately from drugs to ensure the gravity and consequence of alcohol use is not overlooked. Findings from the 2017 Scottish Health survey<sup>(15)</sup> reported 86% of adults (aged 16 years+) in Fife drink alcohol. Scottish guidelines advise consuming no more than 14 units of alcohol per week to keep health risks at a low level. Between 2008/09 and 2016/17, the percentage of men and women in Fife drinking in excess of the recommended safe levels dropped by 11 percentage-points for men (40% to 29%) and was unchanged for women (17%). Alcohol consumption is commonly under-reported<sup>(26)</sup> and sales data evidences the amount of alcohol purchased in Scotland in 2018 equated to 22.9 units per adult drinker per week<sup>(27)</sup>. Therefore, it remains unclear the extent to which individuals exceed the guidelines.

Despite the reduction in men exceeding the recommended guidelines, alcohol-specific deaths are relatively unchanged with a 5 year average of 65 deaths per year between 2014-18 compared to 64 deaths per year from 2013-17<sup>(16)</sup>. These figures do not account for deaths where alcohol is a contributing factor, only deaths which are solely attributable to alcohol use; therefore these figures are not a true representation of the extent of alcohol harms. To consider this in context, this is equivalent to the number of drug-related deaths in Fife (n=64 in 2018). In addition, it is estimated that alcohol contributes to 6.5% of all deaths<sup>(17)</sup>, equating to 262 deaths in Fife in 2018. This highlights the requirement to address both alcohol and drug use with the same gravity.

The rate of alcohol-related hospital stays in Fife is below the Scottish average but is the 6<sup>th</sup> highest of all health boards in Scotland<sup>(18)</sup>. In addition, rates in Fife are similar now to the rates 10 years ago whilst the Scottish rates are decreasing, resulting in a narrowing gap between rates in Fife and Scotland (*Figure 6*). In 2017/18, the rate of acute alcohol-related

hospital admissions in Fife (642.90 per 100,000 population) was more than double the rate of acute drug-related hospital admissions (248.29 per 100,000 population). This emphasises the extent of alcohol-related harms, despite the parity in directly-attributable deaths between drugs and alcohol. It is of note that these figures do not contain A&E attendances that do not convert to admissions. Therefore, the admission rate will not accurately reflect the impact of drug and alcohol use on hospital services.

**Figure 6: Trends in Rate of Alcohol-Related Hospital Admissions(Acute) in Fife and Scotland 2003/04 to 2017/18<sup>(18)</sup>**



Source: Alcohol-Related Hospital Statistics, ISD Scotland (2018)

The relationship between deprivation and alcohol consumption is more complex than deprivation and drug use. Those in the least deprived areas are likely to drink more frequently in smaller quantities compared to those in the most deprived areas who tend to consume more alcohol on a single occasion. The most deprived areas in Fife are more likely to suffer the severe consequences of alcohol use, with rates of alcohol-specific deaths three times higher than the least deprived areas<sup>(9)</sup>.

The relationship between deprivation and alcohol is also seen for alcohol-related hospital stays, which are six times higher in the most deprived areas in Fife compared to areas that are the least deprived<sup>(9)</sup>. Areas in Fife with the greatest harms in terms of alcohol-related hospital admissions and alcohol-related deaths are Cowdenbeath and Levenmouth localities respectively<sup>(9)</sup>.

### Wider Impacts of Alcohol and Drug Use

As highlighted in the Fife ADP Needs Assessment Report<sup>(8)</sup>, the concerns relating to alcohol and drug use are wider than health. Alcohol-related crime, policing and anti-social behaviour are all significant with an estimated cost of alcohol-related harm in Fife of £130 million per year<sup>(8)</sup>.

These costs do not include the financial costs related to child protection cases or a valuation of non-monetary harms including psychological impacts. In Fife in 2017/18, parental drug use was identified as a concern in 65 case conferences of children on the child protection register and parental alcohol use was identified in 48 case conferences<sup>(19)</sup>. These figures include 94 case conferences in which parental alcohol and drug use were identified to co-exist<sup>(19)</sup>.

Adversity during childhood increases the likelihood of becoming a high-risk drinker or problem drug user. Scotland-specific analysis of adverse childhood experiences (ACEs) has not been undertaken but studies in Wales suggest that individuals who have experienced four or more ACEs are themselves 16 times more likely to use crack cocaine or heroin and 4 times more likely to be a high-risk drinker<sup>(20)</sup>. This has the potential to generate a cycle of problems throughout generations as children exposed to alcohol and drug use are more likely to use alcohol and/or drugs in the future.

Concurrent alcohol and drug use is problematic due to psychobiological interactions<sup>(21)</sup>. In a study undertaken on the mortality of heavy drinkers in Edinburgh and Glasgow, it was reported that just under a quarter of the included drinkers self-reported using illicit drugs<sup>(22)</sup>. In addition, alcohol was implicated in, or contributed to, the cause of death in 12.5% of the drug-related deaths in Fife in 2018<sup>(23)</sup>.

The figures outlined above highlight the key points relevant to this work. Additional analyses of drug and alcohol statistics are available in the 'Fife ADP Needs Assessment Report'<sup>(8)</sup> and 'The Provision and Impact of Alcohol in Fife'<sup>(9)</sup>.

### Service Provision in Fife

An outline of current service provision in Fife was compiled from the ADP Service Briefs, Service Level Agreements (SLAs) and the Fife ADP Needs Assessment Report. Services were categorised according to their main function to allow service provision to be compared to the recommendations from the evidence-base. *Table 1* outlines a summary of the services and their key functions. SLAs were not available for all services and where this is the case, this has been documented in Table 1.

**Table 1: Main Focus of Existing ADP Services in Fife**

<b>Service</b>	<b>Main Function</b>	<b>Key Features</b>
<b>ADAPT Substance Recovery Services</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Prevention and early intervention</li> <li><input type="checkbox"/> Treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Advice and information</li> <li>• Brief Interventions</li> <li>• Triage Assessments</li> <li>• Referrals to ADP Treatment and rehabilitation and other services</li> <li>• Substance misuse counselling</li> <li>• Emphasis on brief counselling, support for detox and relapse prevention/management</li> </ul>
<b>Addaction</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Prevention and early intervention</li> <li><input type="checkbox"/> Treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist harm reduction service</li> <li>• Promote and deliver take home Naloxone</li> <li>• Provides sterile needle/syringes and other injecting equipment</li> <li>• Support to secondary access sites e.g. Community pharmacies</li> <li>• Harm reduction messaging</li> </ul>
<b>Barnardo's</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Prevention and early intervention</li> <li><input type="checkbox"/> Treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Children affected by parental substance misuse (CAPSM) service provides intensive support to families on reducing the impact of parental substance misuse, improving parent confidence, resilience and health, improved family relationships, increased resilience in children and family has access to support services.</li> <li>• Enable parents to engage with addiction services, attend appointments with other voluntary support services and attend any other health related appointments.</li> <li>• Substance Misuse Education Service in schools, including priority groups</li> </ul>
<b>Clued-up</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Prevention and early intervention</li> <li><input type="checkbox"/> Treatment</li> <li><input type="checkbox"/> Recovery and reintegration</li> </ul>	<ul style="list-style-type: none"> <li>• 1:1 support for those affected by substance misuse</li> <li>• Diversionary activities and assistance to address lifestyle issues</li> <li>• Mobile Alcohol Intervention Team bus deployments</li> <li>• Alcohol Brief Interventions (ABI)</li> </ul>
<b>Drug, Alcohol and Psychotherapies Limited (DAPL)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Treatment</li> <li><input type="checkbox"/> Recovery and reintegration</li> </ul>	<ul style="list-style-type: none"> <li>• Preparation for counselling session</li> <li>• Offer ABI or drug brief intervention</li> <li>• Sexual health and Blood Bourne Virus (BBV) information</li> <li>• Tailored therapy and treatment options</li> </ul>

<b>Fife Alcohol Support Service</b>	<input type="checkbox"/> Prevention and early intervention <input type="checkbox"/> Treatment	<ul style="list-style-type: none"> <li>• Counselling and psychotherapy</li> <li>• Information and support to people affected by alcohol-related problems, their carers' and family members</li> </ul>
<b>FIRST</b>	<input type="checkbox"/> Prevention and early intervention <input type="checkbox"/> Treatment <input type="checkbox"/> Recovery and reintegration	<ul style="list-style-type: none"> <li>• Community based rehab for people with a substance misuse issue</li> <li>• Assessment, through care and aftercare</li> <li>• Residential rehab pilot</li> <li>• Prescribing and Rehabilitation Glenrothes (PARG) project integrated approach between FIRST and NHS Addiction Services to support people into treatment, including access to prescriptions</li> </ul>
<b>Frontline Fife</b>	<input type="checkbox"/> Prevention and early intervention <input type="checkbox"/> Treatment <input type="checkbox"/> Recovery and reintegration	<ul style="list-style-type: none"> <li>• Harm reduction in adults at risk</li> <li>• Recovery link staff promote alcohol brief interventions through outreach work</li> <li>• Some case management for people who are homeless</li> <li>• Recovery Link acts to channel referrals between agencies.</li> <li>• Clients tracked into recovery services</li> <li>• Family relations discussed during triage</li> <li>• Formal partnership with FIRST</li> <li>• Dry blood spot testing available for BBVs</li> <li>• Partnerships with through-care service in Prisons</li> </ul>
<b>NHS Fife Addiction Services</b>	<input type="checkbox"/> Treatment <input type="checkbox"/> Prevention and early intervention	<ul style="list-style-type: none"> <li>• Alcohol Brief Interventions (in A&amp;E)</li> <li>• Other treatments (SLA not available)</li> </ul>
<b>NHS Fife Alcohol Related Brain Damage (ARBD)</b>	<input type="checkbox"/> Treatment	SLA not available
<b>Alcohol Brief Interventions in A&amp;E</b>	<input type="checkbox"/> Prevention and early intervention	SLA not available
<b>NHS Pharmacy</b>	<input type="checkbox"/> Prevention and early intervention <input type="checkbox"/> Treatment	SLA not available
<b>NHS Fife Psychology</b>	<input type="checkbox"/> Treatment	SLA not available
<b>Phoenix Futures</b>	<input type="checkbox"/> Recovery and reintegration	<ul style="list-style-type: none"> <li>• Recovery through nature</li> <li>• Scheme works in partnership with communities affected by crime and anti-social behaviour</li> </ul>

<b>Restoration Fife</b>	<input type="checkbox"/> Recovery and reintegration	<ul style="list-style-type: none"> <li>• Sustain recovery by offering a range of activities in a safe environment</li> <li>• Provides support around employability needs</li> </ul>
<b>Scottish Drugs Forum</b>	<input type="checkbox"/> Recovery and reintegration	<ul style="list-style-type: none"> <li>• Addiction worker training programme and Peer research</li> </ul>
<b>Self Management and Recovery Training (SMART) Recovery</b>	<input type="checkbox"/> Treatment <input type="checkbox"/> Recovery and reintegration	<ul style="list-style-type: none"> <li>• Improving mental health and wellbeing</li> <li>• Building and maintaining motivation to recover</li> </ul>

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## 3.2 Where do we want to be?

### Identification of Publications

The Scottish Government website 'drug' and 'alcohol' searches identified 62 and 124 publications respectively. Of these, six national publications were found to be relevant based on the inclusion of recommendations for service provision.

Four relevant local documents were identified through Fife Alcohol and Drugs Partnership and the Fife Council and ADP websites. One local report<sup>(24)</sup> did not have specific recommendations and the decision was made to include the key findings relevant to service provision in lieu of recommendations.

Fife ADP has adopted a set of quality principles from a Scottish Government publication that set out standard expectations for care in drug and alcohol services. This original publication has been included and the Fife document excluded to prevent duplication.

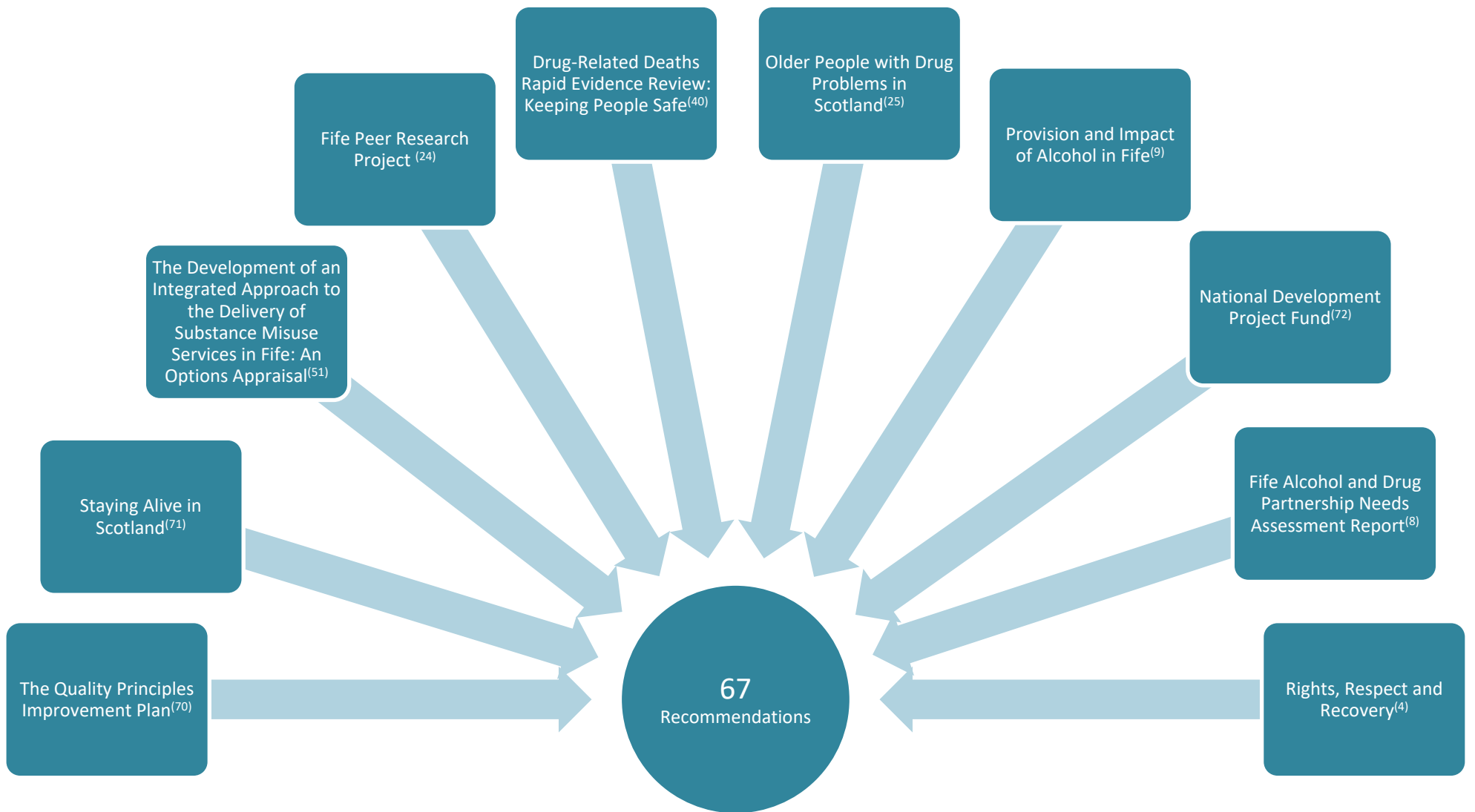
Of the ten included publications, five had a joint focus on drugs and alcohol, four focused solely on drugs and one focused on alcohol.

The included publications are shown on the following page in *Figure 7*.

### Recommendations from the Publications

Examination of the included publications produced a total of 67 outputs which have been termed collectively as 'recommendations' for the purposes of thematic analysis. A list of recommendations from the publications is available in Appendix A.





**Figure 7: Publications Included in Review in Chronological Publication Order from Left to Right**

### 3.3 Themes Identified from Policy Recommendations

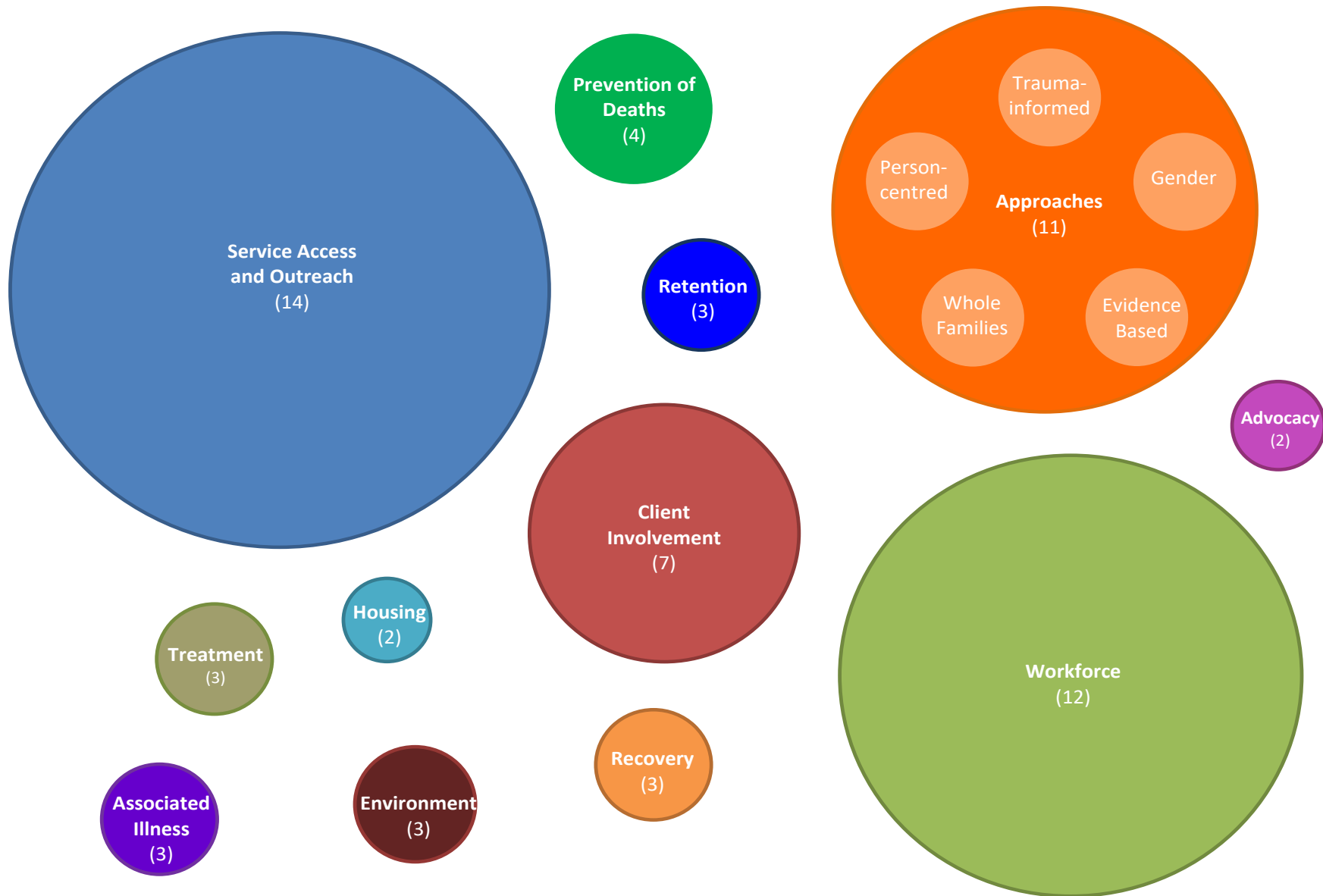
The 67 recommendations were analysed and categorised into broad themes. The process was repeated, combining a number of themes, which produced a total of 12 themes. The final 12 themes are shown opposite in *Figure 8*.

*Figure 9* on the following page displays the number of recommendations aligned to each theme, with the size of the circle corresponding to the number of recommendations per theme.

Each theme is outlined in more detail in *Section 3.4.1*.



*Figure 8: Themes Identified from Included Publications*



**Figure 9: Alignment of Recommendations to the Themes**

### 3.4 How Are We Going to Get There?

#### Alignment of Themes with ADP Services in Fife

The main functions and key features of current Fife ADP services (*Table 1*) were used to align services to the themes identified from the reviewed documents. This process was undertaken to assess how well existing service provision meets the evidence-based recommendations. The alignment of current service provision to the key identified themes is displayed graphically below in *Figure 10*.

**Figure 10: Alignment of Existing ADP Service Provision in Fife with the Themes Identified**

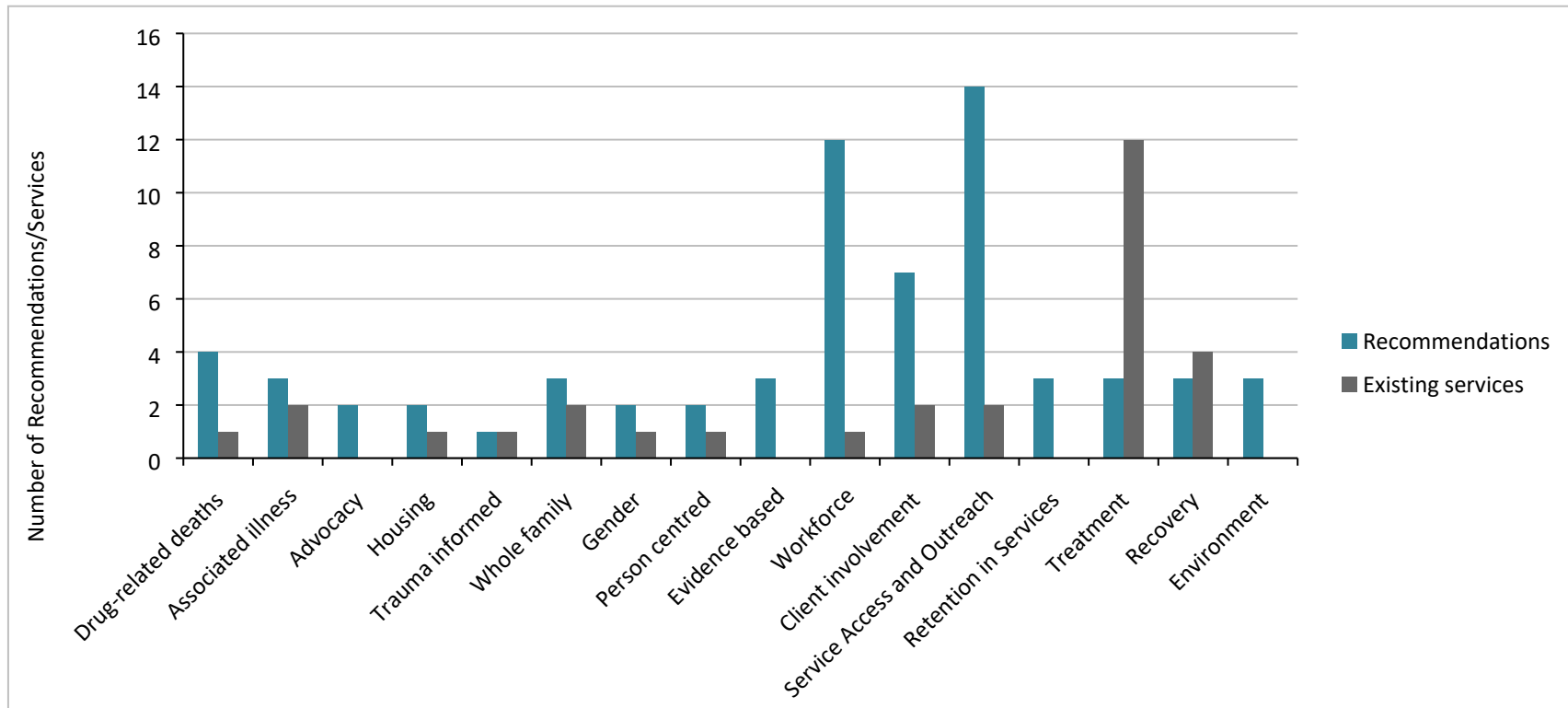


Figure 10 highlights the discrepancy between existing service provision and the themes identified. From Figures 9 and 10, it can be seen that the leading theme in terms of number of recommendations is service access and outreach, followed by workforce. This is in contrast to the services provided, with the highest number of services aligning to the theme of treatment. There are also gaps where there is no record available of any service in Fife addressing some of the identified key themes as their main focus e.g. advocacy.

## Themes in Detail

### 3.4.1 Service Access and Outreach

Facilitating access to the right services at the right time is an essential part of effective service provision. Although the data suggests referrals to alcohol and drug treatment are timely, with 96% of individuals referred for alcohol or drug treatment in Fife receiving a form of treatment within 3 weeks<sup>(28)</sup>, this theme had the most recommendations (n=14), across eight publications. The main issues repeated across publications were the need for assertive outreach, service connectivity and improved access to services.

- Assertive outreach

Assertive outreach involves utilising a range of strategies to reach individuals not currently engaged, or who have disengaged, with services. A variety of settings can be used including police custody, A&E and homeless accommodation to actively reach out to individuals who may experience barriers when trying to access services.

Frontline Fife currently undertakes assertive outreach work through community projects and through drop in clinics in homeless accommodation. Clued Up undertake assertive outreach to young people through their mobile unit. Other services are provided across various locations in Fife which could provide opportunities to extend strategic outreach work in Fife.

- Service connectivity

Linked with the workforce theme (Section 3.4.2), this relates to services working together and communicating effectively to provide services that meet individuals' needs.

It has previously been highlighted that service users have concerns that the services in Fife don't work well together<sup>(8)</sup>. From the SLAs it is not possible to establish how the services work with one another or how information is shared appropriately between services.

There may be opportunities for shared learning that are currently not being realised. This may include services sharing successes or identifying common issues and ways to overcome these, for example barriers to access for individuals who frequently do not attend appointments.

In addition, if data sharing between services was improved, there may be opportunities to inform service provision and extend the role of currently well-placed services. For example, if pharmacies were identified as the most commonly used needle exchange, this may inform outreach opportunities.

- Access to services

Difficulty in navigating services and barriers to access can deter individuals from engaging with services. Generally, there is varying awareness of ADP services available across Fife and how to access them<sup>(8)</sup>, which extends across people who use drugs and/or alcohol and professionals who refer into services.

The existing landscape of services in Fife is cluttered with no clear pathway for individuals through services or to help identify the right service at the right time. Service users and those with lived experience have reported this to be a barrier to accessing services, as have professionals who refer in to services.

Services in England<sup>(29)</sup> have successfully adopted 'key worker' or 'navigator' roles to support individuals in accessing services. This provides a single point of contact and continuity. This can be the foundation of a trusted relationship, which has been recognised as important by service users in Fife<sup>(8)</sup>. The key worker role has also been developed to advocate for service users, which would provide an opportunity to develop an advocacy stream if a similar role is established in Fife.

The practicalities of accessing services should also be considered in terms of their location and public transport links. Where possible, strategies to overcome individual barriers to access should be considered, with suggestions in the publications including bus pass provision.

### 3.4.2 Workforce

The theme of workforce had the second highest number of recommendations (n=12) and similar issues were consistently raised in both national and local publications. Concerns around the workforce in Fife were not limited to one service and key factors raised were stigma, communication and training.

- Stigma

The needs assessment in Fife identified that there is a perception of stigma from service users when attending services and this should be addressed<sup>(8)</sup>. It is not clear if this is consistent across all services however, this has also been identified in national publications, particularly in relation to older people who use drugs who report feeling stigmatised by their age and drug use combined<sup>(25)</sup>.

Raising awareness of this perception within services and ensuring training on reducing stigma may be beneficial. Peer support and peer workers that are well-matched have been suggested amongst recommendations to reduce felt stigma by working with people with lived experience of drug and/or alcohol use.

- Training

The workforce should be equipped and empowered to deliver evidence-based services. This requires sufficient training and ongoing support and supervision. In Fife, the majority of services report in the SLAs they provide initial staff training but further training and workforce development is not set out in all SLAs. Joint training sessions to develop workforce skills can also contribute to building relationships between organisations. Training sessions could include approaches (Section 3.4.4) and stigma.

- Communication

Communication pathways between services in Fife are unclear. Anecdotal reports of differences in paperwork and IT systems between services suggest there are barriers to sharing information between services. Connected IT systems are one step towards improving communication between services and preventing missed opportunities for information sharing (e.g. GP and addictions services).

This not only helps in tracking an individual's journey through services and monitoring of service use but also prevents individuals from re-telling their story on multiple occasions, which can be re-traumatising<sup>(30)</sup>.

A more connected workforce can provide more effective use of resources, benefiting people and services by preventing duplication.

- Support for the Workforce

Support for the workforce was not explicitly mentioned in the recommendations however, there should be acknowledgement that working with people who use drugs and/or alcohol can impact on the health and wellbeing of staff<sup>(31,32)</sup>. This impact is attributed to the

emotionally demanding nature of the work, including working with traumatised individuals. Ways to address this are outlined in the NES training on trauma-informed approaches which endorses the importance of self-care, support and supervision<sup>(33)</sup>. Incorporating these principles into the SLAs would provide formal acknowledgement of the importance of supporting the workforce to continue to undertake this emotionally demanding work.

### 3.4.3 Client Involvement

Seven recommendations aligned to the theme of client involvement which can be divided into two categories: individual treatment and service provision.

- Individual treatment

This overlaps to a degree with person-centred approaches (Section 3.4.4) in terms of involving individuals in their recovery plan and in setting their own goals. The Phoenix Futures SLA documents use of the personal outcomes star which is one example of this. Services across the UK have also found the “Making Every Adult Matter” (MEAM) approach to be another useful way of making services person-centred rather than trying to ‘fit in’ to a set system<sup>(34)</sup>.

- Service provision

Service users should be equal partners in service design and delivery, with their experience and expertise making valuable contributions. There is an opportunity to learn from lived experience and the Scottish Drugs Forum SLA outlines that they undertake peer research work directed by Fife ADP with peer researchers recruited from Fife.

Service co-production pilot studies, which utilise peer workers to lead harm reduction for alcohol or drug problems, are being undertaken elsewhere in Scotland<sup>(35)</sup> and the findings of this work may provide opportunity for service development<sup>(35,36)</sup>.

In Fife, the existing SLAs include a requirement to evidence service user involvement. This is often fulfilled in the form of service user satisfaction questionnaires. This provides service users with an opportunity to contribute to service development and two services report that they use these to generate action plans. It is not clear how the findings of these questionnaires are acted upon by the other service providers. Although satisfaction questionnaires provide service feedback they do not equate to service co-production.



### 3.4.4 Approaches to service provision

Half of the included publications recommended approaches for services to adopt. This theme encompasses five approaches identified from the recommendations and supported by the evidence-base. These are not mutually exclusive and implementation of these principles will enable evidence-based practice, which in itself is a recommended approach.

- Trauma-Informed

There is a clear relationship between experiencing trauma, particularly in younger years, and problem alcohol or drug use<sup>(20)</sup>.

A trauma informed approach was specifically recommended by one report but it is also referenced in other national reports including the Mental Health Strategy<sup>(37)</sup> and Survivor Scotland<sup>(38)</sup>. Being trauma-informed not only aids in engaging with people but also helps in reducing stigma<sup>(39)</sup>, which was reported as a concern for service users in Fife<sup>(8)</sup>.

Work is being undertaken across Fife to learn about and adopt this approach through the Trauma Steering Group. Local training programmes are available through Fife Health & Social Care Partnership's Health Promotion Service, whilst national training programmes are available through NHS Education for Scotland (NES)<sup>(32)</sup>.

Trauma-informed practice is not included in Fife ADPs service briefs and from the SLAs it is possible to identify one service that adopts trauma informed practice (DAPL) and another that is looking to undertake training (Frontline Fife). Local and NES training provide an opportunity for ADP services to develop the workforce where required and engage in trauma-informed practice.

- Whole Family

A whole families approach is of importance in mitigating the individual and wider impact of drug and alcohol use, including the impact on future generations. A whole families approach endorses support for families which can improve treatment adherence and be protective against drug related deaths<sup>(40)</sup>. This approach is also supported more widely by Scottish Government publications on children's wellbeing including "Getting Priorities Right"<sup>(41)</sup> and "Getting it Right for Every Child"<sup>(42)</sup>.

A whole families approach was recommended by three publications and two organisations in Fife document that they currently adopt a whole families approach (Barnardo's and Frontline Fife), with a third of organisation reporting they provide family support (FIRST). A whole families approach is not just for family-focussed organisations. Organisations that already implement this approach may be able to provide shared learning that demonstrates

the importance of a whole family approach in treatment, recovery and prevention of harms in future generations.

- Gender

In Fife, the proportion of female drug users has increased in the past 10 years and over the same time period, females have seen a higher percentage increase in the number of drug-related deaths than males<sup>(43)</sup>. This trend of an increase in drug harms in women has not been seen for alcohol, although the gap in alcohol-related hospital admissions between men and women in Scotland is narrowing<sup>(18)</sup>.

Two of the included publications recommended that services should be aware of the different needs of female service users. Gendered approaches can be adopted at various stages including:

- Service access and outreach

Women have different approaches in seeking support and there may be additional active outreach opportunities for women, for example mothers of babies diagnosed with foetal alcohol spectrum disorder (FASD). The recent introduction of new guidelines for diagnosing FASD in Scotland may provide a timely opportunity to establish this<sup>(44)</sup>.

- Treatment

In adopting a person-centred approach to treatment, this should be sensitive to gender and services should be aware of the potential for underlying issues such as trauma and/or domestic violence<sup>(43)</sup>.

One of the commissioned services in Fife runs a women's group (Restoration) and another service mentions women specifically as a client group (Addaction), alluding to a gendered approach. All services work with both males and females; however gendered approaches acknowledge the different needs of women which provide an opportunity for wider engagement.

- Person-Centred

A person-centred approach puts the person at the centre of decisions about their care, with services that are flexible to meet that person's needs in a way that works for them.

A person-centred approach was recommended by two included publications. It has also been widely adopted in health care services and continues to be championed through "What matters to you?" in NHS Fife and the Chief Medical Officer's report on "Realistic

Medicine”<sup>(45)</sup>. A person-centred approach is also included within the quality principles adopted by Fife ADP.

Reviewing the SLAs identified one service (DAPL) in Fife that explicitly reported adopting a person-centred approach at an individual level. It is unclear the extent to which other services deliver this type of approach. A person-centred approach is wider than individual treatment and requires services that are coordinated to meet individual’s needs. A lack of clarity around current service provision has been reported<sup>(8)</sup> which may lead to inefficient use of services and a lack of coordination in service delivery.

- Evidence-Based

Evidence from literature and evaluation of services can be used to inform effective service delivery. Building service delivery based upon the available evidence was recommended by three publications and is best practice to ensure effective use of the available resources. The evidence-base can be divided into 3 sub-sections:

- Demographic information to inform the needs of populations
- Literature on the effectiveness of treatments which is available through national clinical guidelines
- Contributing to the evidence base through monitoring and evaluating services

Using evidence-based practice facilitates provision of services that are appropriate to meet the needs of populations. Evidence-based practice is not specifically mentioned in the SLAs, however work has been undertaken in Fife through a needs assessment to understand the population demographic and services are monitored on service-specific outcomes. It is not evident how this information on outcomes is utilised by the ADP to inform future service provision.

### 3.4.5 Prevention of Deaths

The increase in drug-related deaths in Scotland was one of the driving forces in provision of additional funding for ADP services and whilst alcohol-specific deaths have not seen the same increase, they are similar in number. From the included publications, four recommendations were specific to drug-related deaths and overdose, including advocating for the provision of take home Naloxone.

Naloxone provision for treatment of drug over-dose appears to be established in Fife. There is the opportunity to consider ways to further improve the reach of this service based on

findings of the Fife Naloxone peer researcher report<sup>(24)</sup>, which may involve further work with secondary access sites such as pharmacies.

Each drug-related and alcohol-specific death is preventable and publications recommend monitoring and learning to be taken from each death. At present, it is unclear if there is a service that leads on drug-related death reviews in Fife.

The Scottish Government has requested local areas review alcohol deaths and this is going to be undertaken in Fife for alcohol deaths in 2018. This review will determine if this process will become routine.

#### 3.4.6 Associated illness

This theme was identified from three recommendations and can be divided into two categories: Conditions directly associated with drug and/or alcohol use and co-morbidities.

- Conditions directly associated with drug and/or alcohol use

These conditions include wound infections and blood borne viruses (BBVs) in drug users and liver disease in those who drink excess alcohol.

BBVs are easily transmissible through sharing of injecting equipment and injecting drug use accounts for 90% of Hepatitis C (Hep C) infections in Scotland<sup>(46)</sup>. There are existing services in Fife that have a focus on BBV testing and provision of safe injecting equipment. There may be scope for this to be extended to improve coverage and to contribute to achieving national and international targets, such as Hep C elimination<sup>(47,48)</sup>.

There is an opportunity to prevent progression of alcohol-related liver disease to liver failure through early intervention. This requires identification of alcohol-related liver disease as early as possible and has the potential to reduce individual harms and future health care costs. Evaluation of interventions and treatment was outwith the scope of this work, however, the wider literature suggests alcohol brief interventions can be used as a trigger to undertake liver testing<sup>(49)</sup>.

- Co-morbidities

Older people who use drugs experience ageing at much younger ages than their counterparts in terms of morbidity and life expectancy, with health problems that are generally associated with people who are 15 years older<sup>(25,50)</sup>. Due to this, people who use drugs have more complex health needs at younger ages. It has also been identified that

those who drink excess alcohol are at greater risk of high blood pressure, stroke, and some cancers.

Older people with drug problems were mentioned specifically across eight themes, with seven themes having a higher number of recommendations than services provided. This indicates that the different needs of this age group (35+ years) may not be being met by current service provision. This is a cross-cutting issue and services should be aware of the complex needs of this population and changing needs at different ages.

Unlike conditions associated with drug and/or alcohol use, there does not appear to be specific service provision commissioned via Fife ADP for prevention or treatment of co-morbidities for people who use alcohol and/or drugs. Providing advice and assistance with GP registration is a core service responsibility built into the SLAs, however registration alone is insufficient to address this issue. One of the core ADP outcomes centres on healthy lifestyle choices and opportunities, however it is unclear the extent to which existing services support individuals to maintain good general health.

Suggestions to address this include general health checks offered at point of contact with ADP services and routinely thereafter. This will require engagement with primary care services and previous publications suggest this may be challenging<sup>(51)</sup>. However, this is an opportunity to ensure that the right to health and access to medical care is met for these individuals.

#### 3.4.7 Advocacy

This theme is underwritten by evidence that service users may not have the capacity to advocate for their own needs<sup>(25)</sup>, such as those with alcohol-related brain damage and older people who use drugs.

Advocacy was highlighted by two publications, including being identified as a priority area by the Scottish Government. One publication outlined the need for advocacy services to ensure that older drug users with underlying health conditions receive timely and appropriate treatment.

Health care services can be difficult to engage with due to policies such as exclusion following missed appointments, termed 'disciplinary discharges'. Although ADP services in Fife do not have these exclusion policies, they do exist in other health services as per NHS Fife Patient Access Policy<sup>(52)</sup>. These barriers may prevent individuals from accessing services to the detriment of their health.

This theme is wider than health care provision and extends to other human rights including shelter and food. At present, there is no single advocacy service commissioned by the ADP in Fife and advocacy is not included within the service briefs. The SLA for Barnardo's documents their children's advocacy service but no services were identified as providing advocacy services for adults.

The Scottish Government recommends testing models of independent advocacy services and therefore there may be an opportunity to work with partners, including the Scottish Government, to develop innovative services which could provide a model for other local authorities in Scotland.

### 3.4.8 Housing

Housing is specifically mentioned in two recommendations and the relationship between drug-dependence, alcohol-dependence and homelessness is well established<sup>(53)</sup>. Those who have ever experienced homelessness account for 90% of initial assessments at drug treatment services<sup>(53)</sup> and people who have ever been homeless in Scotland also have more drug and alcohol-related hospital admissions than their counterparts.

Given this relationship, housing should be an integral part of ADP services. In doing so, this also provides outreach opportunities within the housing sector and addresses the human right to shelter by ensuring those who engage with drug and alcohol services have adequate housing. Stable, safe housing is a foundation from which individuals will be more equipped to engage with other services.

Frontline Fife report they work with the housing sector, but there is no requirement for housing integration in any of the service briefs. By involving housing services, there is an opportunity to develop a whole-systems approach to drug and alcohol services in Fife. Evidence shows that preventing homelessness can contribute to a reduction in drug and alcohol-related deaths, a reduction in hospital admissions and enable individuals to stay in treatment<sup>(53)</sup>.

Although not explicit in the recommendations identified, there should also be an awareness of future housing and care requirements. This may include the need for appropriate residential care or home care services, and palliative care for people who use alcohol and/ or drugs. It has been reported that at 40 years old, people who use drugs may require care similar to that of an elderly person<sup>(50)</sup>.

At present, there are a limited number of care homes in Fife that will admit people under 60 years old who use drugs and/or alcohol. This will likely be a challenge in the future as those who use drugs experience the effects of ageing at much younger ages than their counterparts<sup>(54)</sup> and the average age of a person dying from an alcoholic-specific death in Scotland is 58 years<sup>(16)</sup>.

#### 3.4.9 Retention in Services

Retention in treatment is protective against drug<sup>(40)</sup> and alcohol deaths and can minimise the negative consequences of relapse during recovery. Retention can improve service user experience and maximise resources by reducing the need for re-engagement.

Retention in services was recommended by three publications. Within the current service provision in Fife, there does not appear to be an emphasis on retention from a protective viewpoint. Retention in services should be appropriate and should not prevent step-down support when individuals are ready.

#### 3.4.10 Treatment

Treatment incorporates both physical and mental health and is a key component of service provision that is vital in preventing drug-related deaths<sup>(40)</sup> and minimising alcohol-related harms.

Although the scope of this work did not cover treatment-specific interventions for drugs or alcohol, in the publications reviewed, this theme had the largest discrepancy between the low number of recommendations and the high number of services providing treatment in Fife. This may be due to the included publications focusing on highlighting gaps in existing services and therefore not explicitly recommending the need for additional treatment services.

The recent publication on drug-related deaths has re-ignited the discussion on the optimal dose of opioid replacement therapies, with discussions that sub-optimal doses can lead to 'topping-up', contributing to drug-related deaths<sup>(55,56)</sup>. Evidence reviews and published guidelines are available to ensure that treatments provided are based on current evidence of best practice<sup>(10,57,58)</sup>.

### 3.4.11 Recovery Communities

Recovery communities are an integral part of services and acknowledge that support may be required long after treatment has ended. Recovery communities can reduce social isolation, provide peer support and prevent relapse<sup>(4)</sup>.

The importance of the recovery community is emphasised across three publications and in Fife this is a main focus of four services. This theme appears to be the best matched in terms of recommendations and existing service provision. One recovery service in Fife has recorded that in 2016/17, 71% of their participants completed their treatment compared to 46% that did not engage with recovery services. This shows that these services not only contribute at the end of treatment, but that they can add value during treatment, including improving retention in other services.

### 3.4.12 Environment

The environment and importance of place is significant in relation to alcohol harms, with areas in Fife with the highest rates of off-sales alcohol premises having higher rates of alcohol-related hospital admissions and mortality than areas with lower rates of off-sales premises<sup>(9)</sup>. The relationship between health outcomes and place is not unique to alcohol and has also been well documented in tobacco consumption<sup>(59,60)</sup>. Information on the availability of drugs in different areas of Fife is not routinely available but there have been studies that suggest environmental factors can contribute to individuals beginning and maintaining drug use<sup>(61,62)</sup>.

This theme was identified from three recommendations across two publications. Steps have been taken at a national level with the implementation of minimum unit pricing and although this has been in place a little over a year, there is already evidence of positive impacts<sup>(63)</sup>. However, there are opportunities at a local level to influence alcohol provision, particularly in areas of overprovision as these are often areas with high levels of deprivation and alcohol-related harms<sup>(9)</sup>.

In addition, linking with service access (Section 3.4.1), the built environment can provide transport barriers to accessing services. This has been noted in Fife, particularly for services which are not well connected by public transport, such as those at Cameron Hospital.



## 4. Discussion

### 4.1 Themes and Service Provision

The 12 themes identified from the publications are wide-reaching, highlighting that drug and alcohol use are not silo issues with one simple solution. The causes are complex and individuals have often suffered multiple disadvantage, with drug and alcohol use being a late marker of this. Therefore, this is an opportunity to work with partners to prevent drug and alcohol use and mitigate the adverse consequences through evidence-based service provision suited to individual needs.

The themes with the greatest number of recommendations are service access, workforce, client involvement and approaches. In contrast, there are a far lower proportion of recommendations relating to treatment, yet the highest number of services in Fife map to the theme of treatment. In mapping the themes to the existing services in Fife, there is disparity, suggesting a mismatch in recommendations and services. Based on this analysis, the needs of people who use alcohol and drugs in Fife may not be being met.

Although some of the themes identified align with the Scottish Government ADP core outcomes from 2013<sup>(67)</sup>, there is evidence in the recommendations of a shift from a medical treatment focus to a whole systems approach. There is an emphasis on understanding that drug and alcohol use is complex with many contributing components and cannot be addressed by medical intervention alone. A whole systems approach aims to link many of the influencing factors and coordinate efforts across multiple sectors to work towards a common goal. The current alignment of ADP services in Fife focuses on treatment and a shift in resources is needed to facilitate a whole systems approach to ensure service provision is evidence-based and meets the changing needs of the population.

Not all themes identified encapsulate all of the existing services provided in Fife. This does not negate the need for these services but highlights that more recent publications have focussed on the changing demographic and the severe consequences of drug and alcohol use. It may also suggest that some of these services need to be refocused in line with the recommendations and the evidence.

Prevention is not identified as a key theme in the publications and is incorporated into other themes including environment and whole family approaches. This may be due to included publications highlighting areas of service provision that focus on those who use drugs and/or alcohol and therefore not explicitly recommending provision of prevention services. This does not negate the need for pro-active prevention services such as those provided in Fife by Barnardo's and Clued Up.

Prevention of drug and alcohol use is of importance for two main reasons:

- To prevent individuals from establishing drug and alcohol use
- To limit the adverse consequences and health impacts in individuals who use drugs and/or alcohol

Prevention services should be able to provide reassurance that they are working in line with the evidence-base on effective prevention services<sup>(64)</sup> and should use local publications, such as the Fife Peer Research Project<sup>(24)</sup> and Fife needs assessment<sup>(8)</sup>, to tailor services to the Fife population.

Alcohol brief interventions (ABIs) can also be categorised as prevention. Evidence has shown that intervening at an early stage can reduce alcohol consumption and potentially prevent severe consequences of alcohol use, such as alcoholic liver disease, from developing<sup>(65)</sup>. The setting and process for undertaking ABIs should be based on best practice guidelines to ensure they are being undertaken in an effective and evidence-based manner.

There may be additional opportunities for prevention work, with wider literature identifying retirement as a trigger for changing patterns in alcohol consumption and there may be a prevention opportunity for this group<sup>(66)</sup>.

## 4.2 Lessons from Elsewhere

An overview of ADP service reviews in other Local Authorities in Scotland is provided in the Fife ADP Needs Assessment<sup>(8)</sup>. Of note, the areas reviewed also identified the need for a shift from treatment-focussed to population-based, whole systems approaches. In addition, other ADPs have acknowledged a lack of 'joined-up' services with no agency having overall responsibility for individual service users through treatment. A review of services in England also identified similar issues<sup>(8)</sup>.

ADPs across Scotland are working to a common goal of mitigating the harms from alcohol and drug use. This provides an opportunity to learn from service provision in other regions. Different approaches will likely be adopted given the lack of explicit direction from Scottish Government in their strategy document 'Rights, Respect and Recovery'. Whilst other regions will have different challenges (e.g. large city centres), some regions may align well with the geography of Fife and successful approaches in these regions may provide an opportunity for shared learning.

Looking further afield, Audit Scotland Drug and Alcohol Services Update (2019)<sup>(36)</sup> provides examples of practice from Europe that could be applied in Scotland. Some measures have a more upstream focus, such as decriminalisation of drugs in Portugal, but other initiatives may be more locally applicable such as Norway's Zero Vision for Overdose. This initiative has adopted a whole systems approach to reduce harm including strengthening public sector services, user empowerment and a shift in service culture<sup>(68)</sup>.

The Netherlands have also adopted an integrated service approach for many years for alcohol and drugs services and they have reported on the successes of this model in combination with changes in their drug policies<sup>(69)</sup>.

### 4.3 Limitations

There are limitations in the methodology of this work which should be considered in the interpretation of the findings.

The publication search was limited and there may be relevant publications that were not identified. To minimise the effect of this, the short life working group for commissioning of Fife ADP services was consulted along with public health experts in Fife and references of included publications were also examined. Identification of relevant publications via a wider literature search may provide additional recommendations to assess the themes and potentially provide further insight into effective models of service provision which Fife can learn from.

There are benefits from combining drug and alcohol service principles due to commonalities in misuse and individuals with combined drug and alcohol use. However, it is of note that only one of the included publications focussed on alcohol alone compared to four reports which focused on drugs alone. As a result, the recommendations produced may be skewed towards drug-related harms, and to the more severe consequences. This is not to say that the recommendations will not be of benefit for alcohol services, however there is potential for the emphasis to be placed on drug use when in fact alcohol-related harms are more significant in terms of hospital admissions.

The examination of existing services was limited to the documents available (SLAs, Service Briefs). It is acknowledged that these documents may not truly reflect the extensive work undertaken by existing services. In addition, at the time of this work, SLAs and Service Briefs were not available for all NHS provided services. As a result, there may be omissions with regard to the alignment of existing services with the themes identified. It is considered that

this additional information would not detract from the overall finding that there is opportunity in Fife to improve how drug and alcohol services are provided.

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## 5. Conclusions

The demographic of the population who use drugs and/ or alcohol in Fife has changed. This is combined with increasing trends of the severe consequences of drug and/ or alcohol use. Therefore, we need to take action to respond to the changing needs of this population.

Existing services in Fife provide strong foundations for a change in service provision. Some excellent work is being undertaken. The main recommendations build upon the existing services to improve outcomes by improving communication, partnership working and providing services that are person-centred, trauma-informed and evidence-based.

Change in service provision is challenging and is unlikely to happen quickly. However, it should be progressed as a priority due to the stark reality of the increase in unacceptable outcomes. Some recommendations will be easier to implement and a plan should be put in place for all recommendations, in particular those that will require more complex, structural changes.

As outlined in the methodology, measures should be established for monitoring and evaluating both the implementation of changes to services and the outcomes from these changes. This will enable further evaluation of the literature and a true test of the recommendations.

The Scottish Government report on Older People with Drug Problems<sup>(25)</sup> and the Scottish Alcohol and Drugs Strategy<sup>(4)</sup> (Rights, Respect and Recovery) encourage local authorities to work with the Scottish Government in assessing ways to implement their recommendations in practice. This therefore provides an opportunity to develop innovative approaches to improve services for the population.

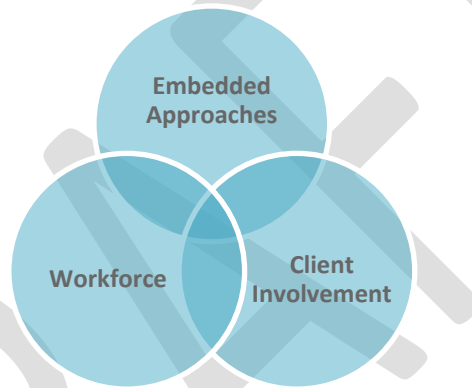
The shift in focus to a whole systems approach provides an opportunity to build upon the existing services in Fife and have a real impact in reducing the harms from alcohol and drug use.

## 6. Recommendations

Examination of the existing service provision in relation to the themes identified has led to the following recommendations for Fife ADP service provision. The recommendations can be divided into two broad categories and more detail is outlined below.

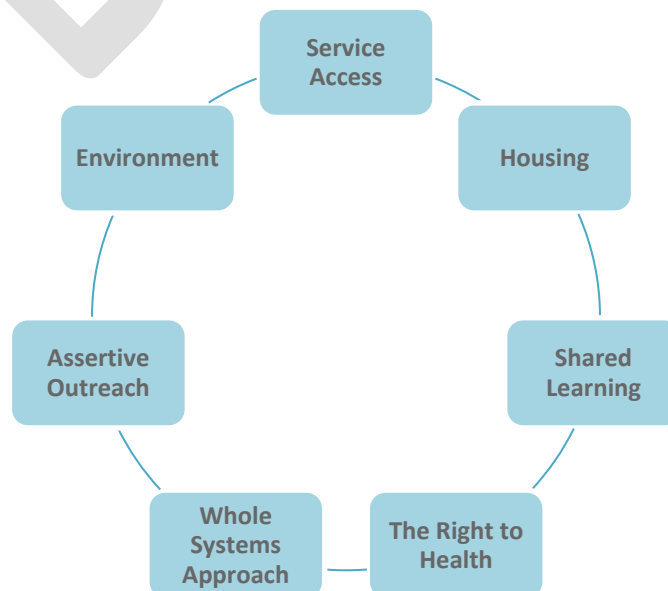
### Principles for all

These should be embedded in all commissioned services through incorporation in service briefs and SLAs, with requirements for services to report on how they adhere to these principles. This will require oversight and leadership from the ADP.



### Service Development

These recommendations will require changes to existing services or additional service provision to be considered by Fife ADP.



## 1. Embedded Approaches

The following approaches should be embedded in all ADP services:

- Trauma-informed
- Person-centred
- Whole family
- Gendered
- Evidence based

Specifically, trauma-informed and person-centred training should be a requirement of all employees of ADP commissioned services to ensure that service provision is appropriate for this vulnerable group and that work is being undertaken to maximise prevention of harms for future generations. Organisations should be provided with support to enable the effective implementation of these new ways of working. Services should be provided in a way to enable person-centred approaches such that the right services can be accessed at the right time for each individual.

All services should be aware of the different needs of women and girls, and gendered approaches should be considered across other themes including service access and outreach.

Building future service briefs around these recommendations will enable evidence-based service provision in Fife. The interventions provided by services (e.g. alcohol brief interventions [ABIs]) should also be modelled on a solid evidence base to ensure effective use of resources and delivery of services that meet the needs of the population.

## 2. Workforce

Workforce development measures to address concerns around training, communication and stigma need to be adopted by all ADP funded services. To protect both service users and employees, the ADP should establish minimum mandatory training requirements for commissioned services which can be embedded within the SLAs.

Where appropriate, a 'Once for Fife' approach should be considered to simplify paperwork (e.g. referrals) and link up IT systems to improve communication between services.

Peer workers should be embedded within the workforce and appropriately matched where possible to meet the needs of different groups e.g. women and older people.

In addition, services should be able to provide evidence of the support mechanisms in place for the wellbeing of their staff. This may be a joint workforce support system across services to enable development of shared approaches.

### 3. Client Involvement

Service users should be involved in developing their own goals and plans to achieve these through a person-centred approach.

Ongoing opportunities for individuals with lived experience to be involved in service review and development should be provided by each commissioned service, or collective approaches across services, to ensure they continue to meet the needs of this community.

### 4. Service Access

Services should be built around the service user rather than the service providers. Access to services needs to be simplified with one point of contact for service users (e.g. key workers) and a clear referral route into services for professionals. A key worker approach can provide navigation through services, improve appropriate retention in treatment and potentially provide an advocacy role.

Opportunities to engage further with existing service providers (e.g. Pharmacies), and the additional functions and information sharing they can provide should be considered. Other existing services, such as Dental services, could be considered as an additional platform for delivering ABIs to improve access to services.

### 5. Housing

Housing support should be incorporated as a key facet of ADP services. This formal integration will not only ensure housing is a priority, but will contribute to other recommendations such as service access and outreach, and enable a whole systems approach.

In addition, an assessment of future housing needs should be undertaken to ensure there will be sufficient housing and care options for the ageing population of people who use drugs.

### 6. Shared Learning

The lessons learned from providing services and service user outcomes should be shared between services and this should inform opportunities to modify service provision in Fife.



In addition, findings of pilot studies undertaken elsewhere in Scotland, such as 'Supporting Harm Reduction through Peer Support' (SHARPS)<sup>(35)</sup> on service co-production, should be examined as an opportunity to learn from other ADPs in Scotland.

A robust, systematic process should be in place for reviewing all deaths, regardless of whether the deceased was currently accessing, or was known to, services. This should include a lead agency and a process for implementing changes to services following identification of lessons learned. The upcoming alcohol deaths review in Fife should be used to inform an effective method of reviewing deaths that is beneficial for service learning from deaths.

#### 7. The Right to Health

It should be ensured that the health needs of service users, in particular older people with drug and alcohol problems, are met and their right to health is advocated for. This may involve the offer of general health checks at engagement and thereafter routinely throughout service use. Opportunities to promote health and wellbeing to people who use drugs and/or alcohol should be taken to encourage individuals to take steps to improve their general health.

Advocacy services may have a role in ensuring the health needs of these individuals are met and that health care services treat the whole person rather than a silo approach to treating their addiction; which may result in other health concerns going unreported and undiagnosed.

#### 8. Whole Systems Approach

Duplication within the existing service provision in Fife should be evaluated. This should enable a shift in resources from treatment-focussed to a holistic approach, aligning service provision with the evidence-base.

Consideration should be made as to how services are commissioned and if the current commissioning process inhibits a whole systems approach. Opportunities to integrate newly commissioned services into established services should be considered rather than adding another silo service. Methods to improve cross-agency communication will contribute to facilitating a whole systems approach.

#### 9. Assertive Outreach

Assertive outreach work should be implemented to engage with individuals not currently in services. This may be incorporated through existing services or combined with a key worker approach. In addition, there may be opportunities to work with other services to improve

outreach opportunities such as Pharmacies, Department for Work and Pensions and frequently used health care services including out of hours and A&E.

The importance of gender should be considered in assertive outreach to ensure equal opportunity to reach everyone.

#### 10. Environment

The importance of the environment in prevention and recovery should be considered. The opportunity to remove environmental barriers to service access (e.g. bus ticket provision) and develop partnerships with other sectors to advocate for supportive environments to reduce harms should be explored. Opportunities to improve the environment include addressing the availability of alcohol in areas where there is an overprovision.

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## Appendix A

### Table of Recommendations from Included Publications

<p><b>The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services (2014)(70)</b></p> <ul style="list-style-type: none"> <li>You should be able to quickly access the right kind of drug and alcohol service that keeps you safe and supports you throughout your recovery</li> </ul>
<ul style="list-style-type: none"> <li>You should be offered high quality, evidence-informed treatment, care and support interventions which keep you safe and empower you in your recovery</li> </ul>
<ul style="list-style-type: none"> <li>You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey</li> </ul>
<ul style="list-style-type: none"> <li>You should be involved in a full, strength based assessment that demonstrates the choice of recovery model and therapy is based on your needs and aspirations</li> </ul>
<ul style="list-style-type: none"> <li>You should have a recovery plan that is person-centred and addresses your broader health, care and social needs and maintains a focus on your safety throughout your recovery journey</li> </ul>
<ul style="list-style-type: none"> <li>You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs and aspirations</li> </ul>
<ul style="list-style-type: none"> <li>You should have the opportunity to be involved in an ongoing evaluation of the delivery of services at each stage of your recovery</li> </ul>
<ul style="list-style-type: none"> <li>Services should be family inclusive as part of their practice</li> </ul>
<p><b>Staying Alive in Scotland (2016)(71)</b></p> <ul style="list-style-type: none"> <li>Drug related death monitoring and learning</li> </ul>
<ul style="list-style-type: none"> <li>Being in treatment is a protective factor against death</li> </ul>
<ul style="list-style-type: none"> <li>Opiate replacement therapy is a protective factor and low threshold services decrease mortality</li> </ul>
<ul style="list-style-type: none"> <li>Retention in services is protective against drug related death; assertive outreach, trauma and continuity of care</li> </ul>
<ul style="list-style-type: none"> <li>Information sharing can be strengthened</li> </ul>
<ul style="list-style-type: none"> <li>Injecting drugs can result in a range of injecting related health problems</li> </ul>
<ul style="list-style-type: none"> <li>Blood borne virus testing and treatment should be increased</li> </ul>

<ul style="list-style-type: none"> <li>• Naloxone is an effective intervention in preventing opioid overdose deaths</li> </ul>
<ul style="list-style-type: none"> <li>• Release from prison/police custody are risks for overdose deaths</li> </ul>
<ul style="list-style-type: none"> <li>• Ageing drug users bring new challenges to services</li> </ul>
<ul style="list-style-type: none"> <li>• Correlation with an individual's mental health (reference to suicide training)</li> </ul>
<ul style="list-style-type: none"> <li>• Drug users experiencing homelessness have an increased risk of drug related death</li> </ul>
<ul style="list-style-type: none"> <li>• Recent percentage increases in drug related deaths are higher for females</li> </ul>
<ul style="list-style-type: none"> <li>• Prescription drugs and non-opiate illicit substances</li> </ul>
<ul style="list-style-type: none"> <li>• Attitude of workforce key to engagement</li> </ul>
<p><b>The Development of an Integrated Approach to the Delivery of Substance Misuse Services in Fife: An Options Appraisal (2016)(51)</b></p>
<ul style="list-style-type: none"> <li>• Development of an assertive outreach service</li> </ul>
<ul style="list-style-type: none"> <li>• Liaison service between primary care and NHS Addictions Service</li> </ul>
<p><b>Fife Peer Research Project: Overdose and Naloxone Kit Survey (2016)(24)</b></p>
<ul style="list-style-type: none"> <li>• 65% felt community pharmacies would be the easiest place to access Naloxone</li> </ul>
<p><b>Drug-Related Deaths Rapid Evidence Review (2017)(40)</b></p>
<ul style="list-style-type: none"> <li>• Seek- Engagement and access to services</li> </ul>
<ul style="list-style-type: none"> <li>• Keep- Characteristics of treatment and support</li> </ul>
<ul style="list-style-type: none"> <li>• Treat- Benefits of treatment</li> </ul>
<p><b>Older People with Drug Problems in Scotland (2017)(25)</b></p>
<ul style="list-style-type: none"> <li>• As part of national quality improvement work, partners, alongside Scottish Government, should test models to explore how best to identify and treat underlying health conditions of older people with drug problems (OPDP) in both specialist and primary care services</li> </ul>
<ul style="list-style-type: none"> <li>• Scottish Government, with partners, should test models of independent advocacy services to ensure that sub-standard care, particularly in relation to underlying health conditions for this population (OPDP), is appropriately challenged and remedied</li> </ul>
<ul style="list-style-type: none"> <li>• ADPS and Integrated Joint Boards (IJBs) for health and social care should develop training in this area and build partnership working between pain services, primary care and addiction services</li> </ul>
<ul style="list-style-type: none"> <li>• IJBs should ensure that mental health and addictions services work effectively together at operational and strategic levels in order to</li> </ul>

<p>better identify and meet the needs of OPDP. This should include the development of assertive outreach models of care which seek to make contact with those who are not engaging with existing provision</p>
<ul style="list-style-type: none"> <li>ADPs and partners should consider at a local level how they can develop appropriate support to reduce isolation and loneliness amongst OPDP and develop meaningful productive activity programmes. This will include specialist addiction services as well as community services and recovery/ volunteer groups. Progress on issues relating to isolation should be a required element of ADPs annual reporting to Scottish Government.</li> </ul>
<ul style="list-style-type: none"> <li>ADPs should ensure that services are able to: reach out to OPDP using a range of strategies including assertive outreach; provide an accessible service that takes account of, and addresses, issues OPDP may face in accessing services; Provide a quality psychologically informed service that is able to retain people appropriately in the service; Progress on these issues should be a requirement of ADPs annual reporting to Scottish Government</li> </ul>
<ul style="list-style-type: none"> <li>Scottish Government and partners should explore the funding of large and small scale pilot projects (including small tests of change) to generate increased evidence and practice models for how best to work with this population (OPDP) in a way that can be replicated with mainstream provision</li> </ul>
<ul style="list-style-type: none"> <li>There is need for ADPs and frontline services to ensure that gender issues for older women with a drug problem are addressed as part of their treatment and care, including underlying issues such as trauma and/or domestic violence. Addressing these issues should be a focus of treatment and the process of identification and addressing these issues should be undertaken as early as it is safe and appropriate to do so.</li> </ul>
<ul style="list-style-type: none"> <li>Scottish Drugs Forum (SDF), as the national training agency, should work with Scottish Government to explore how best to ensure training on working with OPDPs is made widely available for those who need it</li> </ul>
<ul style="list-style-type: none"> <li>Partners should work alongside relevant Scottish Government departments and other stakeholders to explore options for meeting the accommodation needs of this group, with particular attention to the potential to develop Housing First models whereby accommodation and any necessary support is provided without condition as to the person's substance use. This may provide a 'core and cluster' approach that would mean that housing and isolation needs could be addressed together. Where care needs lead to people needing a care or nursing home setting, consideration must be given to how services to older people adapt to accommodate this group (OPDP).</li> </ul>
<ul style="list-style-type: none"> <li>ADPs and IJBs for health and social care should work alongside Scottish Government and partners to develop guidance which could offer assistance in commissioning processes, including tendering and Service Level Agreements, for services specifically related to OPDP</li> </ul>
<ul style="list-style-type: none"> <li>A strong case needs to be made to IJBs that investment in quality drug and alcohol treatment and care services for OPDPs, alongside accessible primary care services, will make a positive impact on the demand for other services. There would be a likely significant</li> </ul>

reduction in emergency and unplanned hospital admissions as well as impacting on drug related deaths.
<b>Provision and Impact of Alcohol in Fife (2018)(9)</b>
<ul style="list-style-type: none"> <li>• Further off-sales licenses should be restricted in Cowdenbeath and Levenmouth areas where there is already substantial evidence of alcohol-related harm</li> <li>• A ban on any further off-sales licenses across Fife should be considered as alcohol-related harm is more strongly associated with off-sales and this measure would avoid drift of purchasing in neighbouring areas</li> </ul>
<b>National Development Project Fund (2018)(72)</b>
<ul style="list-style-type: none"> <li>• Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services</li> <li>• Reduce waiting times for treatment and support services. Particularly waits for opiod substitution therapy (OST) including where these are reported as secondary waits under the LDP standard</li> <li>• Improved retention in treatment particularly those detoxed from alcohol and those accessing OST</li> <li>• Development of advocacy services</li> <li>• Improved access to drug/ alcohol treatment services amongst those accessing inpatient hospital services</li> <li>• Whole family approaches to supporting those affected by problem drug/alcohol use</li> <li>• Continued development of recovery communities</li> </ul>
<b>Fife Alcohol and Drug Partnership Needs Assessment Report (2018)(8)</b>
<ul style="list-style-type: none"> <li>• Peer Researchers- these SDF trained researchers are meant to be working on two projects a year for ADP, but there are questions around the usefulness and the oversight of such research. ADP must be able to influence the work produced and ensure that it is providing benefit. For the workers themselves, could they be better served by more general employability training?</li> <li>• NHS Relationship- Engagement with NHS in particular seems to be weaker than with third sector agencies, with the potential to build on this for improved delivery. It is not clear whether there is real awareness about what each side wants and how to measure targets as a result of this, with there being no formal SLAs in place. This makes it difficult to effectively monitor ABIs, needle distribution and alcohol interventions.</li> <li>• Equality of Service- A striking theme is how some service users appear to feel they are treated across different services. A key factor appears to be the relationship with staff and that they are looked upon as individuals rather than defined by their addiction/ service targets. This appears to be a common view around addition services, with a large number of respondents proclaiming their belief</li> </ul>

addiction services had no interest in engaging with the individual or promoting real harm reduction
<ul style="list-style-type: none"> <li>• Service Connectivity/ awareness raising- Awareness of services appears to vary greatly not only across Fife, but also in people engaging with similar help. Knowledge of available services, confusion over how they work together, and frustration that they sometimes appear in competition, all feed into this theme. A harm-reduction service pathway or a one-stop shop hub might be useful here</li> </ul>
<ul style="list-style-type: none"> <li>• Empathy and Understanding- This was mentioned by many respondents as a vital part of effective intervention, with the relationships built up with counsellors/ service workers proving crucial. The perceived distance between clients and Addiction Service workers was one of the main reasons that people disengaged from this service. Similarly peer recommendations (buddy system) or the importance of having someone who has been in a similar situation was viewed as important</li> </ul>
<ul style="list-style-type: none"> <li>• Travel/ Accessibility- While this did not emerge as a significant theme in relation to particular areas of Fife, (perhaps because NEF and SWF were less likely to be part of the focus groups?), the cost of transport and practicalities of getting to appointments was mentioned</li> </ul>
<ul style="list-style-type: none"> <li>• Education- Although a more specialised area, this was mentioned by a number of services. The concept of 'whole family' approach is an interesting one and it does appear as if there is less advice for parents and families. It also raises questions about the emphasis that should be put on prevention alongside treatment</li> </ul>
<ul style="list-style-type: none"> <li>• Addiction services- This was flagged up by stakeholder, services, and service users as a potential impediment to the treatment pathway. Concerns raised were the attitude of staff, the approach to patients ('parking' them on medication), poor communication and the effect of their huge workload on patient care. It is not clear whether addiction services is aware of this perception and if so, what steps are being taken to address this.</li> </ul>
<ul style="list-style-type: none"> <li>• NHS Pharmacies and GP services- The link with these agencies appears to be something of a missed opportunity at the moment. NHS Pharmacy could collect more information from people collecting equipment and the information they do hold is often not requested. Furthermore, the priority given to ABIs appears to differ between GP surgeries and are viewed as intrusive by some patients.</li> </ul>
<b>Rights, Respect and Recovery (2018)(4)</b>
<ul style="list-style-type: none"> <li>• People access treatment and support- particularly those at most risk</li> </ul>
<ul style="list-style-type: none"> <li>• People engage in effective high quality treatment and recovery services</li> </ul>
<ul style="list-style-type: none"> <li>• People with lived and living experience are involved in service design, development and delivery</li> </ul>
<ul style="list-style-type: none"> <li>• People access interventions to reduce harm</li> </ul>
<ul style="list-style-type: none"> <li>• A person-centred approach is developed</li> </ul>
<ul style="list-style-type: none"> <li>• The recovery community achieves its potential</li> </ul>

- |   |
|---|
| <ul style="list-style-type: none"><li>• A trauma-informed approach is developed</li></ul>             |
| <ul style="list-style-type: none"><li>• An intelligence-led approach future-proofs delivery</li></ul> |
|   |

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## 10. List of Abbreviations

ABI	Alcohol Brief Intervention
ADP	Alcohol and Drugs Partnership
BBV	Blood Borne Virus
FASD	Foetal Alcohol Spectrum Disorder
ISD	Information Services Division
SLA	Service Level Agreement

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**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	March 2020
<b>TITLE OF REPORT:</b>	Drug-related Death Reviews
<b>EXECUTIVE LEAD:</b>	Dona Milne, Director of Public Health
<b>REPORTING OFFICER:</b>	Paul Madill

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

**SBAR REPORT**

This report provides an update on proposed changes to the review of Drug Related Deaths as requested by NHS Fife Clinical Governance Committee.

**Situation**

- DRDs have more than doubled in Scotland and in Fife in the last decade. The five-year aggregated data show an increase of 108% in Scotland and 121% in Fife between 2004-8 and 2014-18.
- **Partial and provisional figures for 2019 suggest that this trend has continued in Fife**
- Many of the people dying had not been accessing treatment for their drug problems
- Across Scotland, even amongst those accessing services, deaths have been increasing
- There has been a demographic shift in drug deaths, with an increasing number of female deaths, and a marked increase in deaths in the 35-44 and 45-54 age groups
- There are some differences in drugs implicated in DRDs in Fife as compared to Scotland, with gabapentinoids present in 81% of DRDs in Fife, v. 31% in Scotland
- 20% of Fife DRD deaths in 2018 occurred within 6 months of release from prison
- In 53% of deaths, a friend or family member was in the house, often in the same room
- In only 3 cases is it recorded that Naloxone was present, and it was only administered in 1 of those (may be a data recording issue)

**Background**

Drug-related deaths in people currently accessing, or within six months of discharge from, addictions services are investigated as part of NHS Fife's adverse events review process. However, most deaths occur in people who are not in contact with addictions services. The national drug related deaths taskforce recommends that all drug-related deaths should be subject to detailed multidisciplinary review.

**Assessment**

We know that the overall picture of drug-related deaths in Fife is similar to that of Scotland as a whole, with a higher proportion of female deaths, more deaths in older drug users, and more than double the number of deaths over the last decade. This is despite estimated drug use remaining about the same over the same period.

The harm caused by drug use is disproportionately borne by areas of Fife with high levels of deprivation. Most DRDs in Fife in 2018 occurred in the person's own home and in the presence of another person.

However, we have very limited understanding of the specific causes of DRDs in those who don't access treatment services, and of what systematic differences there might be between those individuals and those who have accessed services.

The governance of responses to overdose and drug related deaths in Fife is via the Overdose Prevention and Drug-Related Deaths Management Group (OPDDMG), a sub-group of the Alcohol and Drugs Partnership (ADP).

Next steps:

The OPDDMG at its meeting in December proposed the creation of a sub-group – the Multidisciplinary Drug Death Review Group (Fife MDRG) to ensure that we learn systematically from each individual drug-related death, based on the Tayside model

- This group will meet approximately every 6 weeks to review all drug-related deaths (with input from the NHS Addictions LAER review process)
- the OPDDMG group will consider common themes identified by the MDRG and this will inform strategic priorities on reducing drug-related deaths via the ADP
- The terms of reference and membership to be agreed by the OPDDMG, and will be informed by best practice from other parts of the U.K. including a visit to Tayside and a review of NHS Wales's published guidance

#### Evidence Base for this SBAR

Fife Public Health Evidence Review (July 2019)

Fife Drug-Related Deaths 2018 (Fife ADP)

Drug Related Deaths in Scotland in 2018 (NRS)

Dundee Drugs Commission Report (Aug 2019)

Rights, Respect and Recovery (2018)

Fife ADP's Needs Assessment (2018)

Drug-Related Deaths Rapid Evidence Review (2017)

Staying Alive in Scotland (2016)

The Development of an Integrated Approach to the Delivery of Substance Misuse Services in Fife: An Options Appraisal (2016)

Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services (2014)

#### Recommendation

- For information. The Clinical Governance Committee are invited to note the content of this report.

<b>Objectives: (must be completed)</b>	
Healthcare Standard(s):	Safe and Effective Care
HB Strategic Objectives:	Clinically Excellent Person Centred (Reduce Health Inequalities in terms of access and services)

<b>Further Information:</b>	
Evidence Base:	Fife Public Health Evidence Review (Draft, 2019) Fife Drug-Related Deaths 2018 (Fife ADP) Drug Related Deaths in Scotland in 2018 (NRS) Dundee Drugs Commission Report (2019) Rights, Respect and Recovery (2018) Fife ADP's Needs Assessment (2018) Drug-Related Deaths Rapid Evidence Review (2017) Staying Alive in Scotland (2016) The Development of an Integrated Approach to the Delivery of Substance Misuse Services in Fife: An Options Appraisal (2016) Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services (2014) Martin, Lynsey (unpublished) Alcohol and Drugs Service Provision in Fife: a synthesis of policy recommendations for Fife
Appendix	Drug Related Deaths in Scotland in 2018 (2019) National Records of Scotland
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Director of Public Health Divisional General Manager HSCP (Fife-wide) Consultant Psychiatrist/Clinical Lead in Addictions Medicine Consultant Psychiatrist /Clinical Director Fife-wide HSCP Alcohol & Drug Partnership Coordinator Clinical Services Manager, Whyteman's Brae Hospital

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	This report has no immediate financial impact or capital requirements
<b>Risk / Legal:</b>	This paper aims to address a significant current risk to the health of individuals and vulnerable communities. Reputational risk to NHS Fife and Fife HSCP could result from a failure to find new ways of addressing the issues outlined in this paper.
<b>Quality / Patient Care:</b>	This report addresses the need to provide care according to the needs of a highly vulnerable population. There are significant consequences of not managing to engage and retain in treatment people who use substances. These consequences can be severe for the health of individuals, but they also include reputational risk for the organisation .

<p><b>Workforce:</b></p>	<p>It is hoped that by addressing the training requirements of existing staff, the quality of their working lives can be improved. There is always the potential for staff opposition to changes in service provision.</p>
<p><b>Equality:</b></p>	<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. This report does not in itself alter service delivery. It does anticipate changes that will address inequalities in access to, and retention in, services.</li> <li>• Has a full EQIA been undertaken? No. See above.</li> <li>• Please state how this paper supports the Public Sector Equality Duty – <a href="#">further information can be found here</a></li> <li>• This paper aims to ensure equitable access to and retention in drug and alcohol and other health and care services, especially for women and for people living in areas of high deprivation</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>• The report identifies inequalities in outcomes and in service access and aims to reduce such inequalities</li> <li>• Any potential negative impacts identified in the EQIA documentation - No (if yes please state)</li> </ul>

## NHS FIFE CLINICAL GOVERNANCE COMMITTEE

<b>DATE OF MEETING:</b>	4 <sup>th</sup> March 2020
<b>TITLE OF REPORT:</b>	Drug Related Deaths- Prescribing of High Risk Medicines
<b>EXECUTIVE LEAD:</b>	Scott Garden, Director of Pharmacy & Medicines
<b>REPORTING OFFICER:</b>	Deborah Steven, Lead Pharmacist- Fife Pain Management Service

Purpose of the Report (delete as appropriate)		
<b>For Decision</b> reach a conclusion	<b>For Discussion</b> consider the options and any impact	

### SBAR REPORT

#### **Situation**

A recent paper was presented to the Clinical Governance Committee <sup>(1)</sup> by Dona Milne, Director of Public Health, in relation to Drug Related Deaths (DRDs) in Fife, based on the national report <sup>(2)</sup>. Both papers recognise the potential role that the availability of prescribed medicines, such as Gabapentinoids, Opioids and Hypnotics, have on DRDs.

This report provides an update from a Short Life Working Group which includes representation from pharmacy, pain service, addictions service, public health and GPs. The group has developed some proposals to address and change the culture of prescribing High Risk Medicines (Gabapentinoids, Opioids and Hypnotics) in Fife.

#### **Background**

- At least 1 in 5 of the adult population in Scotland manage long term pain
- A Chief Scientist Office (CSO)-funded study in 2012 found that 18% of the Scottish population are prescribed opioids
- Scotland has one of the highest rates of opioid overdose mortality in Europe.
- Pain medicines (including opioids, gabapentinoids and in some instances benzodiazepines) can be effective for some patients in helping manage their pain but can have a limited benefit in many patients for chronic non cancer pain and have significant associated side effects and risks including dependency and withdrawal issues.
- Public Health England (2019)<sup>(3)</sup> released a report “ Dependence and withdrawal associated with some prescribed medicines” which highlight Opioids, Gabapentinoids and Hypnotics/ Anxiolytics, including Benzodiazepines, as areas of concern that needed to be addressed.
- SIGN 136 Management of Chronic pain <sup>(4)</sup> the National Quality Prescribing in Chronic Pain guide (QPCPG) 2018-21 <sup>(5)</sup> , and Realistic Prescribing <sup>(6)</sup> all highlight the need for medicines to be used safely and effectively.
- SIGN recommends that all patients on opioids should be assessed early after initiation, with a minimum of annual reviews, but more frequently if required, to achieve the minimum effective dose and avoid harm. Treatment goals may include improvements in pain relief, function and quality of life. Consideration should be given to a gradual early reduction to the lowest effective dose or complete cessation.
- There is an increasing body of evidence that opioid use in long term pain is less favourable due to risk of overdose, dependence, endocrine disorders, immunosuppression, infection,

fractures and opioid induced hyperalgesia.

- SIGN 136 & QPCPG advocate supporting pain self management alongside use of pain medicines if medicines are appropriate, safe and effective.
- National drug related deaths taskforce has been established by the Scottish Government, led by Professor Catriona Matheson, University of Stirling.
- These High Risk Medicines are classified within the Controlled Drugs legislation.

## **Assessment**

### **The scale of the issue :**

#### **Primary Care**

Based on Prescribing data to June 2019, NHS Fife is the 3rd highest health board for prescribing of all three medicine groups, opioids, gabapentinoids and hypnotics/anxiolytics. The prescribing costs for gabapentinoids and opioids are approx £3M p.a, which accounts for approx 4% of the total prescribing spend in primary care. The economic consequences of opioid misuse are also substantial.

There are some differences in drugs implicated in DRDs in Fife, compared to Scotland, with gabapentinoids present in 52% of DRDs in Fife v 31% in Scotland and prescribed benzodiazepines present in 46% of DRDs in Fife v 20% in Scotland.

Professor Matheson, DRD Taskforce lead, has been collaborating with Debs Steven, Lead Pharmacist, Fife Pain Management Service, as part of the NHS Fife R&D bursary funded Prescribed Opioid Overdose Risk (POOR) study. This involves collation of data to understand GP opioid prescribing in Fife over a 6 month period with data collated from 46/54 practices (85%), covering 341,240 patients (89% of Fife Practice population) at 1<sup>st</sup> Dec 2019. (7)

Early analysis shows:

- 42,479 (12%) patients had an opioid prescribed Practice range (5-20%)
- 14,110 (4.1%) patients had a strong opioid (incl tramadol\*) prescribed Practice range (1.6-7.3%) \* if taken at maximum dose of 400mg daily, Tramadol has a morphine equivalent daily dose of 60mg.
- 3,075 patients had a strong opioid & hypnotic/benzodiazepine combination
- 3965 patients had a strong opioid & gabapentinoid combination
- 1110 patients had a strong opioid, gabapentinoid & hypnotic/benzodiazepine combination, considered highest risk

Full analysis will be available at practice and cluster level once completed.

#### **Secondary Care**

Current prescribing and electronic record systems do not facilitate easy analysis of in- patient prescribing or out- patient prescribing recommendations. In future, Hospital Electronic Prescribing and Medicines Administration (HEPMA) system should help overcome this.

Feedback from secondary care professionals note the following issues:-

- Lack of knowledge of opioid equivalences leading to inadvertent initiation of high dose morphine equivalences.
- Involvement of high risk pain medicines in near fatal overdoses (NFO) presenting at A&E

- Perception of increasing volume of out-patient prescribing recommendations for high risk pain medicines- an attempt to quantify this is being carried out by analysis of handwritten out-patient GP recommendations

### **Interface**

- Anecdotal evidence suggests regular involvement in NFO not reaching the hospital setting – the Specialist Pharmacist in Substance Misuse( SPiSM) is currently trying to analyse involvement in (NFO) from Scottish Ambulance Service reports.
- Enhanced recovery protocols leading to expedited discharge, necessitating opioids as part of the discharge protocol rather than being tapered and stopped whilst an inpatient<sup>(8)</sup>. This can lead to ongoing longterm prescribing in Primary Care

### **Accountable Officer**

The Controlled Drugs (supervision of management and use) regulations 2013 require the Controlled Drug Accountable Officer (CDAO) , as part of their duties, to monitor and assess prescribing of controlled drugs. Legislation also requires each designated body that has a CDAO to provide the resource necessary to enable to discharge the responsibility. The Director of Pharmacy & Medicines is the CDAO and the Lead Pharmacist, Medicines Governance has Controlled Drugs as part of their role. They have identified the need for further investment in resource in line with legislation to fulfil all duties including ensuring oversight of the prescribing of controlled drugs. This investment requires to be fully scoped and a funding source identified.

### **Pain Management**

Fife Pain Management Service (FPMS) has a strong self- management ethos which includes a small specialist pharmacy team to undertake medication review. FPMS also has a multi-disciplinary NHS Fife Pain prescribing group which leads on the development and implementation of pain prescribing guidance and the QPCPG across NHS Fife, as well as facilitating medication review and audit.

There is a small in-patient pain team consisting of a Lead Consultant (1 session) and specialist nurses (in the process of being increased from 2 WTE to 3 WTE) to support planned care and on an adhoc basis, to other areas, where resource allows. As part of this role they provide specialist advice on analgesic management including assessment of effectiveness, appropriateness and support for rationalisation of analgesic prescribing. Discharge planning advice is also provided for those patients that they are involved with. The team are also involved with the provision of education and training in pain management within the hospital setting.

Most patients with chronic pain are managed in primary care and do not attend specialist services. Historically, patients with longterm pain have not been managed in the same way as other long term conditions, despite chronic pain being recognised as a long term condition by the Scottish Government in 2008. Few chronic pain patients receive regular/annual review in primary care which may in part, be due to chronic pain historically not being included within the General Medical Services contract for GP practices.

### **Quality Improvement work**

Since 2013, a programme of prescribing audits for High Risk Medicines (Hypnotics in 2013, Opioids in 2016 and Gabapentinoids in 2018/19) has been undertaken by the pharmacy team working in GP practices. Following each audit, GPs have feedback that there is insufficient resource and/ or supporting services, such as a specific “pain & dependency clinic”, to review patients prescribed high risk medicines.

As a result of these audits, there has been a reduction in prescribing of these medicines, however, this has not been sustained and prescribing continues to increase in NHS Fife across Primary and Secondary care. The reasons for this are complex and multi-factorial and include: cultural issues amongst staff and patients regarding medicalisation of longterm pain; lack of resource to review and support patients; lack of access to specialist pain and dependency support; as well as a range of social issues. A number of different approaches have been used to try to address these issues including pain prescribing newsletters, training of practice pharmacy and acute pharmacy teams, engagement with specialist services and building links between FPMS and addiction services via Dr Bhags Sharma, Consultant Psychiatrist.

Challenges faced in trying to change the culture include loss of protected learning time sessions for GP practices which previously gave opportunity to engage with many GPs and Primary Care clinicians at one time and encouraged interface discussions and identification of solutions.

With the current development of the Pharmacotherapy service within GP practices, there is a potential to utilise some of the pharmacist resource to support patients with longterm pain who are prescribed high risk medicines. A recent test of change undertaken in Jan –Mar 2019 for the Community Pharmacy Pain Network showed pharmacy review can review patients to reduce risks in this patient group <sup>(9)</sup>, however it is quite resource intensive.

### **Learning from other areas**

There are currently a range of models in other boards in Scotland to tackle the issue of High Risk Medicine Prescribing and Drug Related Deaths. These include:

- Public health led approach to Drug Related Deaths
- Drug and dependency clinics are established in Lothian & Greater Glasgow & Clyde and have recently started in Tayside.
- Lanarkshire have established pharmacotherapy led review clinics of strong opioid patients

### **Proposed Actions**

Following the success of the Medicines Efficiency Programme in terms of delivering a sustained change in culture of prescribing across NHS Fife, it is proposed that there is a need for a similar whole system approach, executive level engagement and clinical leadership across NHS Fife, the Health and Social Care Partnership and partner organisations to :

1. Recognise the scale of the public health issue in Fife
2. Change the culture of prescribing and availability of High Risk Medicines in Fife
3. Support review of patients who are currently prescribed these medicines in order to prevent long term risks of dependency and addiction



The SLWG proposes the following actions:

1. Executive level support to address the issue of High Risk Medicine prescribing (as an element of Drug Related Deaths) across Fife
2. Support a “Call to Action” event in Fife to engage key stakeholders in order to develop some quick wins, as well as a sustainable approach, to reduce prescribing and improve the management of long term pain. The aim would be late spring for a Rapid Improvement Event, similar to those held for Formulary Redevelopment as part of the Medicines Efficiency Programme, with key stakeholder engagement from all appropriate services and be sponsored by an executive lead. This would require Project support in place.
3. Agree that the NHS Fife Clinical Governance Committee will provide oversight of this work with the Area Drug and Therapeutics Committee (ADTC) tasked to drive forward this work. It is anticipated that a working group may need to be created as a sub-group of ADTC to create the capacity and momentum for this work.

### **Recommendations**


**The NHS Fife Clinical Governance Committee is asked to:**


1. Note the current issues related to prescribing of High Risk Medicines across NHS Fife
2. Support the need to address these issues as one of Fife’s key priorities
3. Agree the proposal for a “Call to Action” event in Fife
4. Support provision of project support to enable “Call to Action” event and SLWG to lead on associated work
5. Support the need to develop a business case to ensure appropriate resource is available within the CDAO team.
6. Recommend to the NHS Fife Clinical Governance Committee to support the above.

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

Healthcare Standard(s):	Safe and Effective Care
HB Strategic Objectives:	Clinically Excellent Person Centred (Reduce Health Inequalities in terms of access and services)

### **Further Information:**

Evidence Base:	
	<ol style="list-style-type: none"> <li>1. Paper submitted to Clinical Governance Committee P Madill Oct 19</li> <li>2. Drug Related Deaths in Scotland in 2018 (NRS) <a href="https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/2018/drug-related-deaths-18-pub.pdf">https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/2018/drug-related-deaths-18-pub.pdf</a></li> <li>3. Public Health England Dependence &amp; withdrawal associated with some prescribed medicines <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829777/PHE_PMR_report.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829777/PHE_PMR_report.pdf</a></li> <li>4. SIGN 136 Management of Chronic Pain <a href="https://www.sign.ac.uk/assets/sign136_2019.pdf">https://www.sign.ac.uk/assets/sign136_2019.pdf</a></li> <li>5. Quality Prescribing in Chronic Pain Guide for Improvement 2018-21 <a href="https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/03/Strategy-Chronic-Pain-Quality-Prescribing-for-Chronic-Pain-2018.pdf">https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/03/Strategy-Chronic-Pain-Quality-Prescribing-for-Chronic-Pain-2018.pdf</a></li> <li>6. PolyPharmacy Guidance –Realistic prescribing 3<sup>rd</sup> edition 2018 <a href="https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf">https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf</a></li> <li>7. POOR study data analysis D Steven Dec 2019</li> <li>8. Quinlan et al, 2019 Perioperative use and misuse Clinical Medicine 2019 Vol 19, No 6: 441–5 available from <a href="https://www.rcpjournals.org/content/clinmedicine/19/6/441">https://www.rcpjournals.org/content/clinmedicine/19/6/441</a> accessed 09/01/2020</li> </ol>

	 CPPN Test of Change Report Update
	9. CPPN Test of change report Final
Appendix	
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Consultant in Public Health, Paul Madill H&SCP West Lead Pharmacist, Fiona Forrest Consultant Psychiatrist/Clinical Lead in Addictions Medicine, Bhags Sharma Specialist Pharmacist in Substance Misuse, Sarah McFarlane Realistic Medicines prescribing lead, & GP Linda McGourty Consultant Anaesthetist, FPMS Fiona Bull

Impact: (must be completed)	
<b>Financial / Value For Money</b>	This report has no immediate financial impact or capital requirements . If agreed Project support would be needed There may be a need to invest in the CDAO team if business case supported
<b>Risk / Legal:</b>	This paper aims to address a significant current risk to the health of individuals. Reputational risk to NHS Fife and Fife HSCP could result from a failure to find new ways of addressing the issues outlined in this paper.
<b>Quality / Patient Care:</b>	This report addresses the need to provide care to reduce risk of harm to a prescribed patient population on high risk medicines (HRM) and improve self management of chronic pain. There are significant consequences of not reviewing the HRM population. These consequences can be severe for the health of individuals, but they also include reputational risk for the organisation .
<b>Workforce:</b>	It is hoped that by addressing the training requirements of existing staff, the quality of their working lives can be improved. There is always the potential for staff opposition to changes in service provision.
<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. This report does not in itself alter service delivery. It does anticipate changes that will address inequalities in access to, and retention in, services.</li> <li>• Has a full EQIA been undertaken? No. See above.</li> </ul>

	<ul style="list-style-type: none"><li>• Any potential negative impacts identified in the EQIA documentation - No (if yes please state)</li></ul>
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**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	4 <sup>th</sup> March 2020
<b>TITLE OF REPORT:</b>	Standards for Organisational Resilience – Self Assessment Report to SG for the 10 <sup>th</sup> April 2020
<b>EXECUTIVE LEAD:</b>	Dona Milne – Director of Public Health
<b>REPORTING OFFICER:</b>	George Brown – Emergency Planning Officer

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

SBAR REPORT	
<b><u>Situation</u></b>	The Scottish Government Health Resilience Unit (SGHRU) issued a letter on the 2 December which was the subject of an SBAR to the Clinical Governance Committee at their January meeting. This SBAR accompanies the updated self-assessment on the progress we have made against the Standards for Organisational Resilience for submission by 10 April 2020.
<b><u>Background</u></b>	We have already made two self-assessment returns to the SGHRU since the 41 standards were introduced in May 2016 and this will be our third which covers the period from April 2018 to March 2020.
<b><u>Assessment</u></b>	<p>The Resilience Forum discussed the Standards and each of the Standards was allocated to a lead person. The Standard owners were asked to submit their six monthly reports against each of their Standards and how these were being taken forward.</p> <p>Based upon the returns received we can see that we are continuing to make good progress in embedding the Standards within our organisation.</p> <p>The standards are assessed using the following 4 benchmarking criteria:</p> <p><b>Level 1 – Planning</b> Action has been identified and planning arrangements have been started</p> <p><b>Level 2 - Implementing</b> An individual has been tasked to progress the action, a plan implemented and a methodology agreed and to provide evidence of the action being delivered</p> <p><b>Level 3 – Monitoring</b> An action has been implemented with an agreed process in place that is now being monitored over time and that any associated learning and improvement planning is in place to ensure delivery of the standard.</p> <p><b>Level 4 – Reviewing</b> An action has now been mainstreamed into existing services and that quality assurance and performance management has been established to review the action on an on-going basis.</p>
<b><u>Recommendation</u></b>	Clinical Governance Committee is asked to note and approve the report on the standards for Scottish Government.

<b>Objectives: (must be completed)</b>	
Healthcare Standard(s):	ALL
HB Strategic Objectives:	Person Centered, Clinically Excellent, Exemplar Employer, Sustainable.

<b>Further Information:</b>	
Evidence Base:	The Civil Contingencies Act 2004, designates NHS Fife as a Category 1 Responder along with Police, Ambulance, Fire Service and Local Authority
Glossary of Terms:	SGHRU – Scottish Government Health Resilience Unit
Parties / Committees consulted prior to Health Board Meeting:	NHS Fife Resilience Forum, various senior managers within NHS Fife.

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	Ensuring an effective and resilient Healthcare delivery system within Fife.
<b>Risk / Legal:</b>	Ensuring an effective response is part of our legal duty as a category 1 responder
<b>Quality / Patient Care:</b>	We can continue to provide patient care should we be effected by a disruptive event or major incident.
<b>Workforce:</b>	A resilient workforce and system ensures best practice and continuity of patient care.
<b>Equality:</b>	Ensuring continuity of service where possible avoids further negative impacts on those who need the NHS most

## REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020

Standards	Self Assessment Benchmarking Level August 2018	Comments for April 2020 Submission	Self Assessment Benchmarking Level February 2020
<p><b>Standard Number - 1</b></p> <p>The NHS Board shall have effective processes for ensuring that all resilience plans, policies and procedures are compliant with key legislation and Regulations underpinning this area of work.</p>	<b>Level 3</b>	NHS Fife has a robust resilience structure comprising a Strategic Resilience Group (NHS Fife Resilience Forum), an Acute Services Resilience Group and a Health and Social Care Resilience Group. The Resilience team is responsible for monitoring the performance of all Resilience and Business Continuity (BC) plans for compliance with all key legislation and any related duties.	<b>Level 3</b>
	<b>Level 1/2</b>	<p><b>H&amp;SCP</b></p> <p>In addition to being represented on the NHS Fife Resilience Forum, Fife H&amp;SCP have their own Resilience Group with representation from the Council and NHS Fife. A Resilience Policy and Strategy and a Response and Recovery Plan are in place. The H&amp;SCP will continue to work closely in partnership with NHS Fife through the NHS Resilience Forum and other governance structures.</p>	<b>Level 2</b>
<p><b>Standard Number – 2</b></p> <p>The NHS Board shall have clearly defined governance arrangements in place throughout the organisation for all resilience-related work.</p>	<b>Level 2</b>	<p>The Director of Public Health is the appointed lead for resilience for the Board and also chairs the NHS Fife Resilience Forum.</p> <p>This includes responsibility for emergency planning and business continuity under a joint banner of resilience.</p> <p>The Health and Social Care Partnership Resilience Group is chaired by the Director of H&amp;SCP.</p> <p>Governance arrangements are by means of an annual report and quarterly minutes scrutinized by the NHS Fife Clinical Governance Committee and an assessment against these national organisational standards to the NHS Fife Board.</p>	<b>Level 3</b>

## REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020

<p><b>Standard Number - 3</b></p> <p>The NHS Board shall have an overarching resilience framework and/or policy that set out the organisations objectives and expectations.</p>	<p><b>Level 1</b></p>	<p>To date we have focused on ensuring we have leads within the organization for each of the resilience standards and creating a Resilience Team which meets on a regular basis.</p> <p>A resilience framework document is in development to take account of our new resilience structures.</p>	<p><b>Level 2</b></p>
<p><b>Standard Number 4.</b></p> <p>The NHS Board shall promote awareness of its resilience objectives amongst the workforce, and inform staff how they can best achieve them.</p>	<p><b>Level 1</b></p>	<p>We now have regular workshops for those who would be expected to take part in a response to an incident. We regularly inform staff about the importance of business continuity and resilience through our Dispatches daily email, for example, when we have Black Start testing taking place or incidents of severe weather.</p>	<p><b>Level 2</b></p>
<p><b>Standard Number - 5</b></p> <p>The NHS Board shall have an annual programme to assess, mitigate or manage resilience risks, especially those resulting from a capacity/capability assessment.</p>	<p><b>Level 2</b></p>	<p>We have a schedule of Resilience Forum meetings and an action plan for reviewing key policies at regular intervals. We have a risk register and these are reviewed at the Resilience Forum and the Public Health Assurance Committee. We have a newly established process to quality assure BC plans annually. All incident/exercise debriefs are reviewed by the Resilience Forum and a programme of training is in place.</p>	<p><b>Level 2</b></p>
<p><b>Standard Number - 6</b></p> <p>The NHS Board shall carry out an 'all-risks' risk assessment at least annually to identify hazards, threats and vulnerabilities which may affect its resilience and ability to deliver its</p>	<p><b>Level 2</b></p>	<p>Although it is good practice to review these issues periodically it is the ability to provide a scalable, flexible and robust generic response that will underpin all of their risk-specific plans which will ensure that plans in place are responsive for the situation the hand.</p> <p>The resilience risk for NHS Fife is reviewed regularly by the Resilience Forum and updated on its Risk Register and Datix.</p> <p>A good example of how we handle risks is the manner in which we approached a potential no deal EU-Exit where our Resilience Forum increased its meeting intensity to identify and monitor potential risks.</p>	<p><b>Level 3</b></p>

**REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020**

functions.		We would handle any other identified risk in the same way.	
<p><b>Standard Number 7</b></p> <p>The NHS Board shall have an overarching Business Continuity (BC) policy and a robust BC Management process.</p>	<b>Level 4</b>	BC Plans are reviewed and updated annually or after an incident to incorporate any lessons learned. This is monitored by the Acute and Partnership Management Teams. A list of critical and non-critical services is included within the plans and is updated in line with service changes. A draft Corporate Business Continuity Plan has been reviewed by the NHS Fife Resilience Forum and will be shortly submitted to Executive Directors Group for sign off.	<b>Level 3</b>
<p><b>Standard Number 8</b></p> <p>The NHS Board shall have up-to-date, effective Business Continuity (BC).contingency plans for all prioritized services and functions.</p>	<b>Level 3</b>	NHS Fife has Business Continuity and Resilience Plans in place that enable an effective response in the event of an incident with specific plans in place for risks such as pandemic influenza. A list of critical and non-critical services is included within all plans.	<b>Level 3</b>
<p><b>Standard Number 9</b></p> <p>The NHS Board shall have Major Incident, Business Continuity/ Resilience plans that reflect their emergency preparedness and which have been developed with the full engagement and co-operation of interested internal /external stakeholders.</p>	<b>Level 2</b>	<p>A procedure is being put in place to ensure that all Business Continuity Plans and Resilience Plans currently in place are reviewed and updated annually and are developed in conjunction with both internal and external stakeholders.</p> <p>NHS Fife Acute Services have developed a new Major Incident plan. Two workshops were held in 2019, both facilitated by ScoRDS, to introduce and work through the new plan using realistic scenarios. Two further exercises/workshops are already planned for May and October 2020.</p> <p>NHS Fife continues to work with partner agencies in the development of Fife LRP and East of Scotland RRP Resilience Plans, for example Fuel Shortage and Pandemic Flu Plans.</p>	<b>Level 3</b>
		<p><b>H&amp;SCP</b></p> <p>Fife H&amp;SCP are ensuring that all services, both NHS and Council,</p>	



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		<p>have Business Continuity Plans in place to cover critical services and these are reviewed annually. These are referenced in the H&amp;SCP Response and Recovery Plan. H&amp;SCP services will participate in NHS processes to continue to strengthen governance in this area. The H&amp;SCP has been involved in the review of the NHS Fife Major Incident Plan. The H&amp;SCP has a seat on the Fife LRP and works closely with all partner agencies. Fife H&amp;SCP and Fife Council are jointly leading the development of the Fife multi-agency Care for People arrangements. Part of this development work will include the cross referencing of responsibilities as set out within the National MI-MC plan. The Care for People arrangements will form part of the Fife LRP plans.</p>	<b>Level 2</b>
<p><b>Standard Number 10</b> The NHS Board shall address the specific needs of children and young people in all relevant Major Incident and Business Continuity plans, and ensure that all response/ interventions are sensitive to their needs.</p>	<b>Level 2</b>	<p>Business Continuity Plans are in place for the Children’s Ward, Special Care Baby Unit and Maternity. Arrangements for the care of children and young people have been considered and are included within the new Major Incident Plan.</p> <p>A training and exercising programme is in process of being developed for the Women’s and Children’s Service in regards to the management and treatment of neonates and children.</p>	<b>Level 2</b>
		<p><b>H&amp;SCP</b></p> <p>BC plans are in place for Children’s Services within the H&amp;SCP. Multi agency arrangements are currently being developed for Care for People involved in an emergency and Fife H&amp;SCP is leading on this jointly with Fife Council. We will ensure specific reference to the care of children and young people. Arrangements with volunteers and voluntary agencies will be subject to close scrutiny/ due diligence.</p>	<b>Level 3</b>
<p><b>Standard Number 11</b> The NHS Board shall have pre-determined Command, Control and Coordination (C3) arrangements in place at Board (strategic level)</p>	<b>Level 2</b>	<p>The new Major Incident Plan clearly defines the Command, Control and Co-ordination arrangements within the Board for both internal and external incidents.</p> <p>The plan also includes Action Cards for key roles that would be required in the response. Key contact numbers are also contained within the plan. Scottish Ambulance Service were consulted on the</p>	<b>Level 3</b>

**REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020**

and Hospital– levels (Operational level) to respond effectively and efficiently to various types and scale of major / mass casualties' incidents.		new plan and were also involved in both workshops in 2019.	
		<p><b>H&amp;SCP</b></p> <p>Fife H&amp;SCP are included within the Command, Control and Cooperation arrangements for the NHS Fife Major Incident Plan and existing on-call structures and call-out arrangements.</p>	<b>Level 3</b>
<p><b>Standard Number 12</b></p> <p>The NHS Board shall have a training and exercising plan in place to test the organisations state of preparedness and to inform its response capability</p>	<p align="center"><b>Level 2</b></p>	<p>Two diary dates for Workshops/Exercises to test our Major Incident Plan – one in May and one in October – have been circulated, these will be facilitated by Margaret Nicoll from the Scottish Resilience Development Service</p> <p>NHS Fife regularly takes part in the planning and participation of local and regional exercises at both COMAH and MOD sites in Fife as part of the Fife Local Resilience Partnership. Apart from senior staff attending Crisis Management Courses run by ScoRDS we have also developed more bespoke course with ScoRDS including exercises with our Executive Directors Group. We are also currently developing through ScoRDS some bespoke training with our Health and Social Care Partnership. Dates for this year's courses will be available by the end of March.</p>	<b>Level 2/3</b>
		<p>Fife H&amp;SCP participates in multi-agency training and exercising at a National and Local level. Ongoing planning arrangements for these are through the Fife LRP. In addition, the H&amp;SCP Response and Recovery Plan sets out training and exercising arrangements. The H&amp;SCP has developed a training plan in conjunction with partners and is in the process of arranging a joint NHS Fife/Fife H&amp;SCP senior manager training workshop with Scottish Government</p>	<b>Level 2/3</b>

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<p><b>Standard Number - 13</b></p> <p>The NHS Board (designated as Category 1 and 2 Responders shall actively participate in the Local and Regional Resilience Partnerships (RRP). The Chief Executive, or Executive level Director for Resilience or a relevant executive level Director shall represent the NHS Board on the RRP and ensure the organisation actively engages, cooperates and works in partnership with other responders.</p>	<p><b>Level 4</b></p>	<p>The Executive Lead for Resilience represents the CE on RRP and LRP supported by a Consultant in Public Health (CPHM) and Emergency Planning Officer. The Executive Lead is a rotating chair of Fife Resilience Partnership with three others, from Police Scotland, Fire Service and Fife Council,</p>	<p><b>Level 4</b></p>
<p><b>Standard Number – 14</b></p> <p>The NHS Board shall have agreed mutual aid arrangements with a range of providers (Cat 1 and 2 responders and non-designated statutory and voluntary agencies) which form part of its plan to enhance its capability and responsiveness to various types of Major / BC incidents.</p>	<p><b>Level 2</b></p>	<p>Informal mutual arrangements are in place across neighbouring boards and were utilised very effectively during the closure of the Forth Road Bridge in 2016.</p> <p>Our response to the adverse weather event in Feb/Mar 2018 included a number of links with other agencies including Scottish Power, Police Scotland, SAS, voluntary and private sector organisations. In many cases, this response built on existing relationships established at Local and Regional Resilience Partnerships.</p>	<p><b>Level 2</b></p>
<p><b>Standard Number – 15</b></p>	<p><b>Level 2</b></p>	<p>The joint NHS Fife &amp; Fife H&amp;SCP Pandemic Flu Group is a multi-</p>	

## REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020

<p>The NHS Board shall have up-to-date and robust arrangements for responding to Pandemic Influenza, which reflect strategic and operational guidance issued by Scottish Government.</p>		<p>disciplinary group that meets three times per annum. The Fife Pandemic Flu strategic framework and operational plans were updated in 2018/19 to reflect learning from a local multidisciplinary exercise / workshop held in May 2018. Sections requiring update or completion within these plans are reviewed at meetings of the NHS Fife &amp; Fife H&amp;SCP Pandemic Flu Group. The framework and operational plan will require further review following the publication of the NHS Scotland document 'Influenza Pandemic Preparedness Guidance for Health and Social Care Services in Scotland' anticipated in Spring 2020.</p>	<p><b>Level 2</b></p>
<p><b>Standard Number – 16</b></p> <p>The NHS Board shall develop and review its Pandemic Influenza Plan jointly with local Health and Social Care Partnerships (HSCPs) and the Regional Resilience Partnership (RRP), and seek their endorsement. A joint multi-agency plan shall be developed if one does not already exist.</p>	<p><b>Level 3</b></p>	<p>The NHS Fife &amp; Fife H&amp;SCP Pandemic Flu strategic planning group has a joint strategic planning remit across the NHS and H&amp;SCP. An overarching organisational chart has been developed that includes East of Scotland RRP and Fife LRP planning frameworks and structures.</p> <p>Formal endorsement will be sought at the NHS Fife Resilience Forum and the H&amp;SCP Resilience Forum after updates are made to the plans, which will follow the publication of the NHS Scotland document 'Influenza Pandemic Preparedness Guidance for Health and Social Care Services in Scotland' anticipated in Spring 2020.</p>	<p><b>Level 2</b></p>
<p><b>Standard Number – 17</b></p> <p>The NHS Board shall exercise their Pandemic Flu plan in full every 3 years.</p>	<p><b>Level 3</b></p>	<p>A multidisciplinary exercise / workshop was held in May 2018 with approx 40 participants and representation from across the NHS and H&amp;SCP. The session was facilitated by SCoRDS. An LRP-led multi-agency exercise is scheduled in 2020. Clinical and management colleagues from Primary Care will be encouraged to participate in this exercise. An NHS-focussed exercise will be held in 2021.</p>	<p><b>Level 2</b></p>

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<p><b>Standard Number 18</b></p> <p>The NHS Board and the local Health and Social Care Partnership (s) shall have a robust Winter Plan and implement a range of actions to enhance resilience during the winter period.</p>	<p><b>Level 4</b></p>	<p>NHS Fife, in conjunction with Fife Council and Fife Health &amp; Social care Partnership (H&amp;SCP) develop and implement an annual Winter Plan. This plan is reviewed by a number of key individuals across the organisations and signed off by the NHS Fife Chief Operating Officer and H&amp;SCP Director and the NHS Board prior to being sent to SG. Two reviews of the plan take place: one prior to winter and one in the following Spring. The Resilience Team are part of the review mechanism.</p> <p>Both NHS Fife and Fife H&amp;SC partnership Business Continuity plans are reviewed prior to winter.</p> <p>The Emergency Planning Officers within the Local Resilience Partnership have a meeting prior to winter to ensure that the multi agency severe weather plans are still current and appropriate.</p>	<p><b>Level 4</b></p>
		<p>H&amp;SCP is fully involved in the Winter Planning arrangements. The Winter Plan is reviewed on a weekly basis jointly throughout the winter months. There are clear systems and processes in place should enhanced escalations or actions be required</p>	<p><b>Level 4</b></p>
<p><b>Standard Number 19</b></p> <p>The NHS Board shall maintain a single up to date list of all their critical infrastructure (CI) assets and ensure that it is stored safely and securely.</p>	<p><b>Level 4</b></p>	<p>Critical asset list completed and available.</p>	<p><b>Level 4</b></p>
<p><b>Standard Number 20</b></p> <p>The NHS Board shall assess the vulnerability of its critical infrastructure</p>	<p><b>Level 3</b></p>	<p>The Community Risk Register is available to view on the Scottish Fire and Rescue website. It gives information on the key risks that may affect Fife. The risks are reviewed regularly by a Local Resilience Partnership Risk Group of which we are a member.</p>	<p><b>Level 2</b></p>

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<p>assets in the context of the Local/Regional Resilience Partnership (L/RRLPs) Community Risk Register, and mitigate the risks.</p>		<p>We need to have a discussion at our Resilience Forum to discuss how the risks identified on the Fife Community Risk Register may affect our critical infrastructure related assets.</p>	
<p><b>Standard Number 21</b> The NHS Board shall have enhanced resilience plans and security arrangements to protect its critical infrastructure (CI) assets and systems</p>	<p><b>Level 4</b></p>	<p>Estates and Facilities Business Continuity and disaster recovery plans have been redeveloped to current standards and in line with the template for the new major incident plan.</p> <p>We need to review our current arrangements (Business Impact Analysis, Business Continuity Plans, and Major Incident Plan) against the NHSScotland Security Services Standards May 2017</p>	<p><b>Level 2</b></p>
<p><b>Standard Number 22</b> The NHS Board shall have a specific Hazardous Materials / Chemical, Biological, Radiological, Nuclear Explosives (HAZMAT/ CBRN(e)) plan or a dedicated section within its Major Incident plan that sets out its preparedness for and response to such incidents.</p>	<p><b>Level 2</b></p>	<p>Our new Major Incident Plan details how we will provide a generic response to any type of incident so it doesn't include a specific section on HAZMAT/CBRN response.</p> <p>However it would be a useful exercise for us to review any specific SOPs departments (e.g. Emergency Medicine. Estates and Facilities and Business Continuity Plans) may have in relation to HAZMAT/CBRN response. The review would be overseen by the Resilience Forum.</p>	<p><b>Level 2</b></p>
<p><b>Standard Number 23</b> The NHS Board shall undertake appropriate HAZMAT / CBRN decontamination risk assessments and take</p>	<p><b>Level 2</b></p>	<p>The Estates department holds the decontamination tent and associated equipment and regularly carries out build exercises although a working group is being put together to look at possibility of not having this as ED has single use shower.</p> <p>The Emergency department have a sufficient number of trained staff to handle a 24/7 response to a HAZMAT/CBRN incident but we need</p>	<p><b>Level 2</b></p>

## REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020

<p>appropriate action to address the results.</p>		<p>to undertake a review our risk assessment procedures.</p>	
<p><b>Standard Number 24</b> The NHS Board shall have an accurate inventory of equipment required for decontaminating patients and retain appropriate equipment for the safe decontamination of patients and protection of staff. It shall also maintain an accurate inventory of any local stockpile of Scottish Government CBRN countermeasures, such as chemical pods.</p>	<p><b>Level 3</b></p>	<p>The Estates department keeps a list of all the decontamination tent and equipment.</p> <p>The Board PRPS suits are stored in the Emergency Department (ED) Major Incident Cupboard and are available for immediate deployment by ED staff. The suits are revalidated as advised by SGHRU.</p> <p>The annual SG letter regarding CBRN countermeasures is circulated to appropriate departments for action as required.</p> <p>Inventory records of the chemical pods are held and maintained by Pharmacy.</p>	<p><b>Level 3</b></p>
<p><b>Standard Number 25</b> The NHS Board shall implement a programme of HAZMAT / CBRN Decontamination training to enable it to deliver the assessed level of capability</p>	<p><b>Level 2</b></p>	<p>The Estates department completed a build of the decontamination tent (unannounced) and has now added this build exercise to the routine maintenance schedule.</p> <p>Implementing a programme of HAZMAT/CBRN training will be included in the review referred to in the response to Standard 22.</p>	<p><b>Level 2</b></p>
<p><b>Standard Number 26</b> The NHS Board shall have a plan that clearly sets out how it will work with delivery partners,</p>	<p><b>Level 2</b></p>	<p>The 2<sup>nd</sup> iteration of the NHS Fife CONTEST delivery strategy was launched on 4<sup>th</sup> June, 2018 and projects to June, 2021. The Corporate approach towards CONTEST, terrorism and allied matters is now one of 'Business as usual' and our approaches are embedded in daily working practice.</p>	<p><b>Level 4</b></p>

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<p>specifically Health and Social Care Partnerships, to meet the objectives of Prevent and fulfill its statutory duties.</p>		<p>Governance is provided by the Violence and Aggression Management Forum and CONTEST is a standing agenda item at each of the four quarterly meeting conducted annually. This approach allows for collaborative monitoring from representation from all NHS.</p> <p>Whilst a 'Delivery Plan' supported the inaugural strategy, all the associated actions were completed during the three year cycle and the governance structures introduced meant that new and emerging issues are addressed collectively and solutions developed. Examples of this would include revisions to the UK Government 'Contest' Strategy and UK campaigns to provide general advice and guidance under the banner of 'ACT' now.</p>	
<p><b>Standard Number 27</b> The NHS Board shall take appropriate and proportionate action to promote security and counter-terrorism awareness within its workforce.</p>	<p><b>Level 3</b></p>	<p>National agreement was made in 2015 that all Operational Health Boards would deliver a common standard of mandatory training, whereby an electronic Learnpro module was developed for use by all Staff. Access to the system is monitored and quarterly submissions are made to NHS Scotland Resilience Group to ensure individual Board compliance. As at 31.1.20, 7500 personnel have completed the training out of a workforce baseline of 8200.</p> <p>Whilst the use of WRAP 3 (Introduced by UK Government initially) modules has ceased, a local Fife system derived there from has been developed and delivered to those Staff who do not have access to computer systems.</p> <p>CONTEST is now embedded in the Induction training programme for all new NHS Fife starts H&amp;SCP Response</p> <p>H&amp;SCP staff participate in NHS Fife's programme of awareness raising and training</p>	<p><b>Level 4</b></p>
<p><b>Standard Number 28</b> The NHS Board (Category 1 Responders) shall maintain an overview of terrorist threats at national</p>	<p><b>Level 2</b></p>	<p>The NHS Fife PREVENT Co-coordinator participates regular Fife Partnership multi-agency CONTEST Group, where good practice and information sharing occurs. An intelligence overview is provided by Scottish Preventing Violent Extremism Unit (SPVEU), which allows dissemination of the current threat levels and potential threats to Board Executive members and sanitized information released to all</p>	<p><b>Level 3</b></p>



## REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020

<p>and local levels and collaborate with other statutory agencies and Scottish Government to plan for the consequences of terrorist incidents.</p>		<p>Staff by way of either guidance or reassurance.</p> <p>The multi-agency approach has allowed for the development of a joint approach to the management of persons identified as being potentially radicalised and effectively managed through existing MAPPA processes for High risk violent offenders.</p> <p><b>H&amp;SCP</b></p> <p>Regular updates are received by the H&amp;SCP through the RRP/LRP structure The H&amp;SCP is engaging with the Fife Partnership CONTEST arrangements and seeking to strengthen links and involvement as appropriate. One of the NHS Fife Prevent Co-ordinators is a member of the H&amp;SCP Resilience Group</p>	
<p><b>Standard Number 29</b></p> <p>The NHS Board (Category 1 Responders) shall maintain operational capability to respond to the consequences of terrorist incidents resulting in mass casualties.</p>	<p><b>Level 1</b></p>	<p>Operational capability and organisational resilience are matters that are effectively managed by both the Emergency Planning Officer and the Business Continuity Manger in consultation with key Senior operational practitioners and the CONTEST Co-ordinator. Tabletop and other internal briefing awareness raising sessions are conducted throughout the course of the year, whilst Major incident response is tested periodically to ensure preparedness and capability.</p> <p>H&amp;SCP Response</p> <p>Plans are flexible to allow for response at varying levels. Links between MI-MC and developing Care for people multi-agency arrangements are currently being explored.</p>	<p><b>Level 2</b></p>
<p><b>Standard Number 30</b></p> <p>The NHS Board (i.e. Category 1 responders) shall maintain an appropriate number of staff trained to respond to a terrorist related incident at scene (with a corresponding safe system</p>	<p><b>n/a</b></p>	<p>n/a Bluelight services only</p>	<p>n/a</p>

## REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020

of work) when necessary			
<p><b>Standard Number 31.</b></p> <p>The NHS Board shall have adequate information security management arrangements that conform to NHSS Information Security Policy Framework (2015), GDPR, Cyber Essentials and the NIS Directive and it shall have an appropriate level of resilience within its Information and Communication Technologies (ICT) service portfolio.</p>	<p><b>Level 4</b></p>	<p>The eHealth ITIL Compliant System contains organisational assets in a formal asset register and an audit trail is present.</p> <p>The criticality of a subset of the ICT assets /services has been identified and an appropriate level of resilience developed to protect them.</p> <p>There is a clear understanding of the level of resilience within the Board's overall ICT service portfolio and there is a corporate plan to mitigate identified risks.</p> <p>An information asset register has been developed with clearly defined information asset owners and is held by the Data Protection Officer.</p> <p>The eHealth/Digital &amp; Information quarterly performance report which is submitted to governance groups contains a section detailing security incident report which groups the incidents into Confidentiality, Integrity and Availability.</p> <p>The eHealth IT Infrastructure BC and DR Plans Operational Procedures and the Business Continuity and Disaster Recovery Framework Plan have been developed to cope with the aftermath of a disaster affecting an IT system(s). Where a critical IT system is out of service, the users department will implement their local business continuity plans.</p>	<p><b>Level 4</b></p>
<p><b>Standard Number 32.</b></p> <p>The NHS Board shall develop and implement awareness-raising programmes that alert staff to the information security risks and encourage them to adopt safer practices in relation to information handling</p>	<p><b>Level 4</b></p>	<p>Information security staff awareness-raising initiatives are implemented at least annually.</p> <p>All new employees will receive an information security awareness presentation as part of their induction program.</p> <p>There is also online information governance and information security training on LearnPro and Role specific workshops.</p> <p>All IT Based technical services notifications are in a standard template that the user can always recognise and trust. Staff will also receive regular advisory bulletins about how to avoid phishing and other forms</p>	<p><b>Level 4</b></p>

## REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020

and the equipment used on-site and off-site.		of human engineering NHS Fife will align to these standards and recalibrate the Cyber Security Plan Based on the Audit reports and other advisories.	
<p><b>Standard Number 33.</b></p> <p>The NHS Board shall ensure that its telecommunications systems and arrangements to be implemented in emergency situations are fit-for-purpose and ready to be used by trained staff.</p>	<b>Level 3</b>	<p>Appropriate telecommunications systems) are available and accessible to staff who may need them with accompanying protocols for their use.</p> <p>The functionality of the equipment is regularly tested / reviewed</p>	<b>Level 3</b>
<p><b>Standard Number – 34</b></p> <p>The NHS Board shall have a robust management and support framework that enables its Resilience Lead(s) to work effectively and continuously develop skills in line with the competences required.</p>	<b>Level 3</b>	<p>Continuous develop and competences are managed through the eKSF and PDP arrangements which highlights training needs.</p> <p>eKSF has successfully been replaced by Turas which will continue to manage competencies, PDP arrangements and training needs.</p>	<b>Level 3</b>
<p><b>Standard Number 35</b></p> <p>The NHS Board shall have in place robust arrangements to secure the health, safety and wellbeing of all staff called upon to respond to major incidents.</p>	<b>Level 1</b>	<p>Early intervention and support is provided by the Health &amp; Safety team, Spiritual Care team and the Business Continuity Manager. Follow up and onward referral is incorporated into the arrangements. A sustained incident is likely to overwhelm us, but difficult to say when it would depend on the incident.</p> <p>Work is ongoing to develop these important arrangements.</p>	<b>Level 1/2</b>

**REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020**

		<p><b>H&amp;SCP</b></p> <p>Support available from the Health and Safety team, Spiritual Care team, Confidential Contacts and Occupational Health provider arrangements. Staff support arrangements are included in the developing Fife Care for people arrangements.</p>	<b>Level 1/2</b>
<p><b>Standard Number 36.</b></p> <p>The NHS Boards shall have arrangements in place to provide timeous and confidential support to staff after they have been deployed to a major incident.</p>	<b>Level 3</b>	<p>Timely and confidential support for staff continues to be provided through Occupational Health and Spiritual Care services. We also have a Staff Listening Service (a colleague/peer listening service).</p> <p>The Support Staff Policy and associated procedures are to be finalised.</p>	<b>Level 3</b>
<p><b>Standard Number 37</b></p> <p>The NHS Board shall inform its employees of its overall resilience objectives and Business Continuity plans, and raise awareness of their roles and responsibilities in delivering them.</p>	<b>Level 1</b>	<p>The Director of Workforce is a member of our Resilience Forum and ensures that there are clear policies in place and information available to inform staff what they should do in the event of disruptive incidents such as severe weather, travel restrictions and other potential disruptive events.</p> <p>Department Managers must ensure that Staff are aware of their relevant BC Plans which outlines their critical services, and their roles and responsibilities during an incident or disruptive event.</p>	<b>Level 2</b>
<p><b>Standard Number 38</b></p> <p>The NHS Board shall develop a robust approach towards implementing a range of actions to assure the continuity of quality healthcare services before, during and after extreme weather events</p>	<b>Level 3</b>	<p>If a severe weather event is predicted the NHS Fife Resilience Forum and the Acute Services Hospital Control Team will be activated. NHS Fife would also attend an LRP if this were called.</p>	<b>Level 3</b>
		<p><b>H&amp;SCP</b></p> <p>Links to Winter Plan arrangements - Development of specific severe weather arrangements including short term hire of 4x4 vehicles, staff</p>	<b>Level 3</b>

## REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020

		volunteers with own 4 x 4 vehicles and transport hub for co-ordination/prioritisation. Business Continuity plans across H&SCP services link to winter and severe weather arrangements. BC plans are referenced within the H&SCP Response and Recovery Plan. H&SCP has identified Climate Change as an area for further exploration and development, linking with both partner organisations	
<p><b>Standard Number 39</b></p> <p>The NHS Board shall have a schedule for reviewing the resilience of its main suppliers and implement appropriate risk mitigation measures for their loss</p>	<b>Level 3</b>	<p>National Procurement is the key supplier to Health Boards and they have processes in place to review the resilience of all key suppliers and their ability to provide a continuity of supply to Boards. This was recently reviewed in the build up to a No deal EU-Exit where this was successfully tested in exercises with Boards.</p> <p>Any disruption to fuel, utilities etc will be responded to through local or regional Resilience Partnerships, which NHS Fife are members of.</p>	<b>Level 3</b>
<p><b>Standard Number 40</b></p> <p>The NHS Board shall have robust and effective arrangements in place to warn and inform the public and patients during major/business continuity incidents.</p>	<b>Level 2/3</b>	<p>40.1 RRP PCG response plan agreed. NHS Fife Communications arrangements to be reviewed annually, taking account local resilience structures.</p> <p>40.2 Communication's lead participates within local RRP PCG. Active participation within local and regional exercises.</p> <p>40.3 Ongoing training and development of communications team to review and reinforce roles and responsibilities, reflecting revised local resilience structures and new NHS Fife Communications Team Structure.</p> <p>40.4 Effective social media platforms in place. Use of platforms monitored and reviewed to evaluate increasing scope and reach of social media.</p> <p>40.5 Mechanisms in place to communicate internally and externally, further work to be undertaken to refine as part of the new NHS Fife website development, dedicated staff hub and proposed employee engagement app.</p>	<b>Level 3</b>

**REVIEW OF NHSSCOTLAND STANDARDS for ORGANISATIONAL RESILIENCE for SUBMISSION to SG April 2020**

<p><b>Standard Number 41</b> The NHS Board shall have effective arrangements for communicating and sharing information with appropriate statutory/Regional Resilience partners.</p>	<p><b>Level 3</b></p>	<p>Effective arrangements are in place to communicate through local and regional resilience partnerships Information will be shared where it is necessary and appropriate. Our Information sharing protocols are developed around the Scottish Accord on the Sharing of Personal Information "SASPI").</p>	<p><b>Level 3</b></p>
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**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	4 <sup>th</sup> March 2020
<b>TITLE OF REPORT:</b>	Coronavirus Disease 2019 (COVID-19) Outbreak
<b>EXECUTIVE LEAD:</b>	Dona Milne
<b>REPORTING OFFICER:</b>	E.Curnock, Consultant in Public Health Medicine NHS Fife <a href="mailto:esthecurnock@nhs.net">esthecurnock@nhs.net</a> 01592 226912 (Internal 46912)

Purpose of the Report (delete as appropriate)		
		<b>For Information for noting</b>

**SBAR REPORT**

**Situation**

There is an ongoing outbreak of a newly discovered coronavirus, 'COVID-19', which began in December 2019 in Wuhan City, Hubei Province, China.

The situation is rapidly evolving. As of 20 February 2020, 75,748 cases have been confirmed globally. Of these, 74,675 cases are within China, and 83% are within Hubei Province. There have been a total of 2129 deaths, of which only 8 are in countries outside China. A total of 26 countries outside China have reported confirmed cases.

Within the UK, as of 20 February 2020, a total 5,549 people have been tested, of which, 5540 were confirmed negative and 9 positive. The number of people tested in the UK includes 327 people that have been tested in Scotland, of which there have been 0 positive results.

The purpose of this report is to provide a summary for Clinical Governance Committee of the NHS Fife response to the current situation.

**Background**

Key events at a global & UK level:

- 31 December 2019 - the People's Republic of China reported an outbreak of pneumonia due to unknown cause in Wuhan City, Hubei Province.
- 12 January 2020 - the cause of the outbreak was identified as a new coronavirus, named initially as '2019-nCoV'.
- 16 January 2020 - 2019-nCoV infection is classified as an airborne high consequence infectious disease (HCID) in the UK.
- 30 January 2020 - the World Health Organization declared that the outbreak of 2019-nCoV constitutes a Public Health Emergency of International Concern.
- 31 January 2020 – UK case definition for a possible case (requiring testing) is revised to include mainland China
- 31 January 2020 - the CMO for England confirmed the first cases of 2019-nCoV in

the UK.

- 31 January 2020 - UK assessment of risk to population change to moderate (previously 'low')
- 6 February 2020 – UK case definition for a possible case is updated to include travel to China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia, Macau in the 14 days prior to onset of symptoms.
- 11 February 2020 – WHO name the syndrome caused by the novel coronavirus 'COVID-19' (Coronavirus Disease 2019).

## Assessment

### Fife Response

Outline of key events within the Fife response:

- 23<sup>rd</sup> January – initial local Incident Management Team (IMT) meeting
- 24<sup>th</sup> January - incident planning meeting held with Fife HPT and St Andrew's University Student Services
- 31<sup>st</sup> January - increase in activity of assessment and testing of possible cases in Fife following the change of case definition
- 5<sup>th</sup> February – Regular Fife IMT meeting established with wider membership (currently weekly)
- 13 February – Community Testing Team launched

### Framework and Action Plan

A regular NHS Fife & Fife HSCP IMT has been established to provide leadership and strategic oversight for planning and preparedness. The NHS Fife and Fife HSCP Pandemic Influenza Framework has been reviewed and a new COVID-19 version drafted (appendix 1). The strategic priorities agreed at the IMT 5/02/20 for this phase of the response are:

- Early identification to reduce transmission risk
- Isolation to avoid amplification in healthcare setting
- Healthcare worker safety
- Communications to public and professionals

The IMT is chaired by Public Health and meets weekly on Wednesday mornings (from 05/02/20) with most participants joining by teleconference. A detailed IMT action plan has been drawn up focussed on the strategic priorities. Additional standing items for the IMT include infection control, workforce and communication issues. Alongside the IMT an NHS Fife Hospital Control Team has convened to address issues specific to acute services. A Fife HSCP Control Team has also convened to look at specific issues for community services



and pathways from primary care. Representatives from both control teams sit on the regular IMT.

### Community Testing Team

The vast majority of people meeting the possible case definition in Fife (and elsewhere in Scotland) have mild symptoms and do not require hospital admission for assessment, testing or management. Initially these individuals were brought into the decontamination unit within the Emergency Department at the Victoria Hospital for testing, before returning home to self-isolate. This pathway had multiple difficulties including patient transport and staffing, and risked delays in patients accessing testing. A sub-group of the IMT was convened to look at alternative testing pathways for those in the community that meet the case definition but do not require admission. This has led to the establishment of a Community Testing Team. This has been very effective at providing timely access to testing (within 24 hours), reducing risks of transmission in healthcare settings, and relieving pressures on acute and community services. Individuals are given guidance on safe self-isolation practices by the Health Protection Team whilst they wait for their result (usually available the following day since the launch of testing in Edinburgh), and are asked to continue to self-isolate at home until their symptoms resolve or they are 14 days past their risk exposure (whichever is shorter), as per national guidance.

### Communication with Health Professionals

Letters from the CMO in Scotland have been issued on 28/01/20, 31/01/20, 13/02/20 and 21/02/20 and have been cascaded to relevant staff within Fife. Health Protection Scotland briefings have also been circulated on a regular basis, for example, when the case definition has been changed.

Occupational Health information has been cascaded out to staff via line managers and information added to Dispatches and payslips. An intranet page has been developed, which includes links to Health Protection Scotland guidance pages and provides key information for staff in Fife. Information has also been cascaded through LPF and APF forums.

### Communication with the Public

Scottish Government have led on communications to the public. NHS Inform have developed pages with regularly updated information for the public: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/wuhan-novel-coronavirus>. A national social media campaign has been launched and this has been supported through the NHS Fife social media channels. A communications toolkit is available on the NHS Inform site, and posters have been put in key frontline healthcare sites. The Fife HPT have been in regular liaison with St Andrew's University on communications to students.

### Links to national response structures

The NHS Fife Health Protection Team (HPT) provide daily situation reports to Health Protection Scotland with the number of new cases tested locally and the number of negative results locally. This is then reported to Scottish Government and Public Health England (PHE). The HPT also report daily to Health Protection Scotland on the number of contacts being followed up locally.

Regular national IMTs have been led by Health Protection Scotland and Fife HPT have participated in these since early January. The HPT has also participated in additional ad-hoc national meetings, for example, on Port Health issues. In addition, the NHS Fife Infection Control Manager and Microbiologists have taken part in nationally convened groups within their specialities.

The Directors of Public Health across the UK have been invited into regular teleconferences with Chief Medical Officers. Correspondence has also been received by the Health Board from the Scottish Government Resilience Division, and where requested responses have been submitted in relation to our preparedness.

### Recommendation

The Clinical Governance Committee are asked to **note** the content of this report.

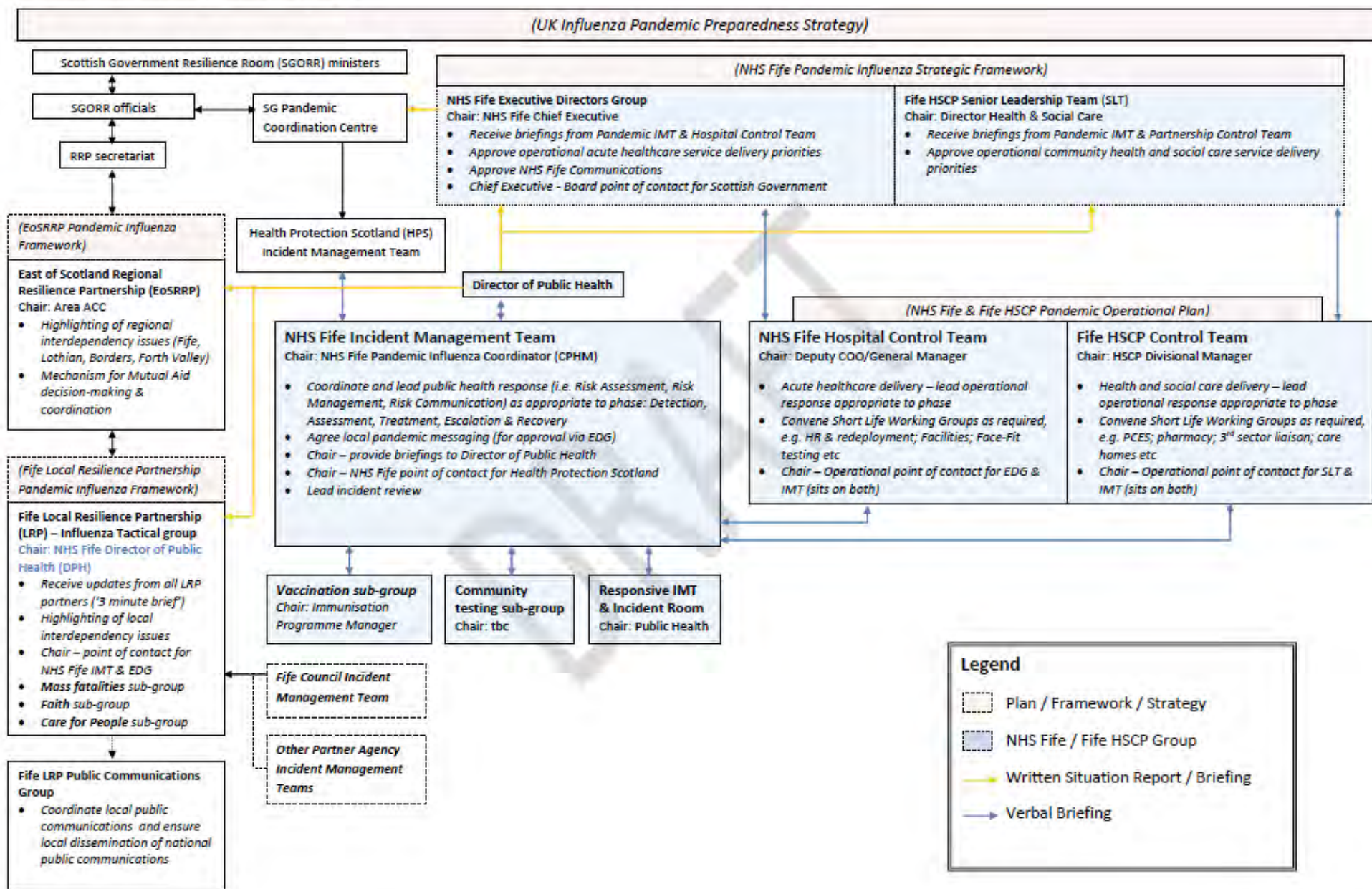
Objectives: (must be completed)	
Healthcare Standard(s):	Clinical and Staff Governance
HB Strategic Objectives:	Clinically Excellent Exemplar Employer

Further Information:	
Evidence Base:	Strategic Framework is based on UK Pandemic guidance documentation
Glossary of Terms:	HPS – Health Protection Scotland HPT - Health Protection Team IMT – Incident Management Team WHO – World Health Organisation
Parties / Committees consulted prior to Health Board Meeting:	Due to short turn around between request and submission date, this paper has not been reviewed prior to submission for the CGC on 21/02/20, but will be tabled for information at the IMT on 26/02/20

Impact: (must be completed)	
<b>Financial / Value For Money</b>	A budget code has been established for any additional costs. Scottish Government have indicated verbally at the national IMT that additional costs that cannot be met through local Boards will be met by Scottish Government. These requests are to be directed through Finance Directors.
<b>Risk / Legal:</b>	UK risk assessment to population health is moderate. Risk level in Fife reflects the UK situation.
<b>Quality / Patient Care:</b>	Infection Control and PPE issues are reviewed at the weekly IMT
<b>Workforce:</b>	Workforce issues and healthcare worker safety issues are reviewed at the weekly IMT
<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> <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>

# Appendix 1 Draft Organisational Chart February 2020

DRAFT Fife 2019-nCoV Pandemic Organisational Chart\_Feb\_20\_v1



<b>DATE OF MEETING:</b>	4 <sup>th</sup> March 2020	
<b>TITLE OF REPORT:</b>	Digital and Information Strategy 2019-2024	
<b>EXECUTIVE LEAD:</b>	Dr Chris McKenna	
<b>REPORTING OFFICER:</b>	Lesly Donovan	
<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 Digital and Information Strategy 2019-2024 have been approved by the eHealth Board and now seeks endorsement.

**Background**

The Digital and Information Strategy 2019-2024 has been developed over the last year within eHealth and a wide range of stakeholders including patient representatives.

The Strategy was presented to the eHealth Board in October and was approved in principle subject to comments and approved for submitting to communications for typesetting.

- Assessment**
- The strategy was developed taking into account the views of all key strategies (national and local) and a wide range of stakeholders.
  - The strategy was approved by a patient representative
  - 5 Key Ambitions were identified for 2019-2024
    - Modernising Patient Delivery
    - Joined Up Care
    - Information and Informatics
    - Technical Infrastructure
    - Workforce and Business Systems
  - A high level delivery plan has been developed on this basis and is included, this will be a living document.

**Recommendation**

The group is asked to:

- Note completion of the Digital and Information Strategy 2019-2024 – Digital at the Heart of Delivery.
- Support the strategy





# Digital at the Heart of Delivery

*NHS Fife Digital and Information Strategy*

## 2019-2024



Digital Health  
& Care Scotland

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## Message from Head of Digital & Information

NHS Fife's Digital & Information Directorate is a multi-disciplinary service with one aim – to enable. The Directorate is made up of six business areas which combine to support effective delivery of services. Our key aims are: -

- Enable our staff to provide the most efficient delivery
- To positively impact patient care

This is at the heart of what we all do within our organisation. To this end we have undertaken a number of Innovations: -

- TrakCare Patient Management System
- Patientrak alerting system
- New Telephony
- Primary Care Digital Transformation
- Health & Social Care Portal (aka Clinical Portal)

In addition, we have delivered a more stable and secure foundation, which will allow us to embrace expansion into new and more modern digital capabilities.

These projects would not have been possible without the support and enthusiasm of those affected by the changes. Over the coming years digital innovation and transformation is key to both NHS Scotland and NHS Fife. We have created this ambitious strategy for delivery over the next 5 years to support a truly integrated health and social care service, through provision of information & digital capability.

This strategy cannot be delivered in isolation. We are committed to working closely with staff and service users to make sure the solutions we deliver are fit for purpose and enhance delivery of health and care services within NHS Fife.

Should you wish to discuss any aspect of this strategy please do not hesitate to contact me.

Thanks,

**Lesly Donovan**



# Introduction

The Scottish Government published the Digital Health and Care Strategy for Scotland in 2018. It covered business systems, research, enabling infrastructure and platforms. The strategy recognised:- *“Digital will be central in addressing the challenges and realising the opportunities we face in health and social care, and in improving health and wellbeing, achieving tailored, person-centred care and improving outcomes.”*

NHS Fife acknowledges that digital technology is fundamental to the way we live our lives and can open up access to information and services for our service users. Digital will help us to realise the potential to fully inform and involve our service users in their health care decisions and minimise duplication and delays.

The NHS Fife strategy recognises the need for Digital Improvements. We highlight the potential benefits of the introduction of new monitoring of conditions at home. Preventing the need for hospital based care, supporting clinicians and our service users to deliver an integrated modern model of care.

To this end a strategic objective was set to: - ‘Develop the Digital & Information Strategy to support strategic transformation & performance’. With the growth of technology within the home, there is an expectation that service users will use this to engage with health and social care services.

This document outlines a number of large scale changes for NHS Fife which, if taken forward, will substantially change the working practices of staff and the ways in which our service users access their services. These ambitions will be dependent on business case agreement and will require support from staff within NHS Fife and our partners.

NHS Fife has created the Digital and Information Strategy to ensure our stakeholders know the direction of travel for digital within our Board. Alongside the strategy there is a commitment that changes will be planned in a managed way to meet the needs of the Board, respective strategies and the service users of NHS Fife. Whether you use digital systems or are just interested in the way in which digital and information shapes services within health and social care, we would be happy for you to actively participate. For more information about how you can get involved, please refer to the final section of this document.



Digital will become central to everything we do. It has the ability to: -

- Power our services
- Ensure our service users are able to engage in the appointment process
- Ensure our data is secure
- Be central to delivery of care
- Deliver more efficiently
- Empower our workforce

However, digital is an enabler; alongside the changes there is a need to also change process for the transformation to be truly successful. We have started the journey and we are working to ensure we meet the needs of relevant strategies and programmes to use digital and Information to its full capacity.

## For Service Users



Digital needs to be central to the care we deliver to our service users within the home, community or hospital setting. The technology in use within these services is changing and we are committed to ensuring that our teams are using the most appropriate technology to provide the best care to our service users.

## For Health and Care Staff



Our staff are central to successful delivery of this strategy. Their commitment to embracing change, their ideas and their support were central to development of our ambitions. Our staff are a key enabler and are always looking to make improvements and recommending changes to support better delivery of key services to our service users.

## For Our Delivery Partners



NHS Fife currently engages with a number of delivery partners to ensure the best service delivery for our service users. This strategy is our commitment to both our current and any future delivery partners that NHS Fife's is committed to Digital Transformation and to working with our partners to ensure maximum benefit for NHS Fife.

## Managers



Digital is central to the provision of information which supports service delivery within NHS Fife and it can be challenging to work in this complex environment. However, there is the potential to maximise data which can increase understanding of our waiting lists, support a 'prevention before cure' ethos, support optimum delivery of service and financial planning. Managers are committed to using technology at every opportunity.

## Digital and Information

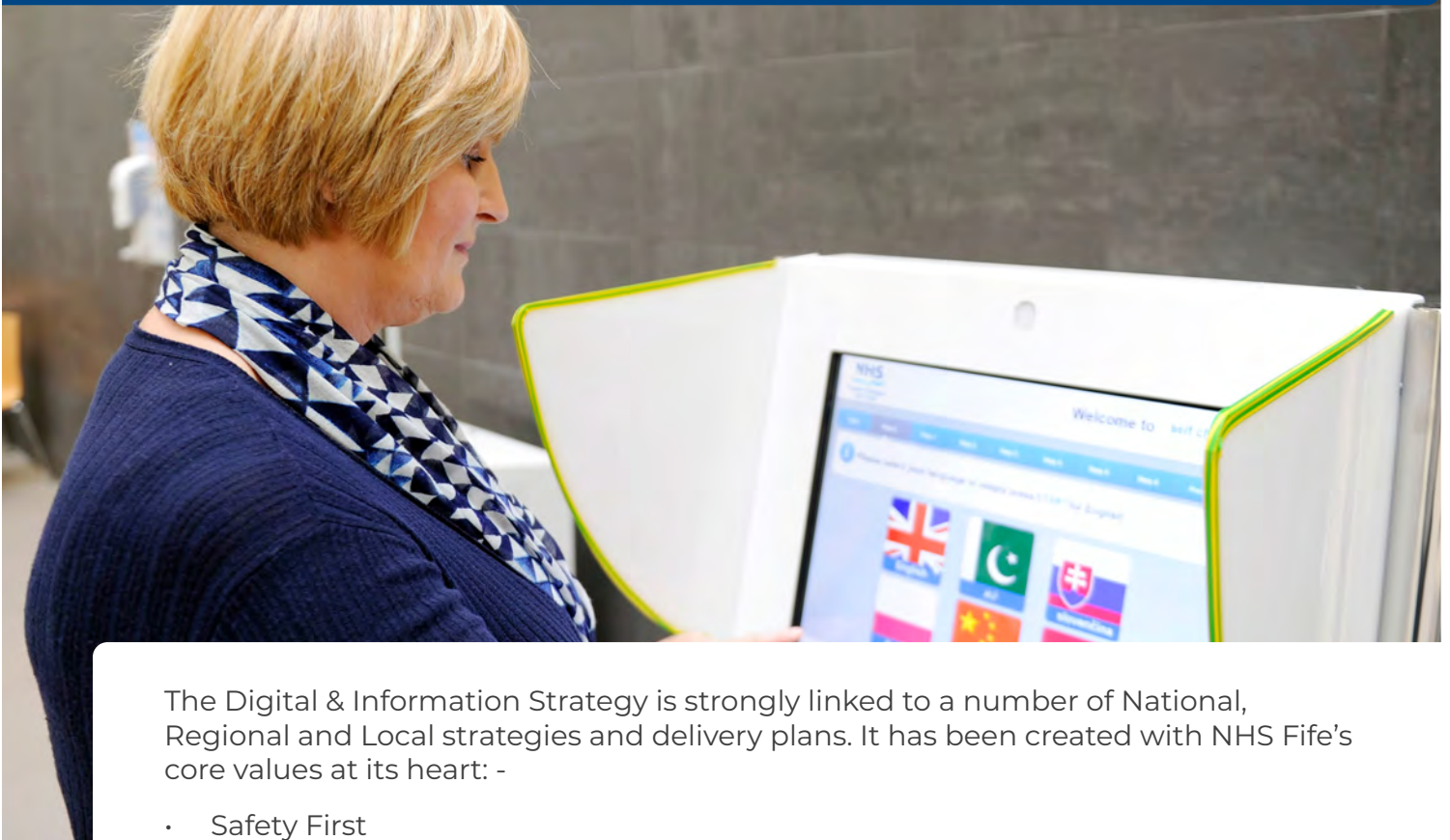


Completion of this strategy would not be possible without the extensive knowledge and commitment of our staff within the Digital & Information Directorate. They are critical to delivery of digital services. NHS Fife rely on their ongoing support to ensure the services already in use are designed for resilience and implemented to support both the organisation and the community it serves in a safe and secure way.

## For Everyone



This strategy is an opportunity for everyone to understand how we deliver Digital & Information within NHS Fife. It sets the direction for the transformation and modernisation of NHS Fife for the next 5 years. The following sections highlight the drivers for change and scale of the ambition as well as the challenges faced in delivery of this strategy.



The Digital & Information Strategy is strongly linked to a number of National, Regional and Local strategies and delivery plans. It has been created with NHS Fife's core values at its heart: -

- Safety First
- Dignity and Respect
- Care and Compassion
- Excellence
- Fairness and Transparency

It also links to the quality ambitions for NHS Scotland to offer a **“Safe, Person Centred, Effective, Efficient”** service within Scotland. Three other key strategies have also contributed greatly to the design of this strategy they are: -

## National

“Scotland’s Digital Health & Care Strategy” was published by Digital Health and Care Scotland on behalf of the Scottish Government in 2018. The Strategy was developed with the aim: -

*“To empower citizens to better manage their health and wellbeing, support independent living and gain access to services through digital means”*

In addition, Scottish Government recommended ensuring the flow of patient information was both simple and secure across all areas.

In order to achieve the aims 6 domains were established: -

- Domain A – National Direction and Leadership
- Domain B – Information Governance, Assurance and Cyber Security
- Domain C – Service Transformation
- Domain D – Workforce Capability
- Domain E – National Digital Platform
- Domain F – Transition Process

Each of the core ambitions of work being carried out as part of the Digital Technology strategy will be linked to one or more of these 6 domains.

The Scottish Government (2017) published two further documents “Realising Scotland’s full potential in a digital world: a digital strategy for Scotland” (2017) and the “Health and Social Care delivery plan” (2016) which set out the vision for Scotland as a vibrant, inclusive, open and outward looking digital nation while focussing on prevention, early intervention and self-management.

## **Regional**

The East Regional Delivery Plan sets out the ambition for joint working on digital delivery between NHS Lothian, Borders and Fife. The senior digital leaders within the three boards are progressing their ‘once for the region’ agenda to deliver against the following ambitions:

- Provide digital leadership and innovation to ensure technology can act as an enabler for services across the East of Scotland.
- Ensure that health and care professionals across the East of Scotland have the information they need, where they need it and when they need it regardless of the origins of the information.
- Embrace the upcoming opportunities to collaborate together and where possible introduce standardisation.
- Deliver solutions that ensure interoperability which build upon previous investment and can contribute to increases in efficiency, quality and patient safety.
- Provide opportunities for service users to take greater responsibility for their own health, wellbeing and care

Through fostering constructive relationships with counterparts in other parts of Scotland, lessons can and will be learned to ensure the most cost effective transformational change for NHS Fife. This plan is therefore fundamental to the ambitions detailed within this strategy.

## **Local**

NHS Fife’s Clinical Strategy emphasises the requirement for increased diversion of resources to primary and community care. 5 guiding principles (Appendix 2) formed the basis for the strategy. The Strategy focussed on 9 key themes: -

1. Person Centred
2. Prevention and Health Improvement
3. Health Inequalities
4. Access
5. Ongoing Support / Follow Up
6. Community Service Development
7. Acute Service Development
8. Health and Technology
9. Workforce and Estates

A number of commitments were made in relation to Digital Health and Information Management & Technology (IM&T) and we have committed to delivery of these aims within this Digital and Information Strategy.

A track record of constructive relationships with counterparts in Fife Council will make for a more integrated approach within this area.

NHS Fife's Health and Social Care (H&SC) Strategic Plan (2019-2022) has a clear vision to enable the people of Fife to live independent and healthier lives. The Strategic Plan focusses on 5 strategic priorities: -

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across NHS Fife.
2. Promoting mental health and wellbeing
3. Working with communities, partners and out workforce to effectively transform, integrate and improve our services.
4. Living well with long term conditions
5. Managing resources effectively while delivering quality outcomes.

Within priority 3 Technology developments are noted as a key deliverable with a commitment that Digital solutions for Health and Care will be central to all transformation plans. As a directorate we are committed to work collaboratively with the council to support delivery of the strategic plan and this is identified within the strategy.

## **Local Delivery Plans and Visions**

In addition, there are a number of local delivery plans and visions which are central to this strategy. These are: -

- Review of Maternity Services
- New GP Contract
- Joined Up Care Digital Vision
- Palliative Care Plan
- Acute Services Division Transformation Programme

The support of these services and plans is fundamental to successful delivery of transformational change within NHS Fife. Digital & Information is an enabler for successful delivery of the ambitions detailed within these plans and will work with the respective services to ensure successful delivery.

## **Technology Enabled Care**

Technology Enabled Care (TEC) is a national programme. It refers to the use of telehealth, telecare and telemedicine in providing care for people that is convenient, accessible and cost-effective. The programme supports test of change projects which may prove the value of technology in supporting people to live safely and independently in their own homes.

Within Fife we have utilised and will continue to draw support from the National TEC Programme to:

- Oversee the development and delivery of TEC initiatives in Fife
- Ensure all TEC initiatives meet with the objectives of the NHS Fife Clinical Strategy and the Fife Health & Social Care Strategic Plan
- Keep abreast of initiatives and developments in TEC at a national level

## Disruptive Drivers

It should be acknowledged that not all drivers for change are positive. The disruptive factors facing us are large scale trends or imperatives which represent an important background context for our digital ambitions.

**Managing Expectations** - Within our communities there is instant access to information through mobile technology. Fitness trackers and apps available from your 'app' store provide useful information and make healthcare look simple in relation to your health and diagnosis. Whilst much of this information is beneficial, the method of collection does not meet our information security standards. This can raise expectations in relation to treatment or turnaround for digital within the NHS environment.

Development of digital services which are safe and secure within the NHS environment is subject to strict governance, to ensure benefit to patient care, value for money and security of information. This can often be misinterpreted as lack of delivery or progress. Therefore, we need to ensure those who are engaged in the strategy understand the time constraints of the process for delivery of clinically safe and secure services for NHS Fife.

**Integrated Care** - This ambition is for our service users to access total care packages across acute, community, primary and social care. However, joining up of key services is complex due to the use of multiple systems, suppliers and identifiers in use e.g. Community Health Index (CHI). It is important we are aware of barriers which can prevent delivery whilst we strive to progress this ambition for NHS Fife.

**Financial and Operational** - The strategy defined within this document is extremely ambitious over a relatively short timescale. Each of the ambitions identified within this strategy will require support from those operating within NHS Fife and our partners. Implementing it cannot detract from our primary aim of providing the best treatment for our service users. Funding is another challenge; delivery of our strategy is not just dependent on staffing but also delivering on the budget provided to NHS Fife from Scottish Government.

**Workforce** - Maintaining a digital delivery skilled workforce to support delivery of this strategy is key. Recruitment has been challenging in recent years and there is a requirement to ensure sufficient time for recruitment is built into plans. There is a need to ensure time is allocated for training within the directorate to ensure a cross population of skills and resource. In addition, how the wider workforce view Technology and Information Governance & Security can be problematic and thus presents a risk.



## Shared Vision



### Our Aim

Our digital remit exists to advance the delivery of integrated health and social care locally and throughout Scotland and to enable and support delivery of transformational plans within NHS Fife. We want to empower our staff and service users by supporting them through digital developments that will support positive health outcomes.

### Our Objectives

1. Support delivery of a fit for purpose, safe and secure, resilient technological service.
2. Ensure Digital Health and Information continuous engagement with services and stakeholders to achieve delivery of change at a local, regional and national level.
3. Improve flexibility through understanding of user needs, convergence of currently disparate existing systems, collaboration and innovation with improved patient care being our ultimate goal.
4. Provide clinically relevant information at the right time at the point of contact.
5. Improve data quality and availability to support delivery of service.

### We will measure our objectives by:-

- Reporting project delivery against agreed plans in line with project governance.
- Implementing a recognised system of capturing benefits throughout the delivery of our strategy as defined in the benefits realisation of each business case.
- Reducing the number of paper based case notes within our organisation through the use of electronic health and care records in both the hospital and community setting by 85% by the end of 2022 (see section on Paperlite, page 27).
- Continuing to provide NHS Fife and partners with an integrated and comprehensive shared record.
- Committing to providing our service users, with the ability to access their personal health and care records online, as well as enabling them to make appointments electronically and engage with services using digital tools.

- Ensuring access to records and digital tools is both simple and straightforward for our staff. One of our keys aims is to ensure they have secure access to up to date clinical information at point of care.
- Achieving service engagement, robust design, appropriate governance and agreed business cases.
- Ensuring we realise the wider opportunities that technology enabled care and innovation can offer when up scaled
- Measure progress against the National Health and Social Care Digital Maturity Assessment.

## **Innovation**

NHS Fife hosts and sponsors a large and growing number of research studies ranging from international multi-centre drug trials to short term student projects. We work with a variety of commercial and non-commercial sponsors and funders, investigators and researchers with a wide range of interests and experience, members of the public and service users and colleagues from across Scotland, the UK and further afield. In 2018, some 1944 Fife participants took part in 227 studies.

NHS Fife will work collaboratively across the East of Scotland region to improve healthcare and patient outcomes through research and innovation. NHS Fife has a clinical research facility in Victoria Hospital, Kirkcaldy and a clinical room/laboratory area within the research and development department in Queen Margaret Hospital.

Digital innovation will be central to delivering the transformational change that is necessary in order to support integrated health and care teams in delivering new models of care and is therefore at the centre of our strategy. Our strategy is to support innovation through the use of international technical standards and robust governance.

To support our work, we will continue to invite specialist clinical, medical and technology advice from inside and outside of our organisation including University representatives, in order to stay current with the latest advancements, learning lessons from elsewhere and keeping NHS Fife at the forefront of digital in healthcare.

Research using electronic health records has supported a digital approach to generate real world evidence to understand and improve patient outcomes and this is therefore at the heart of digital transformation within NHS Fife.

Where possible we will exploit the opportunities that wearable technologies and health apps provide. This will create long term benefit to the organisation through a more joined up approach to patient care.

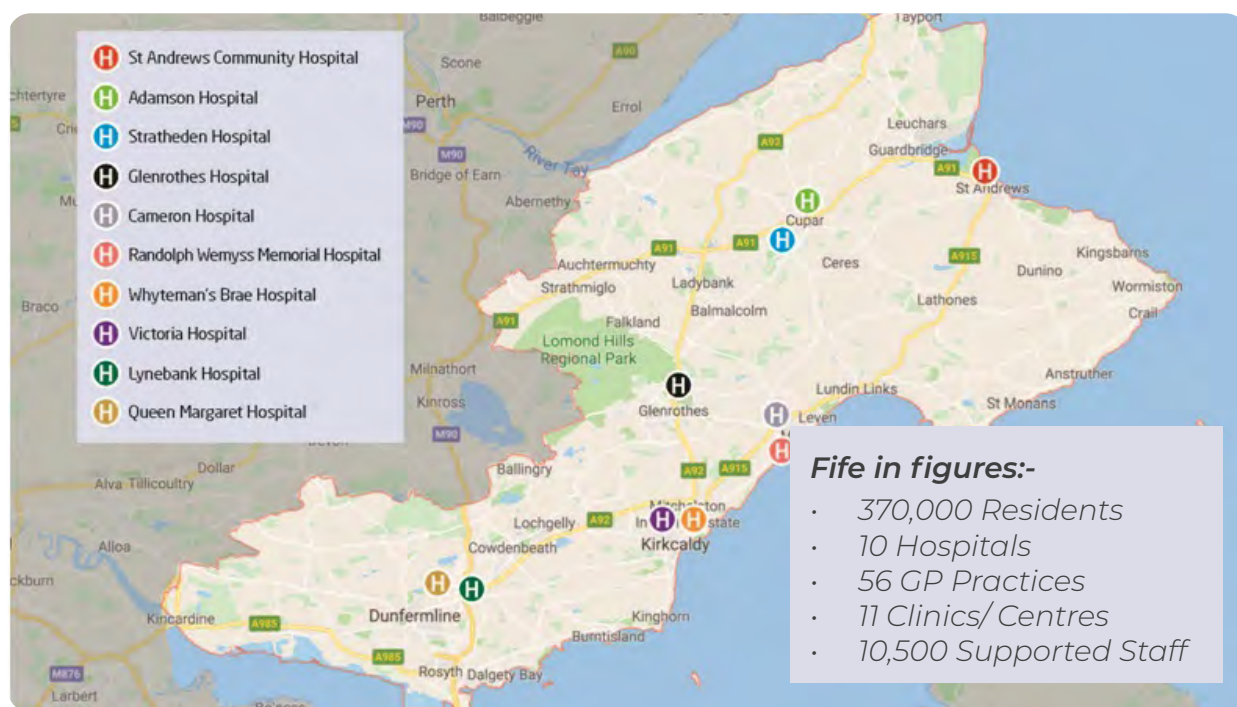
## **Communication**

In order to ensure that our vision is truly shared, we must ensure our digital journey is communicated to stakeholders. To further this aim we are committed to keeping in touch with all concerned, to regularly share and update our progress on how we are achieving our delivery plan. We will work with colleagues using social and print media as and when appropriate to share our vision and our progress.

## Size and Scale

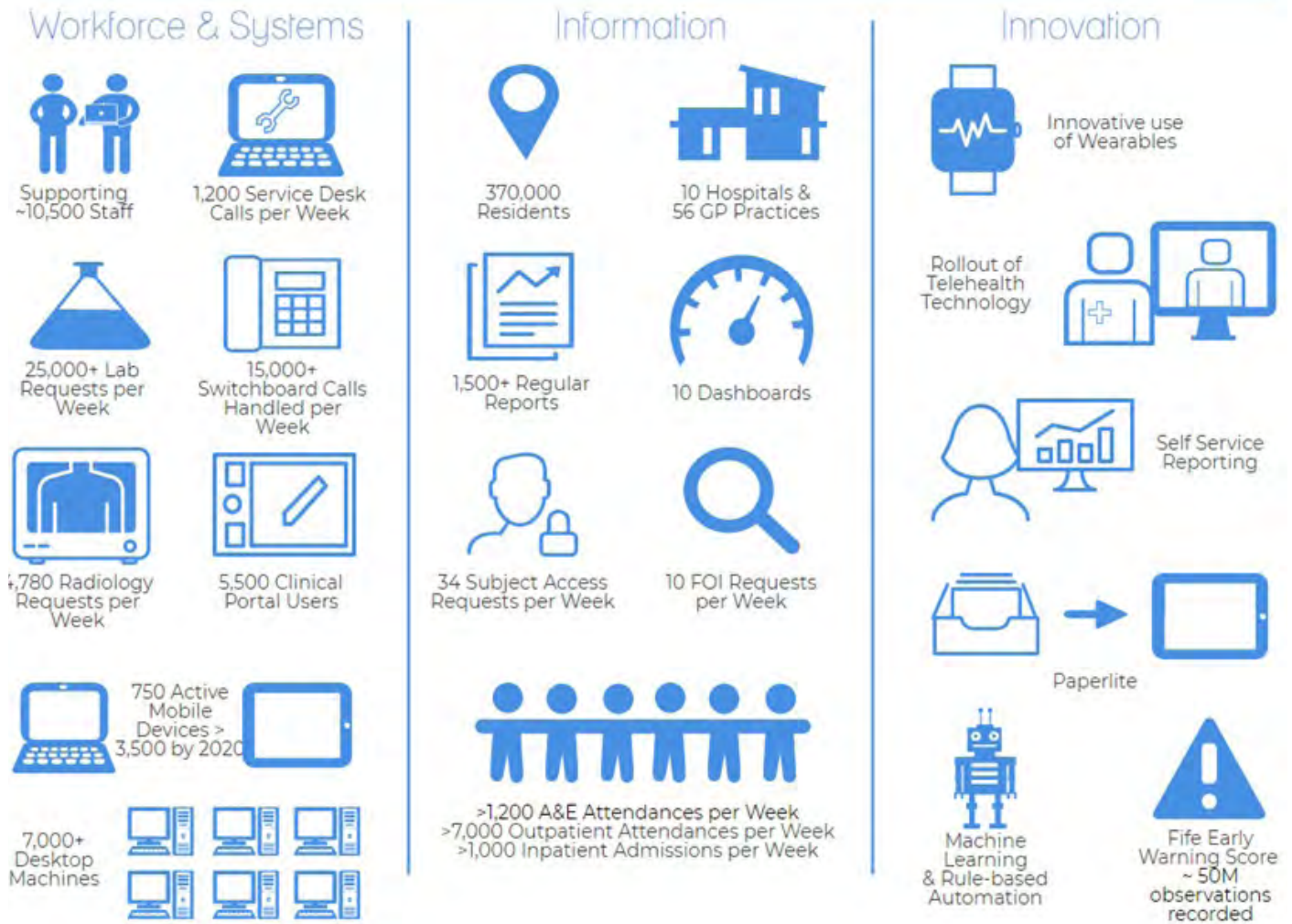


The Kingdom of Fife is a peninsula in eastern Scotland with a coastline of 170 kilometres (105 miles) bound by the Firth of Forth to the South and the Firth of Tay to the North. NHS Fife is served by Victoria Hospital in Kirkcaldy and Queen Margaret Hospital in Dunfermline alongside a variety of essential Community Health Partnership Hospitals, Day Hospitals, Primary Care Facilities and General Practitioners.



A fuller picture of the size and scale of the challenge for Information and Digital technology in NHS Fife is provided below.

## Information & Digital Technology



### Disruptive Factors

NHS Fife must continue to be operational on a day to day basis alongside the transformation into digital and modernisation of services. We need to take everyone on this journey and require the commitment of our staff and service users.

Digital transformation and a move towards Paperlite (page 27) requires our staff to embrace change, to utilise digital systems and lead on improvements to clinical pathways. This will require support from staff who will engage with our 'Digital Fitness' training programme. We will work closely with staff to ensure planned digital developments are fit for purpose and championed by the staff utilising new ways of working.

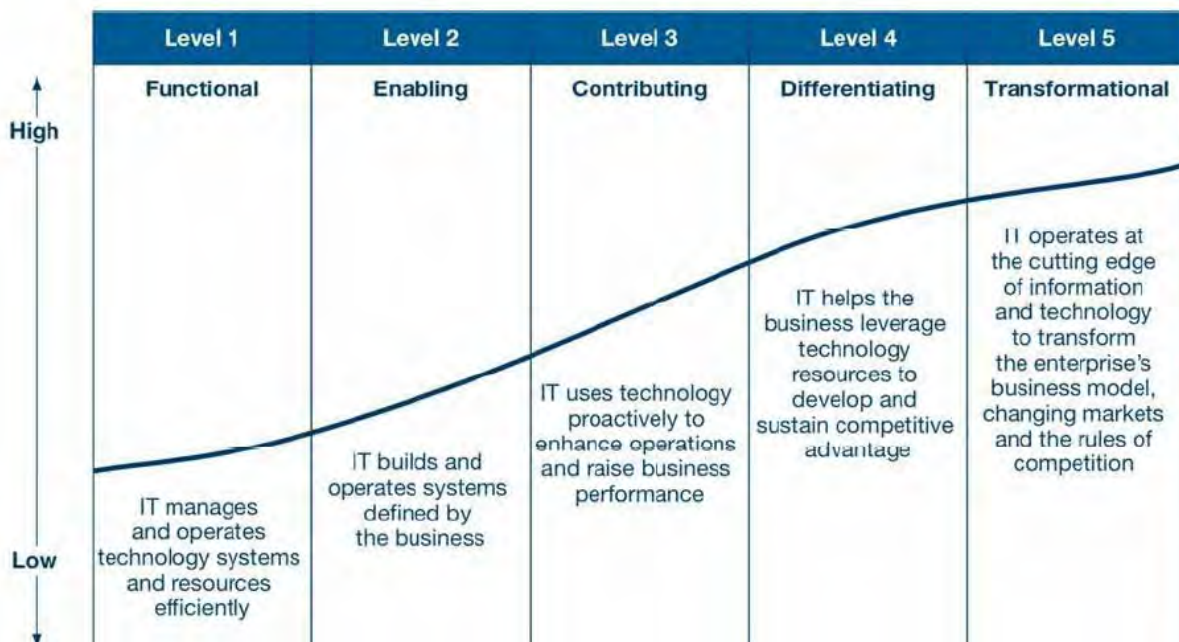
Implementing new projects, including digital raises a number of challenges:-

- Information Security
- Information Governance – Privacy by design or default
- Legacy v New Systems
- Tactical v Strategic
- Making changes to systems which are currently operational within NHS Fife
- Benefits Management and Measurement
- Costs and investment required to meet the strategy
- Project and Change Management

Solid governance, design and development of delivery plans, agreed business cases, fully supported by all key stakeholders and governance groups will ensure sufficient capacity and capability within services to meet delivery needs.

### Understanding the Process

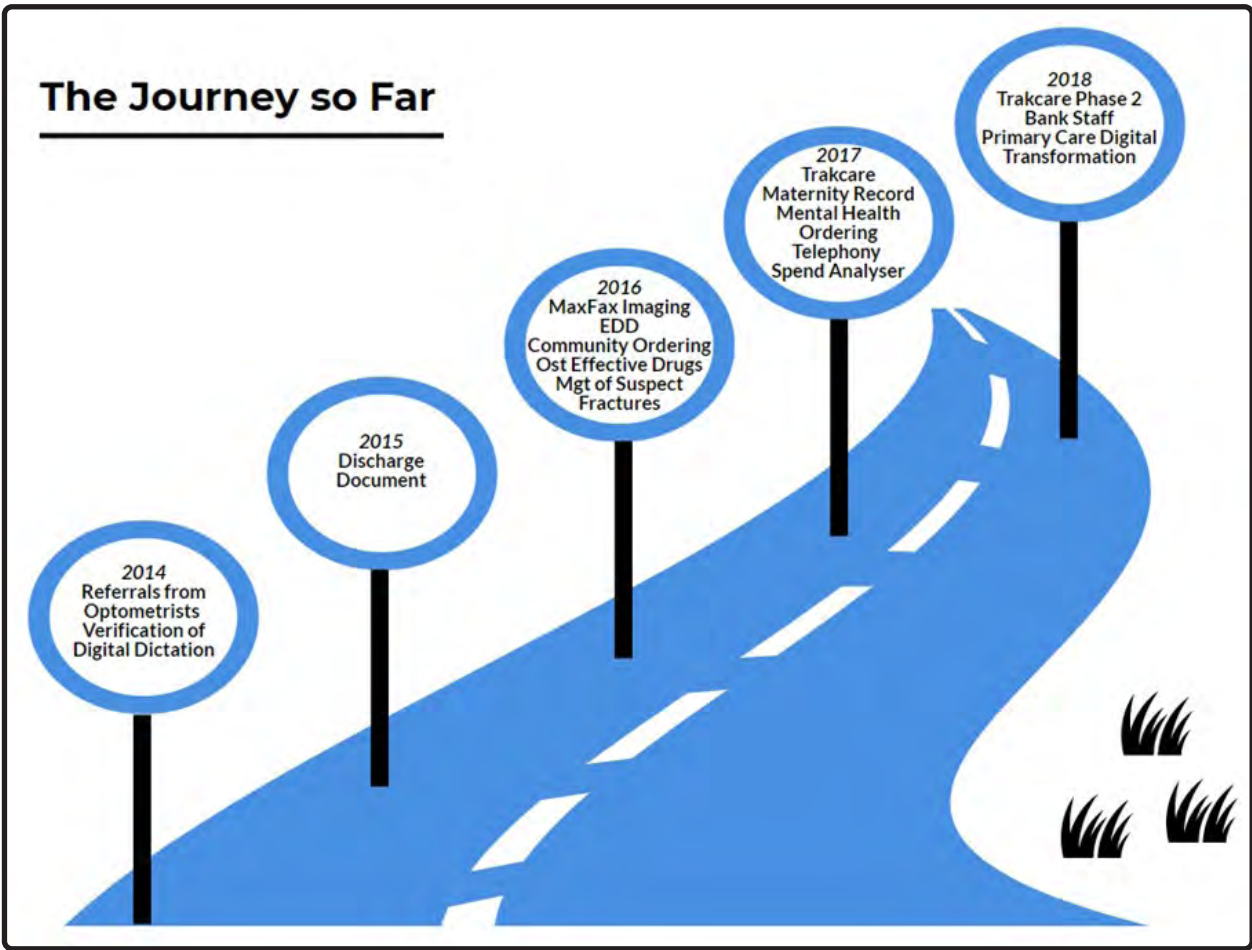
The IT organisation maturity model devised by Gartner illustrates the various stages through which an organisation evolves. The base level (1) is functional where only the basic level of support is provided. NHS Fife wish to achieve transformational change (5) this will allow us to embrace change and deliver the most up to date technology for our service users.





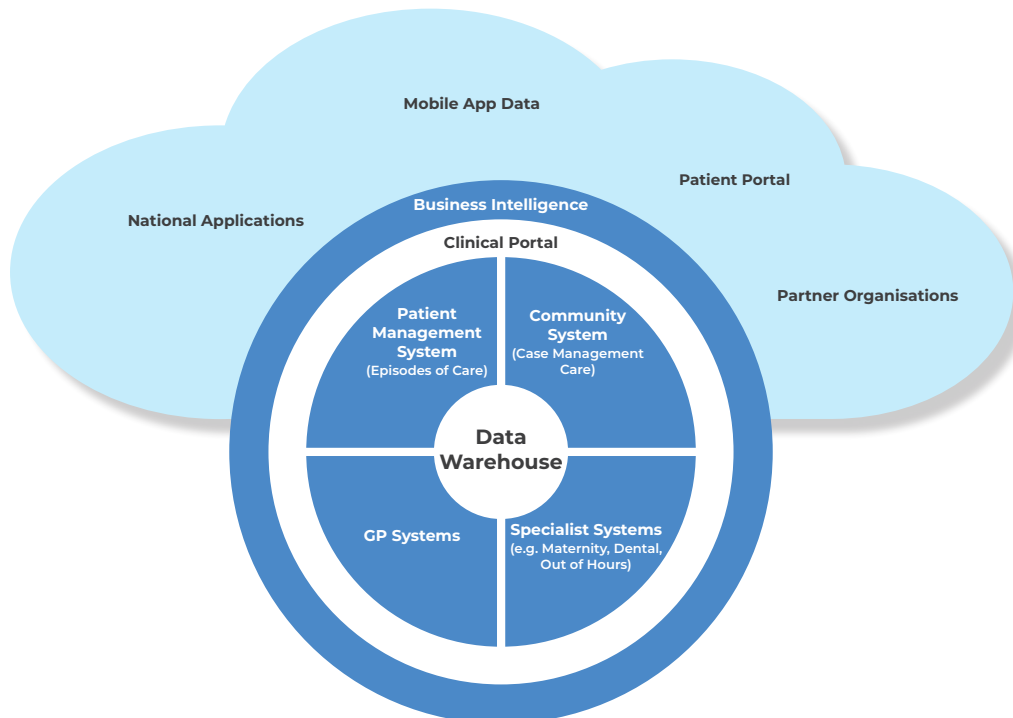
### What has been delivered?

Over the last 5 years a number of new systems and innovations have been implemented within NHS Fife, as detailed below. We worked alongside respective services to bring about these changes within NHS Fife. We are continuing to make good progress towards the long term benefit for patient care.



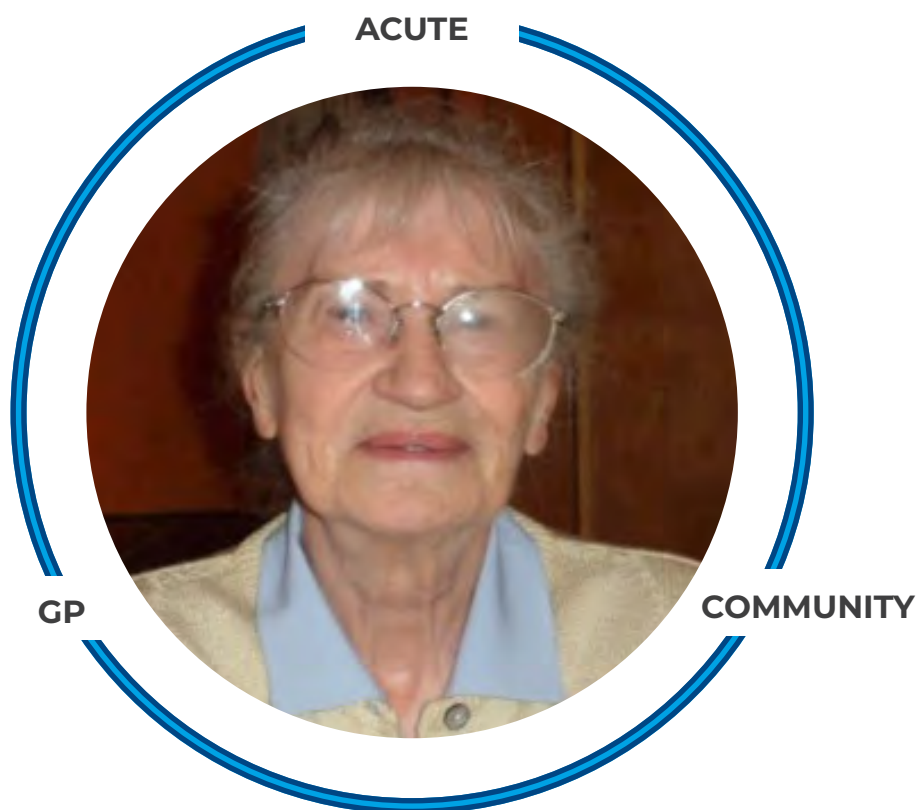
## Cornerstone Environment

NHS Fife currently has a number of electronic systems in place which allows us to capture key information in relation to patient care. They are the foundation of our journey to digital. Without these cornerstones we cannot create a truly joined up patient experience.



Moving forward we are going to improve these systems by: -

- **Health and Social Care Clinical Portal** - Information sharing with social care systems, to create a health and social care portal for NHS Fife. Improve the service users journey and Provide key information with the ambition of improved care in both health and social care environments.
- **Patient Management System (PMS)** - Patient Management - Maximise utilisation to improve clinical delivery and the service user experience and improve on how we manage our outpatient clinics.
- **Community System** - Replace the Community system for NHS Fife 2019- 2021 and expand delivery to all community and mental health services in NHS Fife and improve sharing of information.
- **GP System** - New National GP IT System agreed. Join up the GP care record and the electronic health record. Development of SCI Gateway, to enable advice and clinical dialogue to be delivered. Enable the digital transfer of health records when service users change GP.
- **Specialist Systems** - Deliver ophthalmology on a once for Scotland approach.
- **Business Systems** - Modernise Core Telephony December 2021 (current support contract end). Expand SIP Trunk Network to include more sites. There are plans to move from NHS Mail to Outlook Online as part of O365. Real time collaboration using Microsoft Teams including voice and video meetings. There are plans within the strategy to move to the National Contract for Office 365 including Microsoft SharePoint. There are plans within the strategy to adopt more once for Scotland People Management suites including, eRostering, Workforce Planning and eRecruitment.



*Evidence of the journey so far in relation to digital within health can be shown within the case studies on the subsequent pages.*

## ACUTE CASE STUDY

*Margie Horan is an 89 year old lady admitted with abdominal pain which she has had for the last 3 days. She also has a history of chronic obstructive pulmonary disease (COPD) and hypertension. She has been off her food for the past few days and has been vomiting intermittently. On admission to the ward she is noted to be very lethargic and dehydrated.*



*Baseline observations are recorded and the early warning score (EWS) is calculated. Medical staff have reviewed her and completed a management plan including acceptable observation parameters. Intravenous fluids via peripheral catheter (PVC) have been commenced and laboratory and radiology requests made for further investigation. Medical and nursing admission documentation and assessments have been completed.*

## THEN

- Physiological observations recorded on paper and EWS added up manually. Prone to miscalculation. Chart kept at bedside per patient
- Observation parameters written in case notes and onto paper EWS chart
- Nutrition assessment completed on paper. Manual process to refer to dietetic staff. Delay in referral.



- Frailty assessment to be completed for all service users over 65yrs on paper and referral to frailty team where required. Delay in referrals.
- Documentation and monitoring of PVC insertion on paper with chart kept at bedside
- Increased EWS scores requires phone call to medical staff asking for patient review. Most junior doctor asked to review as senior busy in outpatient clinic. Nurse in charge not made aware of deteriorating patient on the ward.
- Doctor has to attend ward in order to view the paper EWS chart.
- Doctor delayed due to another emergency and patient not reviewed. Nurse aware he's busy and that he will attend when he can. No escalation to more senior staff.
- Observations not repeated till later in the day and score has increased with patient now unresponsive.
- Seen by critical care staff. Patient transferred to ICU. Poor outcome due to delay, increased stay in ICU

### **NOW**

- Automatic calculation of EWS and 100% completeness
- Personalised observation score recorded in Patienttrack
- Visible dashboard showing observations due and current EWS for all ward based service users.
- Increased compliance with on time recording of observations.
- Automatic alerts to appropriate staff. Nurse in charge alerts in place.
- Multidisciplinary Team discussion re deteriorating service users across acute areas using Patienttrack.
- Improved outcomes for patient with early detection of deterioration. Transfer to High Dependency for closer monitoring. Recovers within 2 days and transferred back to ward for step down care.
- Visibility across all areas for viewing observation charts. Medical staff can access on any pc
- Weekly reports to SCN re compliance
- Automatic dietetic referral at point of nutrition assessment recording
- Automatic task creation for frailty assessment to be completed within 4 hours of admission.
- Task creation for monitoring of the PVC using the on demand assessment. Compliance audit for infection control weekly.

### **NEXT**

- Connect to lab results to identify service users at risk.
- Paperlite process for tasks.
- Process to review laboratory results overnight and assigned to Hospital at Night
- Bedside assessments and removing paper processes.
- Use in the community for continuation of care and use of assessments.
- Transferred for rehabilitation to community hospital where staff can view the assessments and observation recorded in acute care. Continuation of recording.
- Expansion of use to other areas within both acute and community.

## COMMUNITY CASE STUDY

*Margie is ready to be discharged home but needs some additional support. The hospital makes a referral to the Integrated Community Assessment and Support Service (ICASS) via the single point of access.*



### THEN

- Referral noted on a spreadsheet and the paper referral faxed or sent to the necessary service.
- Service goes to visit Margie in her home with paper copies of assessments.
- Care plan also completed and left in the home.
- Any onward referrals undertaken either on paper or by telephone
- Subsequent assessments recorded on paper by each service separately.
- Statistical information completed, again separately on spreadsheets.
- Correspondence to other involved services all typed manually and posted.

### NOW

- Referrals come via email or paper and are entered into MIDIS – electronic record commenced
- Referral is triaged electronically and accepted onto the caseload of the appropriate teams
- Care plans still require to be left in the home.
- Assessments undertaken within the patient's home are recorded as close to real time as possible and are shareable across other MIDIS users (it should be noted that some users can only record in MIDIS when back at base meaning records are not always contemporaneous)
- Statistics are derived from the data entered into the system albeit this can be cumbersome.
- Limited correspondence is produced from the data already recorded and transmitted electronically.

### NEXT

- Referral is received and triaged electronically and accepted onto the caseload of the appropriate teams.
- Assessments undertaken within the patient's home are recorded as close to real time as possible and are shareable across users of the Health and Social Care Portal.
- No paper care plans require to be left in the home, information is accessed on electronic devices.
- Statistics are derived from the data entered into the system.
- Correspondence is produced from the data already recorded and transmitted electronically.

## GP CASE STUDY

*Margie is 89 and needs to see her GP regularly, Margie sees a number of clinicians within the community and takes a considerable number of prescribed medications.*



## THEN

- Margie would phone her GP every time an appointment was due or would book on her way out.
- Margie would see separate community clinicians with separate appointments at separate times; this would result in Margie travelling to her GP Practice 6 miles away on a bus each time.
- Margie would reorder prescriptions every time she was in and would have to come back into the practice, another 6 miles to collect the prescription and visit the pharmacy to dispense.

## NOW

- Margie would either have been given an appointment or would phone or go online to make one. Although may struggle due to appointment availability.
- She may see separate clinicians for her care but these would be coordinated for chronic disease monitoring to reduce the number of visits.
- Prescriptions can be ordered by post, at the front desk or online, the latter being the easiest. Prescriptions can then be put through to a designated pharmacy for collection or delivery. There is also the option of Chronic Medication Service (CMS) where a years' worth of prescriptions are done and the pharmacy simply dispenses on a regular basis.

## NEXT

- Multi Disciplinary Teams (MDT) will use remote access to link key groups together and discuss Margies' case to ensure continuity and joined up patient care.
- Refresher Appointments with the GP can be conducted via Video Conferencing to reduce Margies' travel.
- Prescriptions can be dispensed to Margies' local pharmacy to prevent trip into town.
- Community Pharmacist can review Margies' prescriptions regularly by video conferencing to ensure best patient care.

# Key Ambitions for 2019-2024

5 Key Ambitions have been identified which provide a framework for planning and communicating the delivery of our goals. They have been informed by the Scottish Government digital strategy and NHS Fife’s clinical strategy they are:-

## Modernising Patient Delivery

Modernising Patient Delivery is about ensuring we provide our service users and staff with a modern, fit for purpose healthcare service, using digital. This incorporates ambitions which were laid out by the Scottish Government in “The Modern Outpatient: A Collaborative Approach 2017-2020”, which aimed to provide service users with timely access to advice, treatment and support with minimum disruption when clinically appropriate.

A number of initiatives are planned for the next 5 years. As outlined on the chart below alongside key strategies and benefits within NHS Fife over the 5 years.

### Modernising Patient Delivery 2019/2024

Ensuring we provide our patients/service users with a modern fit for purpose health care service.

#### Work To Be Done

- **Clinical Decision/Advice** - Improve through joining up and improving existing systems.
- **Consultant to Consultant** – Send and receive information electronically from other HealthBoards.
- **Digital Maturity** – Assess the digital maturity of our IT, in order to identify the priority areas for improvement.
- **Digital Hub** – Changing the way we communicate with our patients and citizens.
- **GPIT Replacement** – Modernisation as part of a wider National programme.
- **LIMS replacement** – Laboratory Information management system (LIMS), support implementation of replacement hardware whilst a new regional system is procured and implemented.
- **Near Me** - Video conferencing for our service users to engage with clinicians with minimal disruption.
- **Optimisation of Outpatients Appointments** – Patient focussed/ self booking, patient initiated follow up appointments and review of clinical letters.
- **Paperlight** – Reduce the reliance of paper with the ambition of 85% paperlight by 2022.
- **Technology Enabled Care** – Support projects which provide care to the patient within their home environment.
- **Theatres system replacement** – The system currently in use within Theatres requires replacement.

#### Digital Strategy Objectives

- Domain A – National Direction and Leadership
- Domain C – Service Transformation
- Domain D – Workforce Capability
- Domain F – Transition Process

#### Clinical Strategy Objectives

1. Person Centred
3. Health Inequalities
4. Access
5. Ongoing Support / Follow Up
6. Community Service Development
7. Acute Services Development
8. Health and Technology
9. Workforce and Estates

#### Health and Social Care Priorities

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across NHS Fife.
3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
4. Living well with long term conditions.
5. Managing resources effectively while delivering quality outcomes.

#### Benefits Achieved

- Patient care is seamless both within NHS Fife and with other boards.
- Outpatient experience is improved.
- Care is provided in the right place at the right time.
- NHS Fife understand the digital challenge.
- Modern fit for purpose service delivery.
- Patient/Service User engagement is easy, fast and efficient.
- Environmental impact is reduced
- Complete electronic patient record.
- Systems remain fit for purpose.

## Joined Up Care

NHS Fife continues to work on utilising digital to provide joined up services across primary, community, acute and social care to ensure all relevant information is available to those working with our service users.

The new GP Framework Contract (2018) recognised one of the most challenging aspects of being a GP was workload. The contract committed to implement the recommendations of the Improving General Practice Sustainability Advisory Group report (2016), which identified a number of broad themes including effective primary and secondary care interface working. In addition, the contract committed to Health and Social Care Partnerships and NHS Boards placing additional primary care staff in GP practices and the community to work alongside GPs and practice staff to reduce GP practice workload. Implementation of digital changes and improvements to systems supports this delivery. The areas identified within this category all support the need for a more integrated care environment.

### Joined Up Care 2019/2024

Joining Up Our Services to ensure all relevant information is available at point of contact.

#### Work To Be Done

- **Bedside Risk Assessment** – Ensuring assessment of clinical risk is conducted at bedside.
- **CHI Replacement** – Modernisation of Community Health Index as part of a National programme.
- **Child Health Replacement** – Modernisation of the current Scottish Child Public Health and Wellbeing solution as part of a National programme.
- **Community System** – Replacing an end of life system (MiDIS) with a more integrated solution.
- **Community Pharmacy Access** – Connecting Community Pharmacy to other NHS Fife services.
- **Health and Social Care Portal** – Extending use to include more services and social care services.
- **HEPMA** – Hospital Electronic Prescribing and Medicines Administration.
- **Mental Health Pathways** – Ensuring pathways are implemented within our digital environment.
- **Neurology Electronic Referral** – Implementation of an e-Referral system for Neurology.
- **Palliative Care Plan** – Improve palliative care provision through digital.
- **Pharmacy Redesign** – Redesign pharmacy, introduction of robotics and falsified medicines within NHS Fife.
- **TrakCare Maximum Utilisation** – Achieve maximum benefit by implementing changes requested by practitioners.
- **Women and Children's Redesign** - Site optimisation exercise to which digital delivery of service will be fundamental.

#### Digital Strategy Objectives

- Domain A – National Direction and Leadership
- Domain C – Service Transformation
- Domain D – Workforce Capability
- Domain F – Transition Process
- Domain F – Transition Process

#### Clinical Strategy Objectives

1. Person Centred
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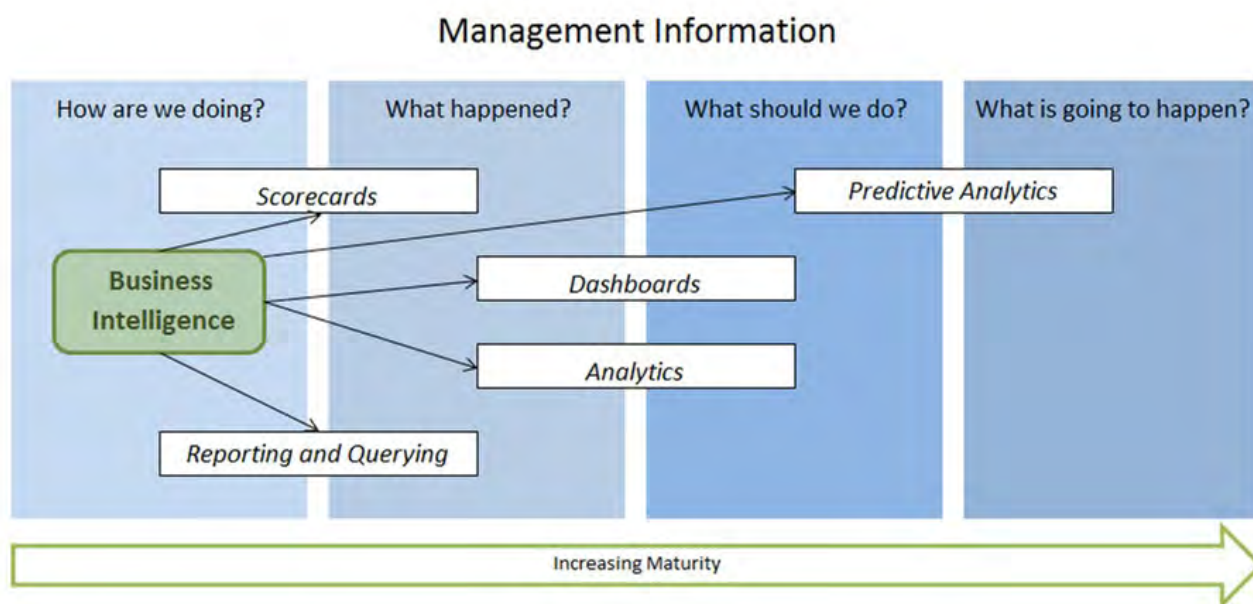
#### Benefits Achieved

- Time to treat patient is reduced due to point of care assessment.
- Ensures NHS Fife has the same view as other Boards in Scotland.
- Improves data quality and reporting
- Delivery of a full picture of care within Fife.
- Increases patient safety.
- Improves clinical communication and digital support.
- Improves clinical effectiveness and quality improvement.
- Improve access to clinical pathways.
- Creates a truly joined up service.
- Improves compliance with Government legislation.

## Information and Informatics

Effective use of information is a key component of the Digital and Information Strategy. High quality information enables NHS Fife to plan, manage and monitor effectiveness. This ensures services are best-equipped to cater for users within Fife whilst also ensuring maximum benefit in terms of health outcomes, level of care and cost.

Management Information must be readily accessible to all those who require information at the point that they need it.



We need to provide our staff with reporting tools and reporting solutions that are accessible and intelligible. We are committed to ensuring that our digital ambitions are robustly supported by information at the centre of delivery and ensure that these deliveries are well-planned and appropriately resourced.

NHS Fife recently delivered an extremely successful informatics project - Fife Early Warning Score (FEWS) was the culmination of IT, reporting, and clinical rules-based expertise. This was a very successful collaborative approach and points a way forward for NHS Fife, combining clinical rules-based knowledge with information and technology to move services forward.

Increased use of dashboard visualisations, a focus on trigger reports, and alerts generated by our Patient Administration Systems will ensure that our collective data assets are more proactive and productive.

### Information Governance and Security

Effective adherence to Information Governance and Security standards and regulations, this covers information and records management, privacy, access to information and risks relating to confidentiality, integrity and availability of information.

NHS Fife need to ensure that our employees have controlled and efficient access to the information they require to function optimally in their various roles. Improving and sharing access to information across our organisation, and beyond, is a high priority and will ensure multi - disciplinary teams have oversight of their services.



NHS Fife is committed to: -

- Ensuring that data is utilised in the right way at the right time
- Accepting information governance is key to all deliveries for eHealth.
- Information governance being viewed as a significant enabler for the design and improvement of care: -
  - Addressing information risks ensures safe sharing of patient information
  - Access to relevant key patient information supports clinical decision making
  - Approved Information improves decision making about the service design for the future
  - Approved Information improves opportunities for efficiency and timeliness of delivery

### Legislation

The General Data Protection Regulation (GDPR) is the most important change in data privacy regulation in 20 years. GDPR aims to give citizens more control over their data and create uniformity of rules across the EU. There are a number of requirements that NHS Fife must meet to be compliant with this standard, they must: -

- Implement Duty of Candour to support consistent responses across health and social care providers when there has been an unexpected event or incident that has resulted in death or harm.
- Ensure records are managed effectively
- We must ensure that personal data is processed securely using appropriate technical and operational measures.

In addition the Scottish Government has mandated that NHS Fife must have: -

- A Senior Information Risk Owner (SIRO)
- An operational Information Security Management System that aligns to ISO-27001 standards.
- Ensure plans are made to safeguard the confidentiality, integrity and availability of information necessary for the delivery of health and care.
- Have plans which show steady incremental progress in conforming to the information security policy framework.

NHS Fife was one of the 1st boards in Scotland to achieve ISO-27001 and is carrying out extensive work packages to ensure GDPR compliance.

## Information and Informatics 2019/2024

Exploiting data to improve patient safety and quality outcomes, to support service developments.

### Work To Be Done

- **Business and Health Intelligence** – This is central to business as usual processes across NHS Fife.
- **Convergence of Obsolete Systems and Methods of Holding Data** – convergence of data from applications which are no longer supported or are classed as at risk from cyber security.
- **Fife Safe Haven** - An invaluable resource for researchers to tackle future healthcare provision and disease management.
- **GDPR / Data Protection Act 2018** – Ensuring NHS Fife remains compliant with GDPR, information security and any relevant governance.
- **Improving Data Quality** - Influence data collection standards and champion data quality as a key organisational asset.
- **Management Information Hub** – Central, accessible and intelligible resource for the organisations decision makers.
- **NIS and Cyber Essentials** – Ensuring NHS Fife complies with Information Security Legislation

### Digital Strategy Objectives

Domain A – National Direction and Leadership  
Domain B – Information Governance, Assurance and Cyber Security  
Domain C – Service Transformation  
Domain F – Transition Process

### Clinical Strategy Objectives

1. Person Centred
2. Prevention and Health Improvement
4. Access
5. Ongoing Support / Follow Up
6. Community Service Development
7. Acute Services Development
8. Health and Technology

### Health and Social Care Priorities

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across NHS Fife.
3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
5. Managing resources effectively while delivering quality outcomes.

### Benefits Achieved

- Treatment times are monitored effectively.
- Planning and performance management is accurate.
- Supporting research and analysis to prevent disease.
- Improved management of services allowing financial savings to be used to improve patient care.
- Patients information is used appropriately, by the right person at the right time.
- NHS Fife delivers change to their service users which are benefits led.

## Technical Infrastructure

A fuller picture of the technical work that is carried out is detailed within the 'Keeping Us Safe and Secure' section which outlines the Business As Usual (BAU) work that is undertaken.

Alongside the transformational change which is outlined within this strategy there is a need to also improve the technical Infrastructure. The infrastructure ensures the changes are sustainable for NHS Fife.

Management of systems and ensuring best value for NHS Fife is critically important. Best value allows NHS Fife to maximise return on investment and generate savings which can be reallocated to delivery of patient care.



## Technical Infrastructure for Acute, GP and Community 2019/2024

Ensuring the Infrastructure on which digital is situated is fit for purpose, secure and meets the needs of our service.

### Work To Be Done

- **Adaptation of Revenue Based Business Model** – Suppliers are offering the best solutions and services using a revenue/ subscription based business model and we need to embrace this change.
- **Always within Support Lifecycle** – Maintain all systems and solutions (hardware & software) within a current support lifecycle and manage suppliers / contracts accordingly
- **Balanced use of public, private cloud and on premise solutions and resilience** – Adopt a balanced and risk and merit based approach to choosing public cloud, private cloud or on premise solutions
- **Cyber Essentials/NIS/GDPR and Information Security** – Protect against cyber attacks and comply with NIS regulations, ensure network is secure, risks are understood, impact of incidents are minimised and governance is followed.
- **Exit Plans for Poor Suppliers** – Maintain a flexible and versatile approach to supplier contracts. Maintain a product lifecycle which is secure and fit for purpose
- **National Digital Platform** – Relevant real time data and information from health and care records and services is available nationally.
- **PACS Upgrade** – Upgrade to Picture Archiving Communications System (PACS).
- **Resilient and Secure by Design** – Adopt best practice systems and application architectural design principles and ensure resilience, Implement solutions which have been designed with cyber security threats and vulnerabilities in mind
- **Regional IT Service Management** – Rollout of system within the Region and ongoing sharing of best practice.
- **Security Upgrades** – Undertake all security upgrades
- **Windows 10** – Ensure most up to date operating system.

### Digital Strategy Objectives

Domain A – National Direction and Leadership  
Domain B – Information Governance, Assurance and Cyber Security  
Domain D – Workforce Capability  
Domain E – National Digital Platform

### Clinical Strategy Objectives

1. Person Centred
4. Access
8. Health and Technology
9. Workforce and Estates

### Health and Social Care Priorities

3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
5. Managing resources effectively while delivering quality outcomes.

### Benefits Achieved

- Patients are reassured Digital and Information are doing the right thing.
- We comply with all relevant guidance.
- We minimise the risk of cyber attack.
- Service Users are assured we are operating on best value.
- Clinical teams are provided with a safe working environment.
- Everyone can be assured the systems implemented are resilient and secure.

## Workforce and Business Systems

We need to ensure that alongside delivery of this strategy we undertake true engagement with our workforce, they are central to all we do. We will balance how we deliver our ambitions with delivery of traditional medical roles.

We can support our workforce by providing them with digital systems. This will ensure they receive maximum benefit with minimum systems.

### Workforce and Business Systems 2019/2024

Assisting our workforce by ensuring the systems on which they operate are effective, efficient and compliment their working practices.

#### Work To Be Done

- **Consolidating GP Business Systems** – Provide the most appropriate delivery of service to primary care colleagues.
- **e-Rostering** – Regional / National e-Rostering solution to assist with staff management.
- **Framework for Attracting Youth in NHS Digital** – Invest in more apprenticeships to help address the ageing workforce problems facing the NHS in Scotland
- **Maximising Return On Investment** – Achieve maximum benefit from the systems which are in use.
- **Office 365** – National deployment of office 365, all NHS employees in Scotland to communicate and share information from a single platform.
- **Printing Capability Review** – Centralising printing, to minimise costs per specialty.
- **Virtual Workforce** – Consider modernising ways of working e.g. the use of robotics for on-boarding and off-boarding of staff.

#### Digital Strategy Objectives

Domain A – National Direction and Leadership  
 Domain B – Information Governance, Assurance and Cyber Security  
 Domain C – Service Transformation  
 Domain D – Workforce Capability  
 Domain E – National Digital Platform  
 Domain F – Transition Process

#### Clinical Strategy Objectives

4. Access  
 6. Community Service Development  
 7. Acute Services Development  
 8. Health and Technology  
 9. Workforce and Estates

#### Health and Social Care Priorities

3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.  
 5. Managing resources effectively while delivering quality outcomes..

#### Benefits Achieved

- Regional approach benefits both the estate and technology as they are the same within regions.
- Regional and National approaches share knowledge.
- Supports delivery for clinical staff.
- Understanding benefits against deliverables to improve delivery.
- Regional and National implementation share experiences.
- Reduces risk of system becoming out of support.

## Records Management and the Paperlite Journey



Current live paper records within NHS Fife are in excess of 475,500. They include Acute and Obstetric records and on average 5,900 records are brought back into the libraries for storage on a weekly basis. The workload is considerable and therefore NHS Fife are committed to moving forwards with an integrated electronic patient record.

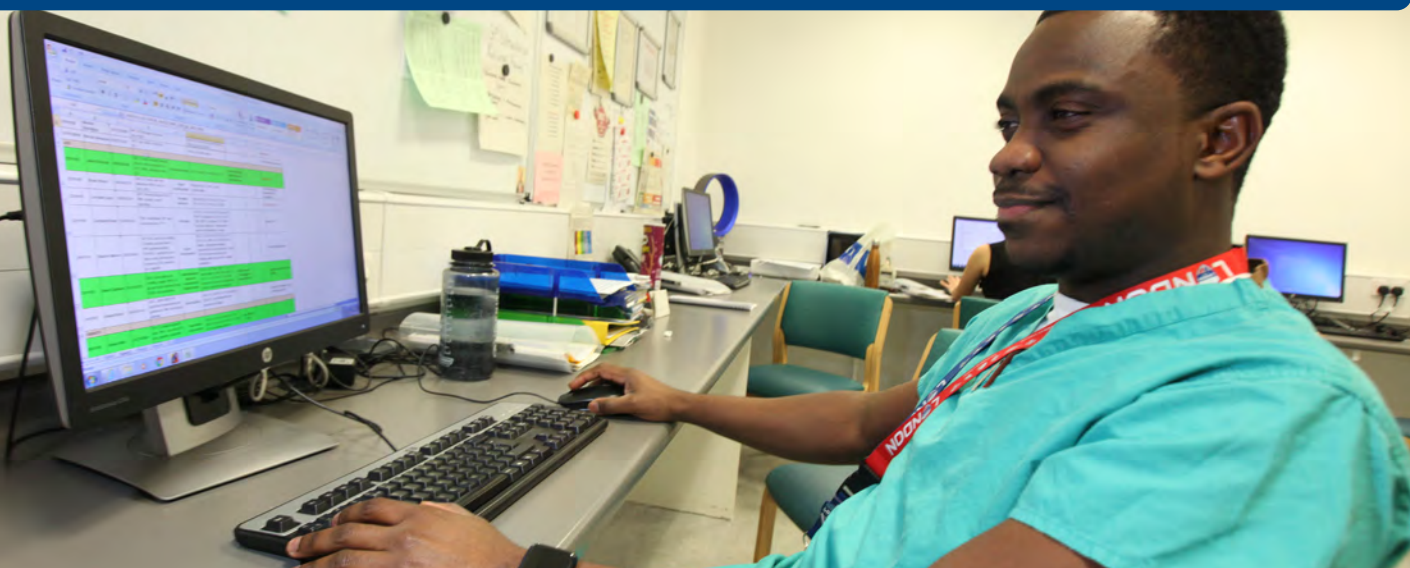
This journey is known as the journey towards Paperlite.

### **Paperlite**

Going paperless provides opportunities to improve workflow efficiency, reduce errors, and reduce space required for storage. Digitisation of health information also provides opportunities to leverage new analytics tools and clinical decision support technologies. However, it is challenging and costly to move to an entirely paperless system and few Health Care providers achieve this in reality. This can be for a number of reasons: paper charts and tools are typically more practical for clinicians to capture patient information during consultation there is a 'fear' for technology replacing the current paper and pen method.

NHS Fife is therefore working not on a paperless system but on a Paperlite system, with the ambition of being 85% Paperlite by 2022. Paperlite will provide for the full digitisation of all internally processed patient records, coupled with an ability to accept paper files from out with NHS Fife, which will then be electronically added to the patient record. The methodology, which will assist with delivery, will be legacy patient files in hard copy with digitisation of only new or updated records. This vision does not imply that all information and services are delivered electronically, but rather that digitisation should be selectively driven in accordance with the strategic priorities that deliver the greatest benefit for service users, clinicians, and the organisation.

## Keeping Us Safe and Secure



NHS Fife are committed to implementing change, however alongside this we must maintain and improve on our existing Business As Usual (BAU) processes.

### Service Management

Currently we are aligned to the Information Technology Infrastructure Library (ITIL) lifecycle principles to help ensure best practice within Information Technology (IT) Service Management. However, there is a requirement to invest time and resources in a 'back to basics' approach to process control over the next 5 years.

This will involve assessing our ITIL process portfolio and establishing and benchmarking maturity levels. Then work can begin to prioritise and improve the maturity of these processes to help us to meet various legislation, frameworks and guidelines.



The diagram opposite shows the 5 Core ITIL Lifecycle Processes:

### Network Information Services (NIS) Legislation

As defined by the EU, the U.K. Government requires all Public and Corporate bodies to align to the Networks and Information Systems (NIS) Directive. Scottish Government has released a Cyber Resilience Framework to compliment the requirements of NIS and GDPR.

The NIS Directive is made up of four key principles:

- 1. Risk Management** – Aligns with a Risk & Governance key action within the Cyber Resilience Framework.
- 2. Service Protection** – Aligns with some of the technical assurances contained within the Cyber Essentials standards along with staff awareness across our organisation.

3. **Detect and Defend** – Aligns with the rest of the technical assurances and a proactive operating model regarding Cyber Security Resilience.
4. **Impact Management** – Focus on response and recovery procedures and minimising impact on services.

This aligns with both GDPR and the Cyber Essentials Standard, which provide five technical controls designed to protect services. The maturity of the IT Service Management processes described above will have a direct and positive impact on NHS Fife’s ability to demonstrate complicity with these principles.

### Cyber Security

Compliance with Scottish Government Cyber Security Framework Standards is mandatory. NIS Directive and Cyber Essentials have set standards that will have a positive impact on NHS Fife’s resilience. A Cyber Security Roadmap has been developed, which will drive a plan for remediation of existing risks and issues and will steer the organisation towards a position of proactive management of the cyber threat and robust IT Security.

The key deliverables of the Cyber Security Roadmap are delivered on a Discover, Stabilise, and Improve approach. As detailed overleaf.

<b>Discover</b>	<ul style="list-style-type: none"> <li>• Assess and understand the organisation’s level of capability and compliance with SG Cyber Resilience Framework and recognised standards e.g. Network Information Systems (NIS) Directive, Cyber Essentials and the CIS Controls.</li> <li>• Discover and document most vulnerable platforms within NHS Fife based on un-resilient design or un-supported operating systems or applications.</li> <li>• Discover and document any inhibitors such as people, skills, user base awareness etc.</li> <li>• Discover enhancements and improvements to infrastructure required to support the Cyber Security roadmap and invest accordingly in IT Security tools.</li> </ul>
<b>Stabilise</b>	<ul style="list-style-type: none"> <li>• Develop and improve the process, procedures and tools used by the Cyber Security Team enabling them to proactively discover, stabilise and improve the security posture of the organisation.</li> <li>• Develop and test response plans or ‘playbooks’ for each of the mainstream cyber security threats.</li> <li>• Gain control over change and stabilise our ability to transition into BAU with capability and control.</li> <li>• Plan, consult and implement any organisational or technical changes required.</li> </ul>
<b>Improve</b>	<ul style="list-style-type: none"> <li>• Produce Business Cases and secure funding to secure vulnerable platforms based on priority.</li> <li>• Develop an ongoing architectural review roadmap to refresh / upgrade management tools and IT security infrastructure based on priority.</li> <li>• Continuous improvement of Security Posture needs to run right alongside all deliverables.</li> <li>• Improve and test our readiness, resilience and crisis management in order to reduce the impact of security breaches or widespread cyber-attacks.</li> </ul>



NHS Fife are committed to ensuring digital is viewed as an enabler for the organisation and our service users. To guarantee success we must: -



Ensure projects are clinically led, working closely with the dedicated project management team. Each project should have a Clinical Digital Ambassador to advocate the change.



Plan for adequate training and resource to help our service users to be digitally fit and ready to embrace the digital changes.



Establish a solid link between National and Local strategies and the Digital and Information Strategy.



Identify and secure continued engagement of key stakeholders. Take them on the journey and build support for delivery of change.



Ensure Business Cases are robust and communicate the benefits of project delivery both financial and non-financial. Ensure the business cases are clear, concise and approved before moving forward.



Standardise, don't customise, operations to allow them to be delivered effectively.



Phase projects for delivery where appropriate to reduce the impact on operational services and deliver benefit early

The current delivery plan is included within **Appendix 1**. The delivery plan is high level, each individual project will be managed in line with Prince 2 project management with strict governance and identification of the appropriate plans and strategies within the appropriate business cases. Each project is supported by individual project documentation including plans, risks, lessons learned and benefits realisation.

### **Upcoming Financial Challenges**

A number of challenges exist in relation to funding and sustainability.

- Modernising the estate using latest infrastructure standards and services is now the norm, this requires a recurring revenue budget rather than one off capital funding as has been the case in the past.
- Annual increases in support and maintenance contracts for RPI/CPI
- Increasing reliance on Wi-Fi and the short life of the technology. The cost of maintaining this estate is extensive as the technology is ever changing.
- We need to ensure that our end user devices (desktop/laptop/tablet etc) remain current, which means they are updated every 5 years. This is expensive and as we progress on our digital journey costs will increase alongside the increased number of devices.

We will work closely with the business to ensure the financial challenges are risk assessed and managed in accordance with the standard operating procedures of NHS Fife.

### **Get Involved**

With the increasing impact of digital across the organisation, it is important to provide a feedback channel from customers of the Digital and Information Service – to ensure that the digital strategy continues to meet not only the strategic direction of the Board, and the Scottish Government, but also the needs of end-users.

Should you wish to discuss any aspect of the Strategy please do not hesitate to contact Marie Richmond, Head of Strategy and Programmes – Digital and Information, Marie.Richmond@nhs.net, 01383 623 623 ext 30057

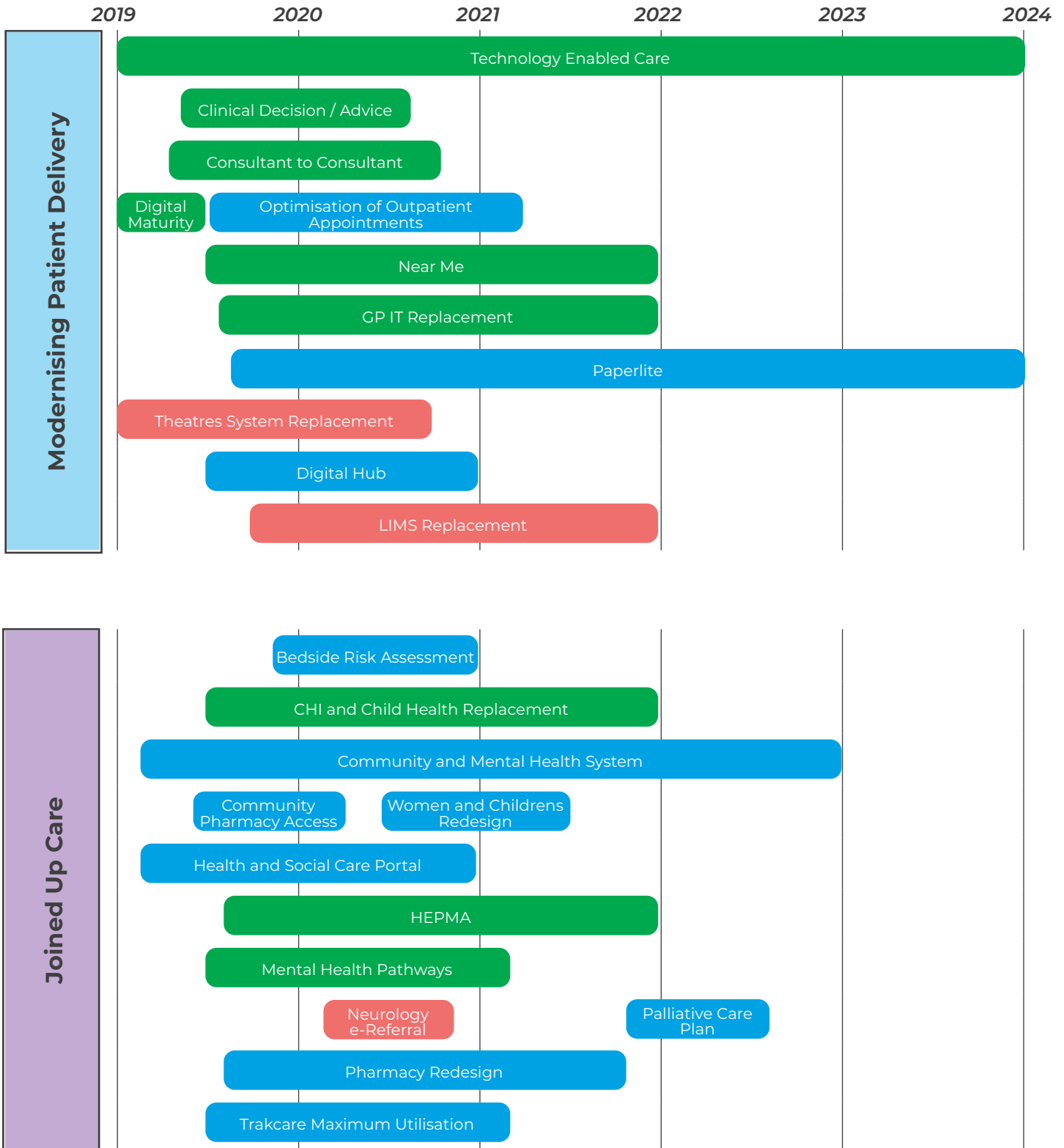
# Appendix 1 - High Level Delivery Plan

Key:

**National Objective**

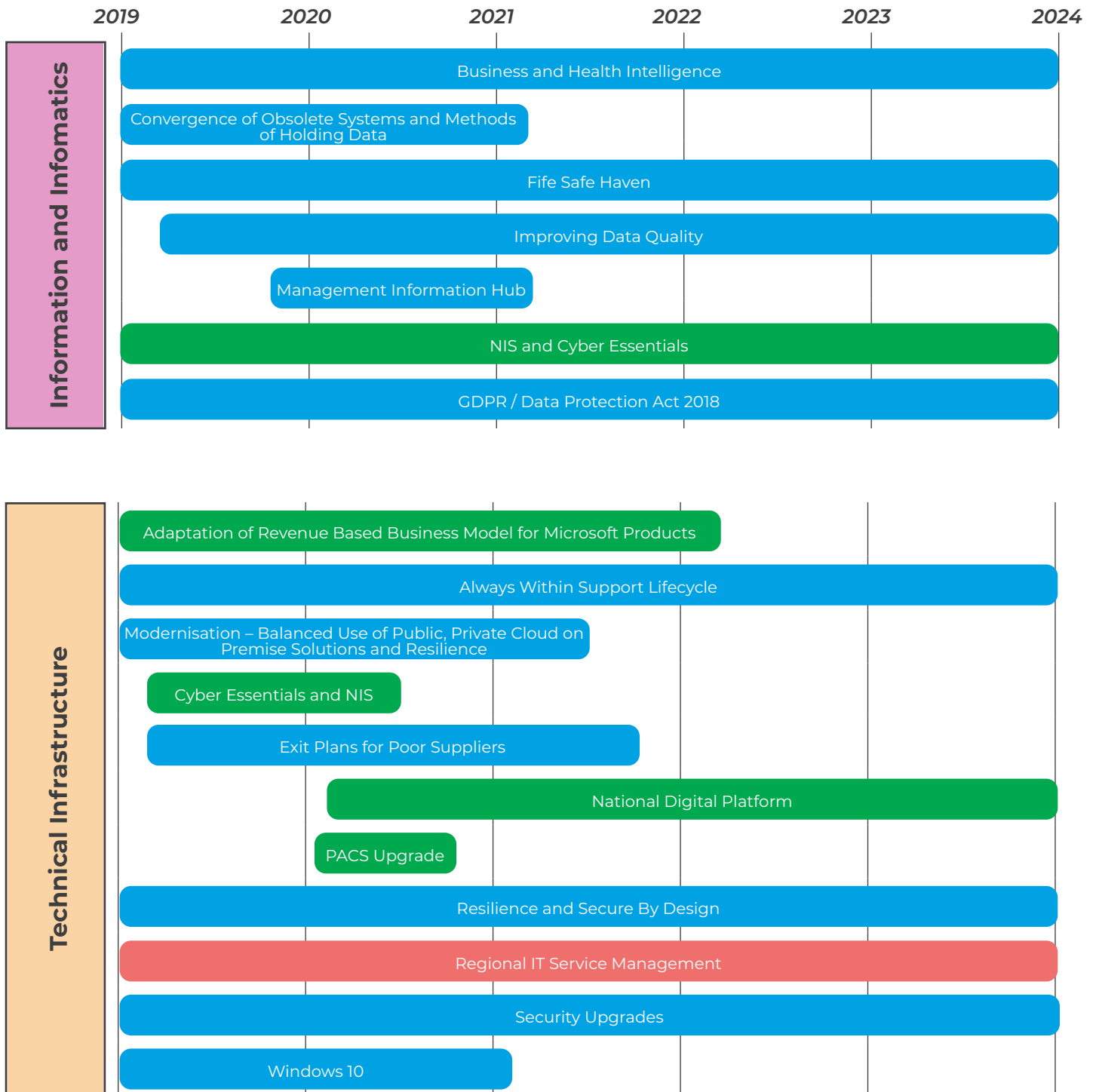
**Local Objective**

**Regional Objective**

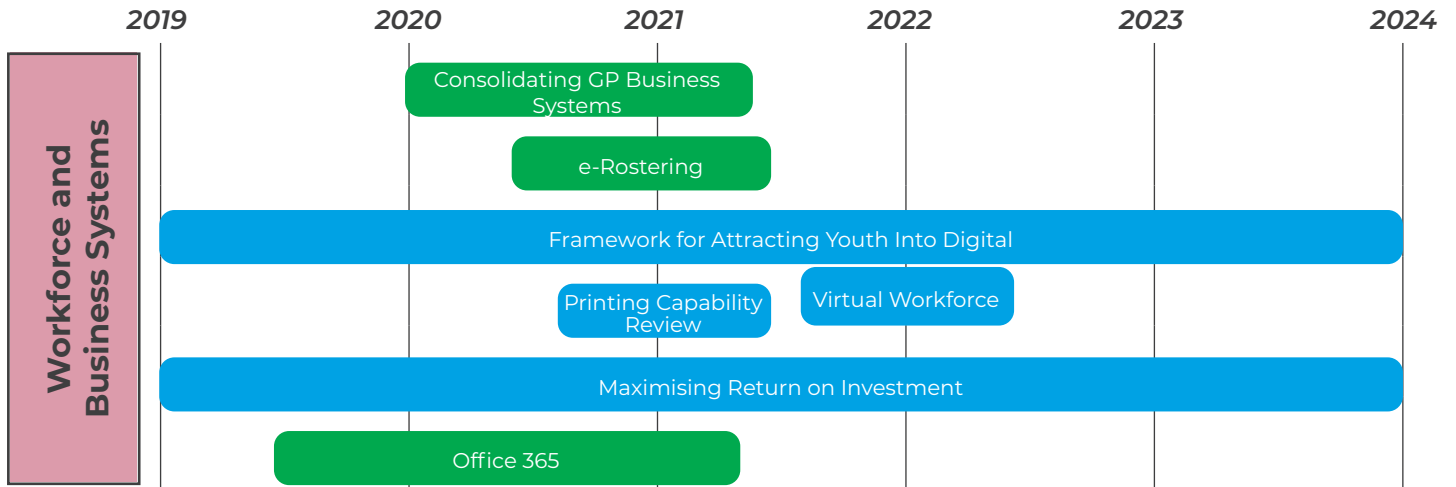




# Appendix 1 - High Level Delivery Plan (continued)



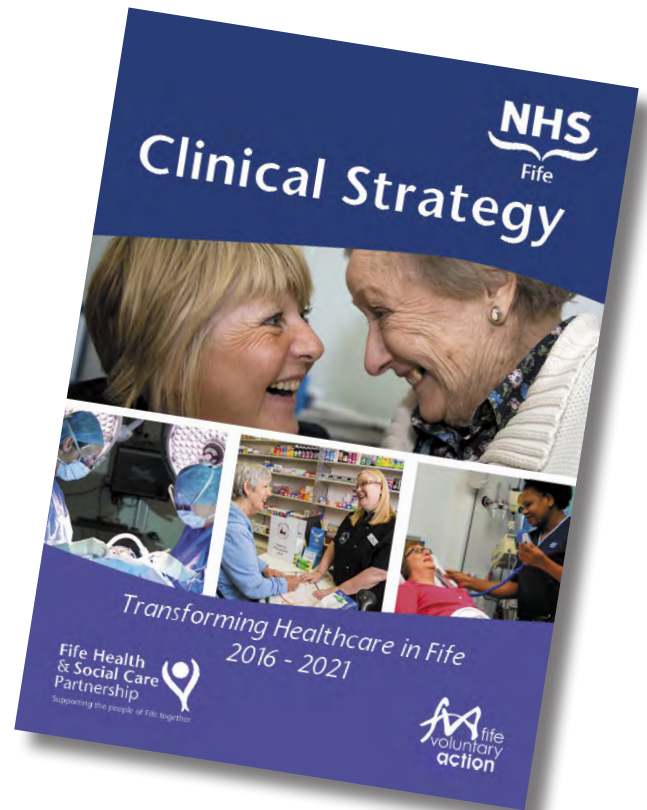
# Appendix 1 - High Level Delivery Plan (continued)



## Appx 2 - Clinical Strategy Guiding Principles

Guiding principles formed the building blocks for the development of the Clinical Strategy's key recommendations.

1. The provision of services will be needs based, proportionate, person centred and developed in partnership with people.
2. A whole system approach to support and services will be adopted across health and social care and other agencies.
3. Where appropriate, support and services will be delivered as close to people's home as possible in a timely manner.
4. The provision of all health care will be value based in terms of outcomes, efficiency of resources and cost effectiveness.
5. People will take responsibility for their own health with a focus on prevention and early intervention and avoidable admission into hospital.



<b>DATE OF REPORT:</b>	04/03/2020
<b>TITLE OF REPORT:</b>	<b>Service Transformation Programme</b> Update On Programme Governance Arrangements
<b>EXECUTIVE LEAD:</b>	Carol Potter Chief Executive
<b>REPORTING OFFICER:</b>	Jim Crichton Interim PMO Director

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

## SBAR REPORT

### Situation

Following a decision by the Chief Executive in 2019 to strengthen the governance arrangements for transformational change projects an Integrated Transformation Board was established in conjunction with the Chief Executive of Fife Council and has met on 4 occasions.

This paper summarises progress to date and clarifies the proposed future consultation and reporting process in relation to the Clinical Governance Committee.

### Background

A workshop took place on 23 July 2019 which provided an overview of the key work being undertaken in NHS Fife and Fife Health and Social Care Partnership with the most impact on the whole health and social care system. The workshop was attended by directors of NHS Fife and Fife Integration Joint Board, senior managers and clinicians with staff side representation. An update paper on the stocktake workshop was presented to the committee in September 2019.

The work streams discussed broadly aligned with the 4 strategic priorities of:

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

From this event it was agreed that the transformation programme required to be refreshed, and in particular, that the governance and leadership arrangements be reviewed and strengthened.

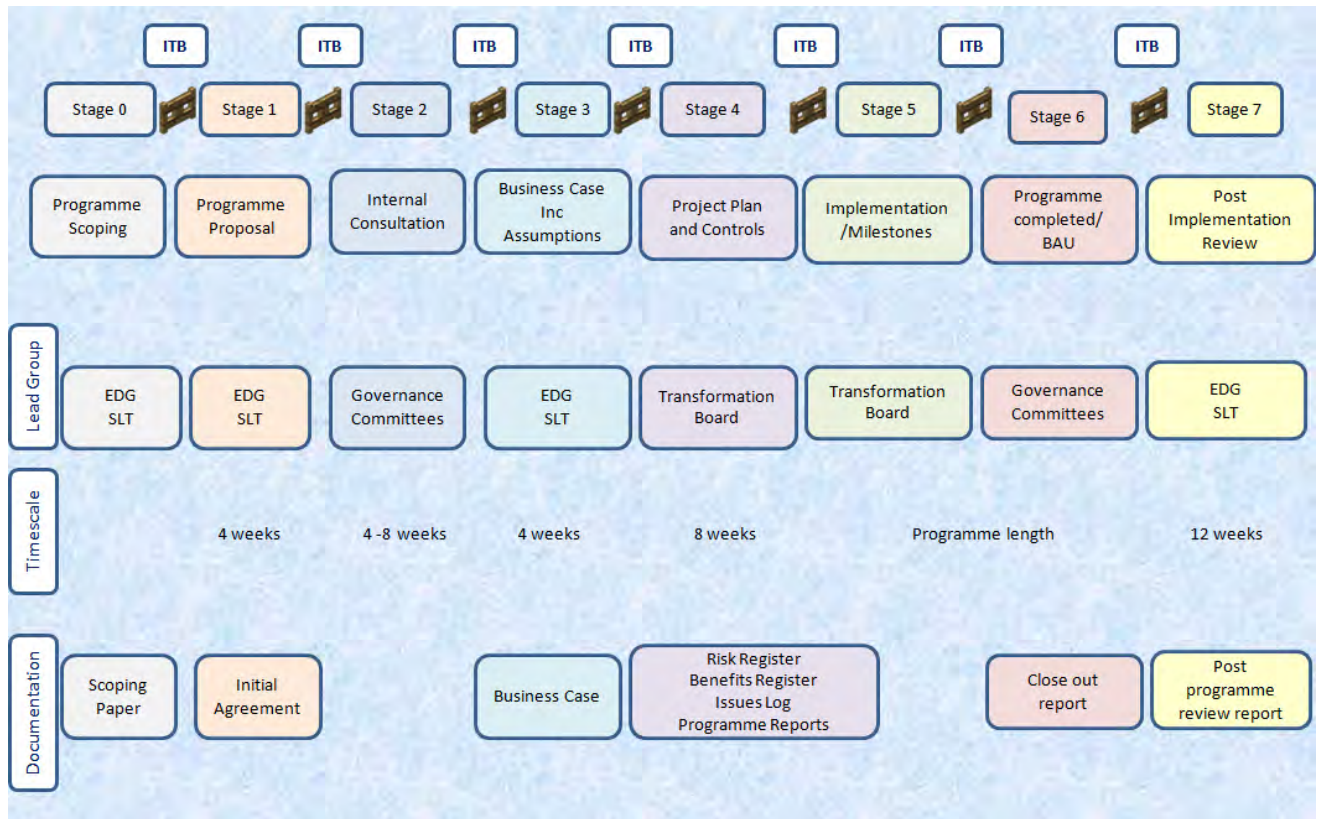
### Assessment

To oversee and take this work forward, an Integrated Transformation Board was established in August 2019 with joint leadership from the Chief Executives of NHS Fife and Fife Council. For the initial scoping of the programme and establishment of governance arrangements, the Chair of Clinical Governance Committee, Chair of the IJB Clinical and Care Governance Committee and Fife Council Elected Member were also in attendance.

An Interim PMO role has also been established to support the design and delivery of the programme and strengthen governance arrangements.

A Stage and Gate Process has been developed and introduced. This seeks to ensure clarity in relation to governance of change projects and the key milestones that each progresses through in its development, consultation, approval and implementation.

**Figure 1 Stage & Gate Process**



Supporting documentation has also been developed based on Scottish Capital Investment Manual (SCIM) guidance to ensure consistency of Business Case development. This will enable improved tracking of anticipated benefits, costs, workforce implications and risks.

The gateway process will ensure that there is detailed consultation with appropriate committees including the Clinical Governance Committee at key points. Of particular note is Stage 2 which falls between support for Initial Agreement and before sign off of the Business Case. This will enable detailed discussion and scrutiny of the proposed change to ensure that it supports and improves the quality of patient care.

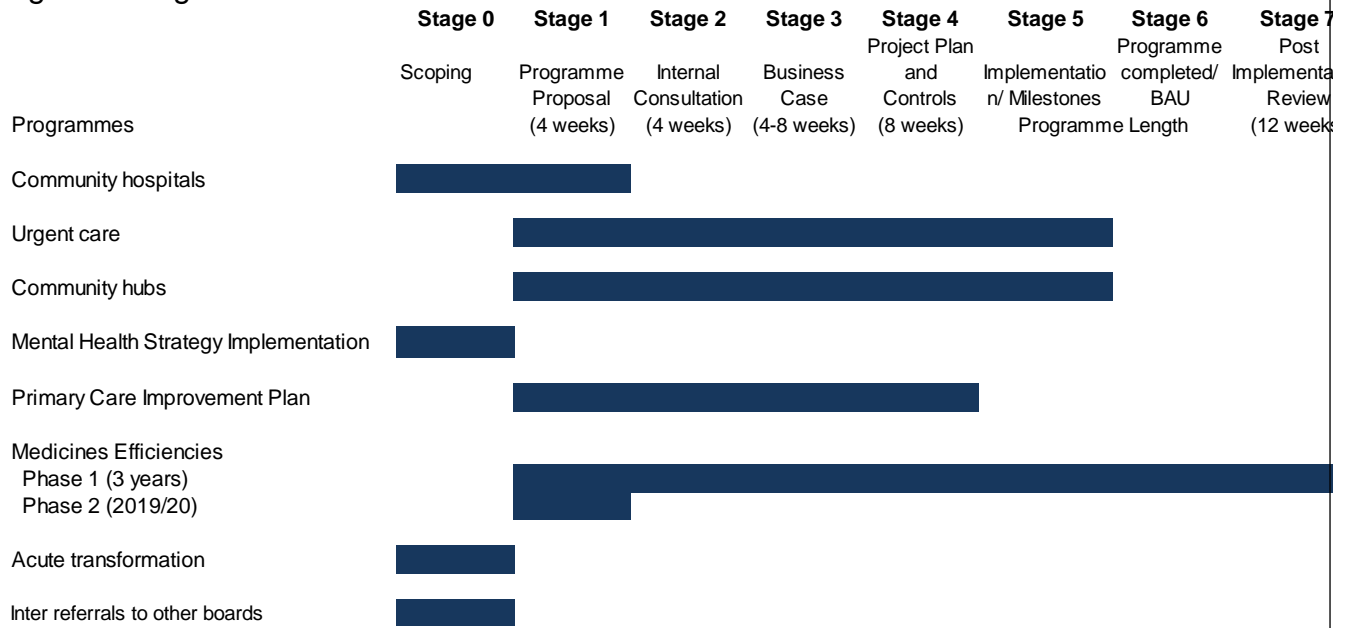
It is also proposed that the Committee receive summary update reports on each of the projects on a regular basis until completion. Examples of the summary reports are attached in appendix 1.

Figure 2 summarises progress of the projects in relation to the stage and gate process.

Over the next 3 to 4 months we anticipate that significant progress will be made in relation to early stage projects such as implementation of the Mental Health Strategy, and Acute Transformation.

Further consideration will be given by the Chief Executive regarding governance of the programmes, including membership of the ITB and reporting arrangements.

Figure 2 Programme Plan



In summary, good progress has been made on improving governance arrangements for the transformation programme. Further work is required to ensure that project impacts are adequately captured in corporate level workforce, finance and capital plans as well as exploring links to digital transformation.

**Recommendation**

The Committee is invited to:

- **Note** progress on support for the transformation programme
- **Discuss** the proposed engagement cycle as set out in the stage and Gate Process and the nature and frequency of future reports to the Committee

<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:	Integrated Transformation Board

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	Promotes improved efficiency in service delivery.
<b>Risk / Legal:</b>	Programme risks have been identified by the ITB and will be monitored and escalated where appropriate.
<b>Quality / Patient Care:</b>	The programme seeks to support and improve the delivery of safe, effective, person centred care.
<b>Workforce:</b>	Systems are being developed to capture and manage the workforce implications of the programme.
<b>Equality:</b>	EQIA will form an inherent component of the change proposals.

<b>Programme Title:</b>	<b>Medicines Efficiencies</b>		
<b>Completed by</b>	<b>Euan Reid</b>	<b>Reporting Period:</b>	<b>Feb 2020</b>

Update on progress for this reporting period	RAG Status
<b>1. GP Prescribing – year end position forecast is breakeven as at December 2019 (optimistic +£250k, pessimistic -£250k). Efficiency target is £1.2M for 19/20.</b>	<b>G</b>
<b>2. Acute Prescribing – current year savings of £822,140 at December 2019 against a target of £1.35M.</b>	<b>A</b>

**Key Highlights:**

1. Cost per patient for GP prescribing in Fife was below Scottish average for October; the first month this has occurred.
2. Launch of guideline for managing hypertension in frailty (realistic prescribing).
3. Non-prescription ordering of adult oral nutritional supplements rolling out (reducing medicines waste).
4. Support from Fife Drug & Therapeutics Committee and NHS Fife Clinical Governance Committee to develop a new medicines efficiency structure that includes a Fife Wide Steering Group.
5. A band 5 project support officer has been recruited until March 2020 with 0.5WTE for medicines efficiencies.

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Medicines Efficiencies</b>									
Acute		£37,828	£288,403	£413,952	£697,621	£736,367	£774,855	£774,855	£822,140
HSCP	£86,065	£420,784	£715,693	£389,247	£574,750	£412,355	£446,582		
<b>Formulary Compliance</b>									
Acute (cost)	86.0%	87.0%	86.0%	82.0%	86.0%	88.0%	85.0%	86.0%	87.0%
GP (cost)	76.4%	75.4%	75.4%	75.5%	74.8%	75.7%	74.7%	75.2%	
GP (volume)	84.7%	85.1%	84.9%	84.9%	85.0%	84.9%	84.9%	85.0%	
<b>Cost per patient</b>									
Fife	£15.60	£16.41	£15.27	£16.34	£16.28	£15.69	£16.18	£15.47	
Scotland	£15.48	£15.92	£15.13	£15.95	£15.95	£15.12	£16.29	£15.29	
Difference	£0.12	£0.49	£0.14	£0.39	£0.33	£0.57	-£0.11	£0.18	

Acute medicines efficiencies - PID approved & savings removed from budget  
 GP Prescribing efficiencies - difference between total spend 19/20 v 18/19 (Schedule 5 NIC); however, doesn't include budget transfers, e.g. NPO, invest to save  
 Note that latest data for GP Prescribing is November 19.

**Key Action for next reporting period**

1. Write to Managed Clinical Networks (MCNs) and medicine efficiency sub-groups to obtain priorities for 20/21 under 3 key areas: 1) improving formulary compliance; 2) reducing medicines waste; 3) realistic prescribing.



2. Establish a new strategic Fife wide medicines efficiency group and review terms of reference for groups.

**Key Issues to be escalated:**

1. Investment in project management, communications and e-health resource is key to the success of the project.
2. Implementation of Freestyle Libre (flash glucose monitoring system which measures interstitial fluid glucose levels) has exceeded original forecast and budget allocation. £415,500 was allocated to GP Prescribing for 600 patients by 19/20 year end; 886 patients have been commenced as at 24<sup>th</sup> December 2019.

**Key Risks:**

1. Medicine shortages are resulting in price increases however the financial impact is currently being contained. A bundle of medicines is being created withing agreed inclusion criteria that will identify, monitor and where possible mitigate the the impact on overall financial performance.
2. Medicine price increases outwith Fife's control.
3. Pharmacy staff recruitment and GP practice sustainability.
4. Project management, communications and e-health resource.

<b>DATE OF REPORT:</b>	04/03/2020
<b>TITLE OF REPORT:</b>	<b>Revised Timetable for Clinical Strategy Refresh</b>
<b>EXECUTIVE LEAD:</b>	Carol Potter, Chief Executive
<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 NHS Fife Clinical Strategy 2016-21 was published in October 2016. The Strategy was developed in partnership with a wide range of stakeholders and describes a future model of healthcare for the people of Fife.

Updates have been provided to the Board committees in Year 1 as a paper called 'Clinical Strategy – One year on' and in 2018/19 as an update on each workstream's recommendations.

### Background

To support the delivery of the H&SC Strategic Plan and the recommendations of the Clinical Strategy, the Joint Strategic Transformation Group (JSTG) was established in 2016 to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy.

A review of the JSTG and its role in transformation was undertaken in 2019 with the Chief Executive providing leadership. The refreshed approach to transformation started with the Transformation Stocktake Workshop in July 2019 which provided an overview of the key work being undertaken in NHS Fife and Fife Health and Social Care Partnership with the most impact on the whole health and social care system.

The revised structure, the Integrated Transformation Board, brings all three partner organisations, NHS Fife, Fife Council and Fife IJB with clear lines of reporting for health transformation programmes to NHS Fife, health and social care programmes to Fife IJB and social care programmes to Fife Council.

The Clinical Strategy is the founding strategy that drives the development of the transformation programme and as we enter in 2020/21 the Clinical Strategy needs to be refreshed to ensure this journey continues for the next 5 years.

### Assessment

Given the changes that have taken place over the last year in terms of governance and oversight, it seems the right time to take stock and review the recommendations of the existing Clinical Strategy and workstreams. The review would be undertaken with clinicians and managers looking back at progress made but also taking the opportunity to look forward.

The review and follow up workstream meetings would inform the revised Clinical Strategy for 2021-26. The proposed timetable would aim to approach the board in November 2020 to agree

the revised Clinical Strategy 2021-26.

In order to meet the timeline of submitting the revised Clinical Strategy 2021-26 by November 2020, the timetable would be as follows:

February-May 2020	Review of Clinical Strategy 2016-21
May 2020	Review of Clinical Strategy paper to CGC
May-October 2020	Preparatory work
October 2020	Clinical Strategy Board Development Session
November 2020	Clinical Strategy 2021-26 to NHS Board

### Recommendation

The Clinical Governance Committee are invited to:

- **Note** the review of the Clinical Strategy and the associated timetable to deliver the Clinical Strategy 2021-26.

### 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>	4 <sup>th</sup> March 2020
<b>TITLE OF REPORT:</b>	Integrated Performance & Quality Report (IPQR)
<b>EXECUTIVE LEAD:</b>	Carol Potter
<b>REPORTING OFFICER:</b>	Susan Fraser

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

**SBAR REPORT**

**Situation**

This SBAR accompanies the Integrated Performance & Quality Report (IPQR), the main Corporate Performance reporting mechanism for the NHS Fife Board.

**Background**

The IPQR is produced monthly, and the most recent version is presented at each meeting of the Standing Committees – Clinical Governance, Staff Governance and Finance, Performance & Resources. It comprises an Executive Summary (covering key Clinical Governance, Operational Performance, Finance and Staff Governance measures) and ‘drill-downs’ for performance areas of particular interest – these are generally but not exclusively where performance is not consistently achieving the expected level.

**Assessment**

The Clinical Governance aspects of the report cover Adverse Events, HSMR, Falls, Pressure Ulcers, Infection Control (SAB, ECB, C Diff, Caesarean Section SSI) and Complaints. There is no specific performance standard or measure associated with Adverse Events, SAB (Community), ECB (Community) and C Diff (Community), but the remainder do have targets which NHS Fife aspires to meet. A summary of the status of these is shown in the table below.

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Not achieving
Falls	Monthly	5.97 per 1,000 TOBD	Not achieving
Falls With Harm	Monthly	2.16 per 1,000 TOBD	Achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI	Quarterly	2.5%	Achieving
SAB (HAI/HCAI)	Monthly	20.2 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	40.3 per 100,000 TOBD	Not achieving
C Diff (HAI/HCAI)	Monthly	6.9 per 100,000 TOBD	Not achieving
Complaints (Stage 1)	Monthly	80%	Not achieving

Complaints (Stage 2)	Monthly	65%	Not achieving
<b><u>Recommendation</u></b>			
<ul style="list-style-type: none"><li>• <b>Discussion</b> – the Committee is asked to consider the contents of the report, with specific focus on the measures and performance relevant to Clinical Governance, and identify any performance-related issues which require to be escalated to the next meeting of the NHS Fife Board (on 25<sup>th</sup> March 2020)</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>	e.g. - Financial impact or capital requirements
<b>Risk / Legal:</b>	e.g. - Completion of a risk assessment with plans in place to mitigate any risks identified - Likelihood of legal challenge
<b>Quality / Patient Care:</b>	e.g. - Inequity of provision (postcode lottery/commissioning) - Consequences of delaying/denying treatment - Consideration of exceptional circumstances
<b>Workforce:</b>	e.g. - Impact on existing staff - Potential for clinical/staff opposition - Consideration of Organisational Change Policy (HR15) - Identification of training requirements
<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>



# Fife Integrated Performance & Quality Report

Produced in February 2020



# Introduction

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The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National LDP Standards and local Key Performance Indicators (KPI).

The IPQR comprises of the following sections:

## I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indiciary Summary
- d. Assessment

## II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources  
Operational Performance  
Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each report contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions. The latter, along with trajectories, are taken as far as possible from the 2019/20 Annual Operational Plan (AOP). For indicators outwith the scope of the AOP, improvement actions and trajectories were agreed locally following discussion with related services.

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

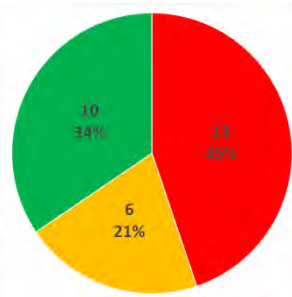


# I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

## a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 10 (35%) classified as **GREEN**, 6 (21%) **AMBER** and 13 (44%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

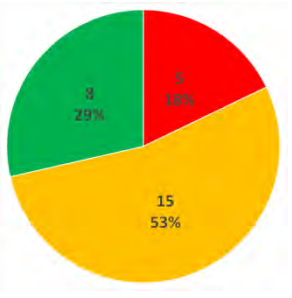


There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- SAB Infection Rate (HAI/HCAI) falling and well-below the target for 2019-20
- Diagnostics (% of Patients Waiting no more than 6 Weeks at Month End) continuing to be very close to the 100% target
- Cancer 31-Day DTT achieving the Standard for the seventh successive month
- Improved performance against both Mental Health targets (although both still some way short of the 90% Standard)

## b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 28 indicators within this report has 8 (29%) within upper quartile, 15 (53%) in mid-range and 5 (18%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.



# Indicator Summary

Performance	
meets / exceeds the required Standard / on schedule to meet its annual Target	
behind (but within 5% of) the Standard / Delivery Trajectory	
more than 5% behind the Standard / Delivery Trajectory	

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current		Reporting Period	Fife		Scotland	
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Dec-18	58	Nov-19	50	Dec-19	47	↑	N/A			
	N/A	HSMR	N/A	Year Ending	Jun-18	N/A	Mar-19	1.01	Jun-19	1.04	↓	YE Jun-19	1.04	●	1.00
	N/A	Inpatient Falls	5.97	Month	Dec-18	6.31	Nov-19	6.07	Dec-19	6.88	↓	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Dec-18	1.66	Nov-19	1.31	Dec-19	1.81	↓	N/A			
	N/A	Pressure Ulcers	0.42	Month	Dec-18	0.85	Nov-19	0.86	Dec-19	0.91	↓	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Sep-18	2.3%	Jun-19	2.0%	Sep-19	2.5%	↓	QE Sep-19	2.5%	●	1.1%
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Dec-18	N/A	Nov-19	12.1	Dec-19	10.9	↑	YE Sep-19	15.2	●	16.9
	N/A	SAB - Community	N/A	Quarter Ending	Dec-18	N/A	Nov-19	8.6	Dec-19	6.4	↑	YE Sep-19	11.6	●	9.0
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Dec-18	N/A	Nov-19	14.3	Dec-19	14.2	↑	YE Sep-19	8.6	●	13.1
	N/A	C Diff - Community	N/A	Quarter Ending	Dec-18	N/A	Nov-19	3.2	Dec-19	3.2	↔	YE Sep-19	5.1	●	5.1
	N/A	ECB - HAI/HCAI	40.3	Quarter Ending	Dec-18	N/A	Nov-19	55.0	Dec-19	60.0	↓	YE Sep-19	40.4	●	38.7
	N/A	ECB - Community	N/A	Quarter Ending	Dec-18	N/A	Nov-19	24.8	Dec-19	28.8	↓	YE Sep-19	42.7	●	44.2
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Dec-18	82.5%	Nov-19	76.0%	Dec-19	75.1%	↓	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Dec-18	59.8%	Nov-19	56.3%	Dec-19	50.0%	↓	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Dec-18	100.0%	Nov-19	100.0%	Dec-19	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	96%	Month	Dec-18	92.8%	Nov-19	92.7%	Dec-19	88.0%	↓	Dec-19	88.0%	●	83.8%
	95%	New Outpatients Waiting Times	95%	Month	Dec-18	92.2%	Nov-19	92.7%	Dec-19	91.8%	↓	Sep-19	94.3%	●	72.9%
	100%	Diagnostics Waiting Times	100%	Month	Dec-18	98.4%	Nov-19	99.1%	Dec-19	98.6%	↓	Sep-19	99.0%	●	82.3%
	100%	Patient TTG (Ongoing Waits)	90.6%	Month	Dec-18	83.3%	Nov-19	90.1%	Dec-19	89.7%	↓	Sep-19	91.2%	●	67.5%
	90%	18 Weeks RTT	84%	Month	Dec-18	80.4%	Nov-19	80.9%	Dec-19	82.0%	↑	Sep-19	79.8%	●	76.9%
	95%	Cancer 31-Day DTT	95%	Month	Dec-18	98.2%	Nov-19	96.3%	Dec-19	99.2%	↑	QE Sep-19	96.4%	●	95.8%
	95%	Cancer 62-Day RTT	94%	Month	Dec-18	90.2%	Nov-19	87.3%	Dec-19	90.7%	↑	QE Sep-19	82.9%	●	83.3%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Dec-18	8.2%	Nov-19	7.4%	Dec-19	7.6%	↓	QE Jun-19	7.6%	●	6.7%
	80%	Antenatal Access	80%	Month	Oct-18	87.0%	Sep-19	81.8%	Oct-19	86.2%	↑	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	473	YTD	Sep-18	80.0%	Aug-19	93.9%	Sep-19	90.7%	↓	YT Jun-19	92.4%	●	92.4%
	90%	CAMHS Waiting Times	88%	Month	Dec-18	85.5%	Nov-19	66.0%	Dec-19	71.3%	↑	QE Sep-19	75.2%	●	64.5%
	90%	Psychological Therapies Waiting Times	82%	Month	Dec-18	73.9%	Nov-19	66.0%	Dec-19	75.8%	↑	QE Sep-19	66.5%	●	79.4%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Sep-18	69.6%	Jun-19	73.8%	Sep-19	77.3%	↑	YT Sep-19	77.3%	●	89.3%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Oct-18	97.0%	Sep-19	96.6%	Oct-19	94.6%	↓	QE Sep-19	96.7%	●	95.0%
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2016/17	87.5%	2017/18	87.5%	2018/19	90.2%	↑	2018/19	90.2%	●	58.6%
	N/A	Dementia Referrals	TBD	Annual	2016/17	60.1%	2017/18	55.4%	2018/19	60.5%	↑	2018/19	60.5%	●	40.8%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Dec-18	N/A	Nov-19	49.7%	Dec-19	53.0%	↑	N/A			
	Finance	N/A	Revenue Expenditure	£0	Month	Jan-19	N/A	Dec-19	£5.405m	Jan-20	£5.220m	↑	N/A		
N/A		Capital Expenditure	£9.217m	Month	Jan-19	N/A	Dec-19	£4.558m	Jan-20	£5.305m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Dec-18	5.54%	Nov-19	5.58%	Dec-19	5.82%	↓	YE Dec-19	5.71%	●	5.45%

## d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>HSMR</b>	1.00	N/A	N/A	YE Jun-19	1.04	YE Jun-19	●
<p>The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3.</p> <p>HSMR changed to be an annual measure at the start of 2019, the way in which the data is created as changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.</p>							
<b>Inpatient Falls</b> Reduce falls with harm by 20% by December 2020	2.16	Dec-19	2.16	Dec-19	1.81	N/A	N/A
<p>While an increase in falls is noted in the December figures there is acknowledgement that, as in previous years, this is reflective of the significant increased winter activity across the system. Ongoing monitoring of this will continue with consideration of any related factors associated with this high level of activity and an expectation that the overall trend will return to the usual month to month variation. The repeat falls audit will now take place February/March.</p>							
<b>Pressure Ulcers</b> 50% reduction by December 2020	0.42	Never Met	0.42	Dec-19	0.91	N/A	N/A
<p>The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. A Quality Improvement (QI) programme is commencing across Fife (HSCP and ASD) to work with teams to drive QI and reduce patient harm. Scrutiny and monitoring for assurance is via the Fife Tissue Viability Steering Group. The target end date for a 50% reduction has been extended to December 2020.</p>							
<b>Caesarean Section SSI</b> We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Sep-19	2.5%	Sep-19	2.5%	QE Sep-19	●
<p>Following a review of the surveillance methodology, a new process for ascertaining SSI status was adopted from the start of October. There was a significant reduction in SSI rate during Q2 of 2019, and this rate increased slightly in Q3. It is hoped that a sustained lower rate will be achieved throughout the remainder of the year.</p>							
<b>SAB (MRSA/MSSA)</b> We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Dec-19	20.2	QE Dec-19	10.9	YE Sep-19	●
<p>There were 4 SAB in December, 2 HCAI (1 HAI, 1 HCAI) and 2 CAI. In the whole of 2019, there were 85 SAB, the second lowest annual figure on record and 25% less than in 2018. VAD continued to be the major source of infections (27% in 2019), while PWID (People Who Inject Drugs) accounted for around 16% of the total. The quarterly –measured HAI/HCAI rate remains significantly less than the target for March, while the annually–measured rate is in line with the Scottish average.</p>							
<b>C Diff</b> We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Jun-19	6.9	QE Dec-19	14.2	YE Sep-19	●
<p>There were 4 CDIs in December, 2 HAI and 2 CAI. In the whole of 2019, there were 47 CDI, equalling the record low of 2018. Around 15% of infections were due to a recurrence of infection. The quarterly-measured HAI/HCAI rate remains significantly greater than the target for March, but this is expected to reduce in January and the annually measured rate is much better than the Scottish average (Fife 8.6, Scotland 13.0)</p>							
<b>ECB</b> We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	Never Met	40.3	QE Dec-19	60.0	YE Sep-19	●
<p>There were 20 ECs in December, 12 HAI/HCAI and 8 CAI. In the whole of 2019, there were 264 ECB, a decrease from the 2018 figure of 291 (although the % of HAI/HCAI increased from 54% to 59%). UTI and CAUTI remain the most prevalent source of ECB. The quarterly measured HAI/HCAI rate remains significantly higher than the target for March, while the annually-measured rate is in line with the Scottish average.</p>							
<b>Complaints - Stage 2</b> At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Dec-19	50.0%	FY 2018/19	●
<p>Although the weekly complaint meeting to review current performance across NHS Fife continues, stage 2 performance continues to fall. Delays at approval within ASD, the hospital site capacity and staffing issues within the Patient Relations Department are the main areas of concern.</p>							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
<b>4-Hour Emergency Access</b> 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-19	95%	Dec-19	88.0%	Dec-19	●
Performance against the 4-hour emergency access target deteriorated in December with capacity challenges on a daily basis and consistent use of additional bed base. The main pressure within December was prior to Christmas with increased attendance at both ED and medical assessment. There was a robust clinical support plan in place over the festive period which maintained performance above the Scottish average.							
<b>New Outpatients</b> 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Aug-19	95%	Dec-19	91.8%	Sep-19	●
Performance deteriorated in December and remains below the standard and trajectory with 91.8% of patients waiting less than 12 weeks at month end. Additional independent sector activity is now being delivered and locums are in place. Performance is recovering and it is anticipated that it will be above the standard by end of March.							
<b>Patient TTG (Ongoing Waits)</b> All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	90.6%	Dec-19	89.7%	QE Sep-19	●
Performance has deteriorated over the last 2 months due to challenges in recruitment to vacant posts, difficulties in securing planned additional activity and greater than expected demand particularly in orthopaedics and ophthalmology. Efforts continue to secure more activity, however it is anticipated recovering this position and meeting the trajectory at the end of March will be very challenging.							
<b>Cancer 62-Day RTT</b> 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Dec-19	90.7%	QE Sep-19	●
Performance improved in December, with 8 patient treatment breaches across 5 specialties, ranging from 4 to 54 days. Breaches are attributed to routine staging and investigations, review of results, issues in the gynaecology service, delay to plastic surgery and surgical outpatient appointments outwith Fife. Improvement was supported by an increase in the number of patients who started treatment in the month.							
<b>Delayed Discharge</b> The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Dec-19	7.6%	QE Jun-19	●
Although the number of patients in delay at the December census point was less than at the November Census (65, against 73), the elapsed days to discharge for patients from the point of being fit for discharge was slightly higher than the previous month. This meant a slight increase in the % bed days lost (7.4% to 7.6%). This was, however, an improvement on the position at December 2018.							
<b>Smoking Cessation</b> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Sep-19	90.7%	YT Jun-19	●
Delivery of Stop Smoking support in Carnegie Leisure Centre has had a very low uptake so we have stopped the clinic, freeing up staff to increase engagement in communities via the mobile unit. Temporary Abstinence pathway work in the VHK is progressing well with on-ward training sessions, and we have seen some patients engage in the service where we haven't been successful before. No Smoking Day planning is well underway with promotion on the internal panels of all buses, and FM Radio will be promoting the service pre and post No Smoking Day.							
<b>CAMHS Waiting Times</b> 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Dec-19	71.3%	QE Sep-19	●
Clinical Activity continues to be directed at those accessing treatment and those who have waited the longest. Increased activity against the waiting list through evening clinics has a direct, negative impact on the 18 week RTT. Initial work has been completed with the Scottish Government Mental Health Performance & Improvement Unit, with recommendations made on the specific additional staffing resource required to meet the ongoing demand and achieve sustainable improvements towards the 18 week RTT.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking
<b>Psychological Therapies</b> 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Dec-19 75.8%	QE Sep-19 <span style="color: red;">●</span>
<p>We continue to meet the RTT for patients with less complex needs, and service redesign in this area has freed capacity for high intensity work. Addressing the longest waiting patients impacts negatively on our RTT performance. Further service re-design to meet needs of more complex patients is on-going. Work with an ISD/MHAIST data analyst and SG advisor is highlighting that additional resource will be required to meet RTT. Demand-capacity modelling in relation to the improvement trajectory is in progress.</p>					
<b>FoI Requests</b> At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Dec-19 53.0%	N/A N/A
<p>For the Health Board, December performance has recovered to its highest level since February 2019, despite ongoing issues about the availability of administrative resource. Challenges still remain in triaging and allocating requests that fall to the services managed by the IJB within the statutory timeframe for response.</p>					

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking
<b>Revenue Expenditure</b> Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jan-20 + £5.220m	N/A N/A
<p>The revenue position for the 10 months to 31 January reflects an overspend of £5.220m. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £3.4m overspend to a potential worst case of £8.7m overspend.</p> <p>Notwithstanding the forecast position outlined above, the current forecast overspend of the IJB is significantly higher than the original approved budget gap (and capped risk share pressure) with a potential further £2.9m - £3.4m impact on the NHS Fife position at year end.</p> <p>Taking account of the potential offsetting benefits described above and the further overspend of the IJB, the forecast outturn position moves to an overspend of £4.8m (best case) to £10.5m (worst case). This highlights the ongoing challenge in achieving financial balance and our ability to meet our statutory obligations, without further financial support from Scottish Government.</p>					
<b>Capital Expenditure</b> Work within the capital resource limits set by the SG Health & Social Care Directorates	£9.217m	N/A	£9.217m	Jan-20 £5.305m	N/A N/A
<p>The total Capital Resource Limit for 2019/20 is £9.217m. The capital position for the 10 months to January shows investment of £5.305m, equivalent to 57.56% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.</p>					

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking
<b>Sickness Absence</b> To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Dec-19 5.82%	YE Dec-19 <span style="color: orange;">●</span>
<p>The sickness absence rate for December was 5.82%, 0.25% higher than November. This means that the gap between the actual performance and the improvement trajectory specified at the start of the FY has increased to 0.81%. This increase corresponds with the seasonal variation seen in previous years and the onset of winter ailments. Improvement actions continue to be implemented within each operational unit to work towards achieving the trajectories set for the Board.</p>					

## II. Performance Exception Reports

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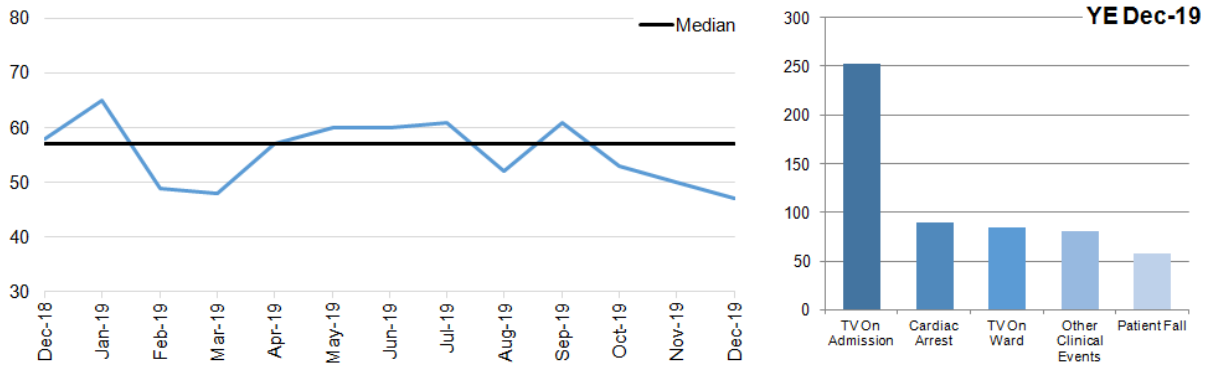
### Staff Governance

Sickness Absence	42
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# Clinical Governance

## Adverse Events

### Major and Extreme Adverse Events



### All Adverse Events

Month	2018/19				2019/20								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>NHS Fife</b>	1240	1348	1263	1280	1233	1291	1242	1401	1296	1247	1352	1346	1361
<b>Acute Services</b>	578	630	586	574	537	594	566	560	573	531	660	572	574
<b>HSCP</b>	619	667	625	662	644	625	628	798	668	670	645	729	750
<b>Corporate</b>	43	51	52	44	52	72	48	43	55	46	47	45	37
<b>NHS Fife</b>	870	973	874	895	852	934	834	910	834	813	937	881	907
<b>Acute Services</b>	519	568	524	524	485	551	516	517	519	485	595	531	519
<b>HSCP</b>	340	389	337	355	355	346	297	378	284	310	319	335	377
<b>Corporate</b>	11	16	13	16	12	37	21	15	31	18	23	15	11

### Commentary

The numbers of adverse events reported across NHS Fife remains consistent, which demonstrates a good reporting culture. There are working processes in place across the organisation to provide good oversight and monitoring of all adverse events, and these are constantly reviewed.

The national Healthcare Improvement Scotland (HIS) Report which followed from the self assessment exercise in November 2018, has led to the introduction a national notification system from January 1<sup>st</sup> 2020. It has been introduced to inform HIS of all commissioned significant adverse event reviews.

## Clinical Governance

### HSMR

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

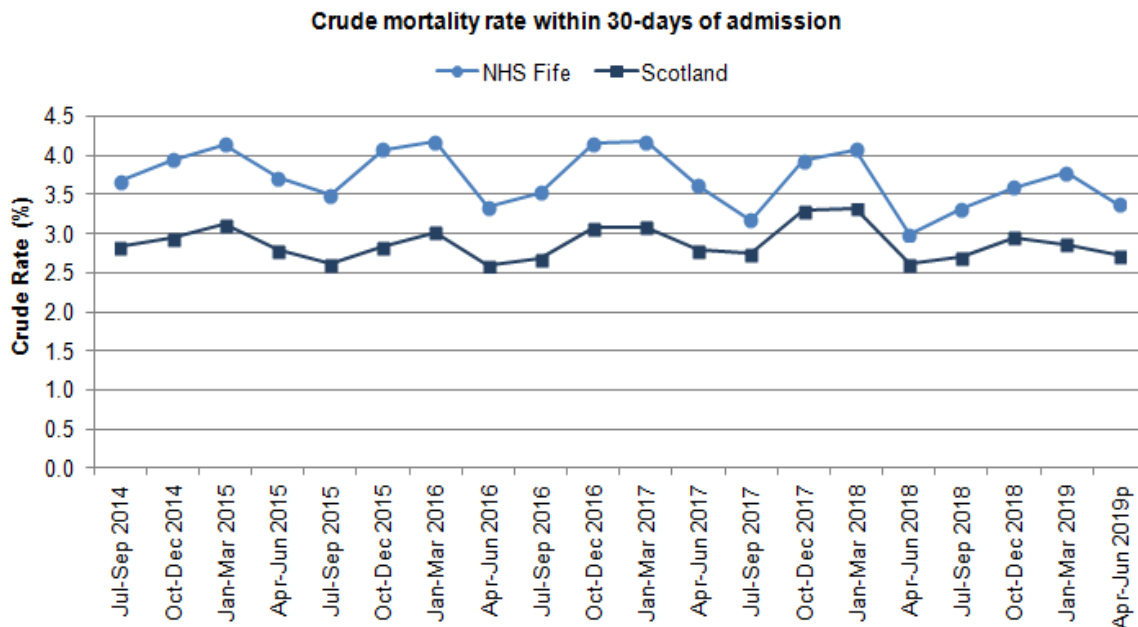
#### Reporting Period; July 2018 to June 2019<sup>p</sup>

Please note that as of August 2019, HSMR is presented using a 12 month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

Crude mortality values presented here are reflective of the latest 12 month HSMR reporting period. For crude mortality trends by individual quarter please refer to Crude Trends (Overall).

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR
Scotland	25,525	25,525	697,417	3.7%	1.00
NHS Fife	1,748	1,689	38,104	4.6%	1.04
Queen Margaret Hospital	65	46	7,524	0.9%	1.41
Victoria Hospital	1,624	1,579	30,335	5.4%	1.03

#### Crude Mortality Rate



#### Commentary

The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3.

HSMR changed to be an annual measure at the start of 2019, the way in which the data is created has changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.



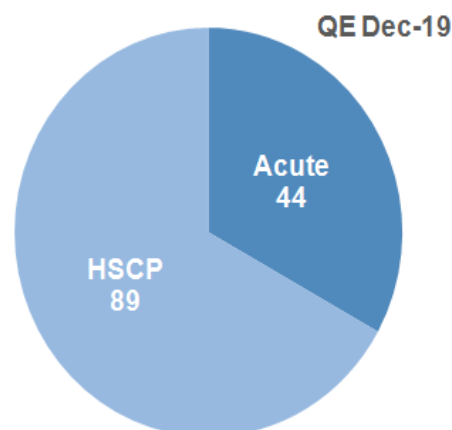
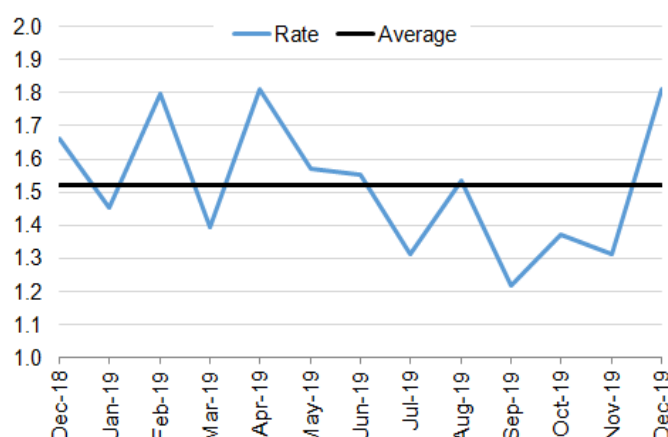
## Clinical Governance

### Inpatient Falls with Harm

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

*Improvement Target rate (by end December 2020) = 2.16 per 1,000 OBD*

#### Local Performance



#### Service Performance

Month	2018/19				2019/20								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	1.66	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53	1.22	1.37	1.31	1.81
Acute Services	1.49	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34	1.13	0.88	1.00	1.40
HSCP	1.80	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70	1.29	1.79	1.56	2.16

#### Commentary

While an increase in falls is noted in the December figures there is acknowledgement that, as in previous years, this is reflective of the significant increased winter activity across the system. Ongoing monitoring of this will continue with consideration of any related factors associated with this high level of activity and an expectation that the overall trend will return to the usual month to month variation. The repeat falls audit will now take place February/March.

#### Current Challenges

Need to continue to review the performance with increased demands in inpatient settings and bed modelling within the acute setting. Bed Modelling is continuing. – **All Actions**

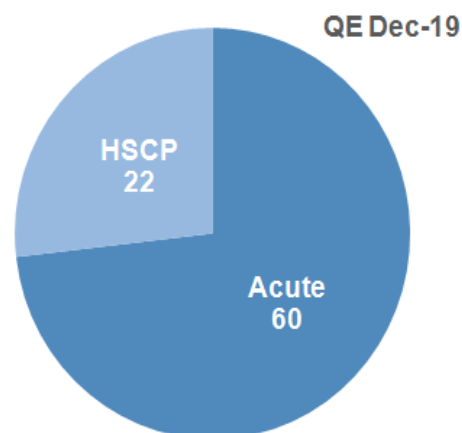
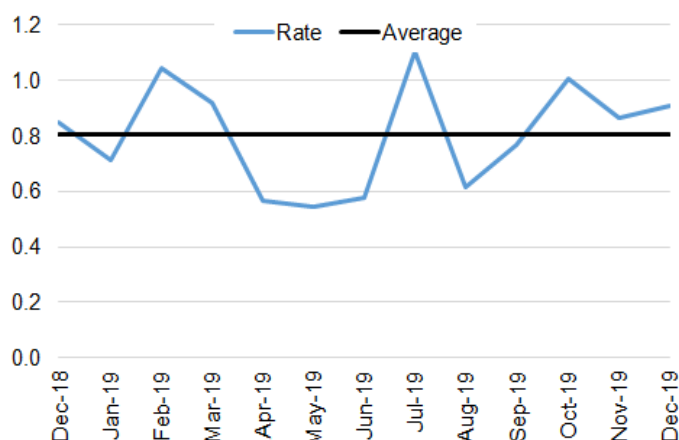
Improvement Actions	Progress	Timescale/ Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit was planned for January 2020. <b>The audit tool and process is currently being refined and the plan is to re-audit February/March.</b>	Jan-2020 Revised to Mar 2020
4. Care and Comfort Rounding		Complete
5. Improve effectiveness of Falls Champion Network	The Falls Champions Network was anticipated as a regular face to face session to support champions. Ongoing evaluation notes the challenges in staff from in-patient areas being able to attend frequent sessions. This is currently being reviewed to explore a range of methods of providing update and support.	Apr 2020 On Track

## Clinical Governance

### Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting  
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days**

#### Local Performance



#### Service Performance

Month	2018/19					2019/20							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>NHS Fife</b>	0.85	0.71	1.04	0.92	0.57	0.55	0.58	1.10	0.61	0.76	1.00	0.86	0.91
<b>Acute Services</b>	1.57	1.12	1.54	0.91	0.70	0.89	1.25	2.15	1.19	0.98	1.47	1.62	1.40
<b>HSCP</b>	0.25	0.36	0.61	0.92	0.45	0.25	0.27	0.25	0.13	0.58	0.62	0.25	0.49

#### Commentary

The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. A Quality Improvement (QI) programme is commencing across Fife (HSCP and ASD) to work with teams to drive QI and reduce patient harm. Scrutiny and monitoring for assurance is via the Fife Tissue Viability Steering Group.

The target end date for a 50% reduction has been extended to December 2020.

#### Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1, 3, 4 and 5**

Reducing the random monthly variation in HSCP wards – **Actions 3 and 6**

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> All identified wards will undertake a weekly audit of compliance with SSKIN		Complete
<b>2.</b> Fife-wide task group commissioned to review SBAR/LAER reporting		Complete
<b>3.</b> Improvement collaborative project extended to December across identified wards		Complete
<b>4.</b> Improve consistency of reporting	Implementation of the revised process, parameters of reporting and reviewing pressure ulcer development and incidents across Fife in health care settings	Mar 2020 *** NEW ***
<b>5.</b> Review TV Champion Network Effectiveness	Regular face-to-face sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively.	Jun 2020 *** NEW ***
<b>6.</b> Reduce PU development	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.	Mar 2020 *** NEW ***

## Clinical Governance

### Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 4% by March 2020.

#### Local Performance



#### Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
<b>NHS Fife</b>	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%		
<b>Scotland</b>	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.1%		

#### Current Challenges

NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – **Action 1**

NHS Fife BMI rates are higher than the national rate – **Action 2**

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated following receipt of Exception Report for Q1 2019. New case ascertainment methodology adopted from October.	Mar 2020 On Track
<b>2.</b> Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Current strategies remain in place: <ul style="list-style-type: none"> <li>Family Health Team</li> <li>Winning By Losing</li> <li>Smoking Cessation</li> </ul> Data analysis of these improvement strategies continues to assess effectiveness	Mar 2020 On Track

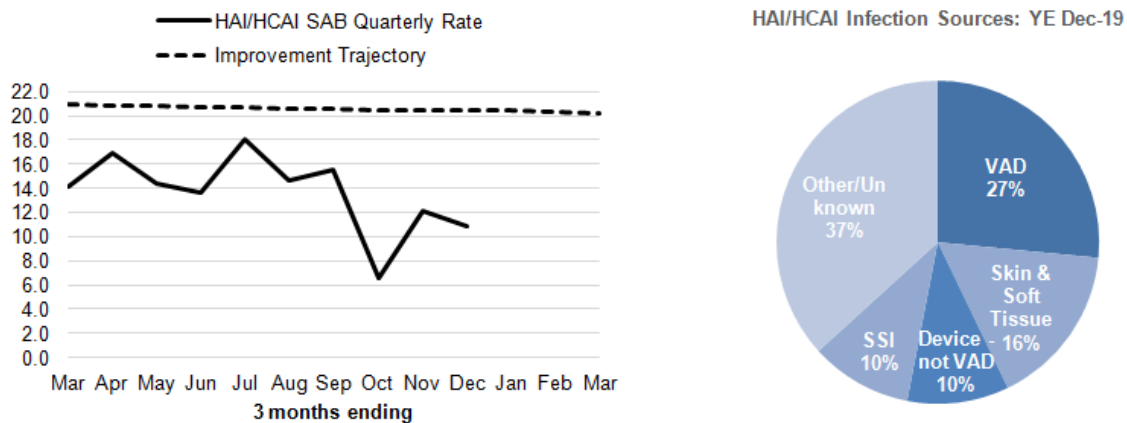
## Clinical Governance

### SAB (HAI/HCAI)

*Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22*

**Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 (per 100,000 TOBD) over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022**

#### Local Performance | Quarter Ending



#### National Benchmarking | Year Ending

Year Ending		FY 2018/19		FY 2019/20		
		Mar	Jun	Sep	Dec	Mar
NHS Fife	HAI & HCAI Infection Rate (per 100,000 TOBD)	20.9	17.6	17.7		
Scotland		16.8	16.7	16.9		

#### Current Challenges

- Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 1**
- Increase in number of VAD-related infections – **Action 2**
- Reducing number of CAUTI infections – **Action 3**
- Achieving HPS reduction of HCAI SAB by 10% by 2021/22 – **Action 4**

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Reduce the number of SAB in PWIDs	The Infection Prevention Control Team continue to support the Addiction Services with the SAB improvement project. However, this has been postponed by the Addictions management team and for now the SAB improvement project is on hold until they have prioritised their ongoing working projects. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.	Mar 2021 On Track (but work currently On Hold)
<b>2.</b> Ongoing surveillance of all VAD-related infections	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement	Mar 2021 On Track
<b>3.</b> Ongoing surveillance of all CAUTI infections	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions – Group next due to meet on 21 <sup>st</sup> February.	Mar 2021 On Track
<b>4.</b> Optimise comms with all clinical teams in ASD & the HSCP	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes.	Mar 2022 On track

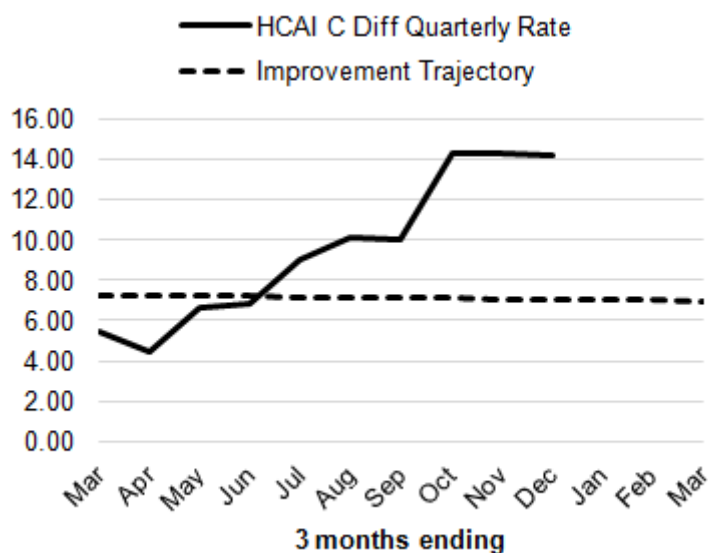
## Clinical Governance

### C Diff (HAI/HCAI)

*Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22*

**Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 (per 100,000 TOBD) over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022**

#### Local Performance | Quarter Ending



#### National Benchmarking | Year Ending

Year Ending		FY 2018/19		FY 2019/20		
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	Mar	Jun	Sep	Dec	Mar
Scotland		7.2	7.7	8.6		
		14.8	13.8	13.1		

#### Current Challenges

- High % of all HCAI CDIs classed as 'Recurrence of CDI' – **Action 1**
- Addressing antimicrobials as a risk factor for CDI – **Action 2**
- Achieving HPS reduction of HCAI CDIs by 10% by 2021/22 – **Action 3**

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Reducing recurrence of CDI	NHS Fife has been approved for the pioneering use of commercial FMT (Faecal microbiota transplantation) for use in the prevention of recurrence of infection	Oct 2020 On Track
<b>2.</b> Reduce overall prescribing of antibiotics	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.	Oct 2020 On Track
<b>3.</b> Optimise communications with all clinical teams in ASD & the HSCP	Monthly anonymised CDI reports with Microbiology comments and graphs are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. Ward Dashboard continuously updated, for clinical staff to access and also to be displayed for public assurance.	Oct 2020 On Track

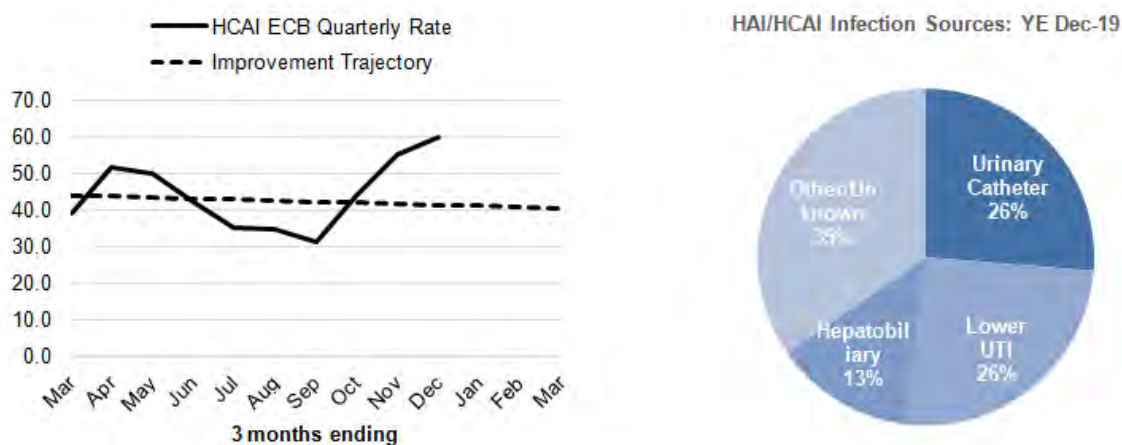
## Clinical Governance

### ECB (HAI/HCAI)

*Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22*

**Note: This equates to reducing the NHS Fife rate from 44.0 to 33.0 (per 100,000 TOBD) over 3 years, or to 40.3 by March 2020, 36.6 by March 2021 and 33.0 by March 2022**

#### Local Performance | Quarter Ending



#### National Benchmarking | Year Ending

Year Ending		FY 2018/19		FY 2019/20		
		Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	44.0	42.3	40.4		
Scotland		38.4	38.6	38.7		

#### Current Challenges

- Achieving HPS reduction of HCAI ECBs 25% by 2021/22 and by 50% by 2023/24 – **Action 1**
- Reducing infections caused by lower urinary tract infection (UTI) as source – **Action 2**
- Reducing infections caused by catheter associated UTIs (CAUTIs) as source – **Action 3**

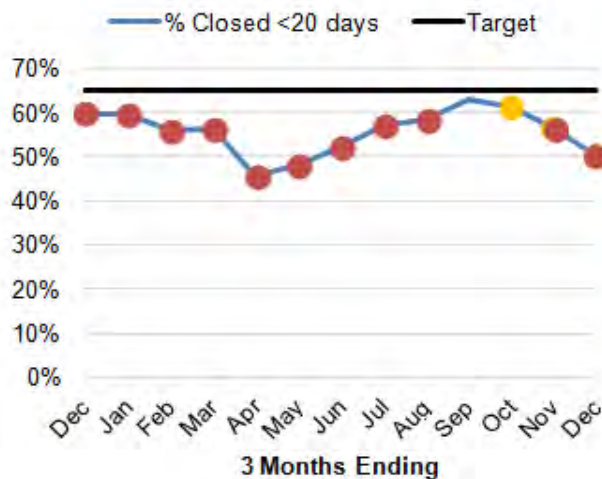
Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Optimise communications with all clinical teams in ASD & the HSCP	As well as the mandatory national surveillance (introduced in 2015), NHS Fife has commenced additional voluntary enhanced surveillance from January. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has been introduced (and also supports Action 3).	Mar 2022 On Track
<b>2.</b> Formation of ECB Strategy Group	The first meeting of the ECB Strategy Group took place on 13 <sup>th</sup> January, and was attended by a Public Health Consultant. The remit of the Group is to discuss, analyse and address key issues around understanding and preventing UTI. The next meeting will be in March, with a wider involvement from public health.	Mar 2021 On Track
<b>3.</b> Ongoing work of Urinary Catheter Improvement Group (UCIG)	The next meeting of this Group will be on 21 <sup>st</sup> February. All trauma-related ECB CAUTI are recorded in DATIX – there was a single occurrence in 2019, down from 8 in 2018 and 6 in 2017.	Mar 2021 On Track

## Clinical Governance

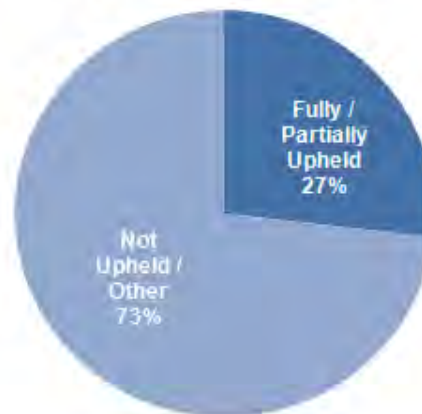
### Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days  
Improvement Target for 2019/20 = **65%**

#### Local Performance



#### By Outcome | QE Dec-19



#### Local Performance by Directorate/Division

3-Month Ending	2018/19					2019/20							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>NHS Fife</b>	59.8%	59.6%	55.8%	56.5%	45.5%	48.0%	52.3%	57.3%	58.3%	62.8%	61.2%	56.3%	50.0%
<b>Acknowledged &lt;= 3 Days</b>	93.2%	89.9%	92.3%	92.4%	92.2%	93.3%	91.9%	95.1%	94.8%	95.9%	95.9%	94.1%	94.4%
<b>ASD</b>	70.7%	69.0%	62.7%	60.3%	52.6%	59.6%	67.7%	71.4%	66.7%	64.2%	61.0%	61.1%	57.7%
<b>HSCP</b>	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%

#### Current Challenges

- To improve quality of draft responses – **Action 1**
- To improve quality of investigation statements – **Action 2**
- Inconsistent management of medical statements and inconsistent style of responses within ASD – **Action 3**

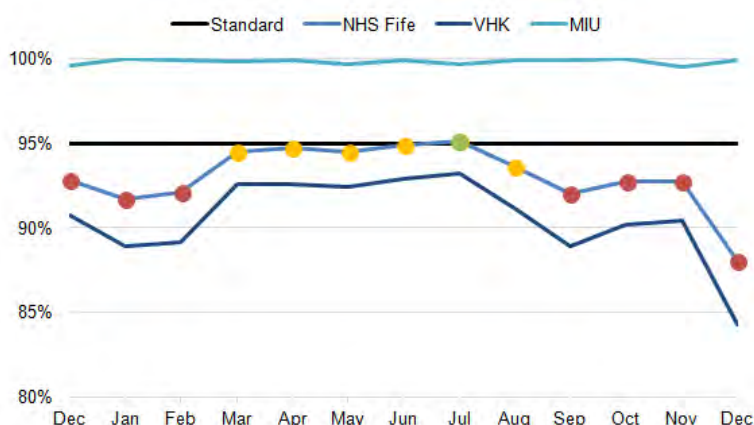
Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	Mar 2020 On Track
<b>2.</b> Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. <i>Ad Hoc</i> training sessions are also delivered when required.	Mar 2020 On Track
<b>3.</b> Agree a process for managing medical statements, and a consistent style for responses	ASD to discuss with Clinical Leads PRD raise issues at monthly meeting SPSO training for clinical staff around the complaints process and providing statements took place in December, and a further session was also held in January	Mar 2020 On Track

## Finance, Performance & Resources – Operational Performance

### 4-Hour Emergency Access

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  
Improvement Target for 2019/20 = 96%

#### Local Performance



#### Breach Reason Dec-19



#### National Benchmarking

Month	2018/19					2019/20							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%
Scotland	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%

#### Current Challenges

- Variation in 4-Hour Emergency Access Performance - **Action 1**
- Patient Flow – **Action 2**
- ECAS and OPAT Services and Capacity – **Actions 3 and 4**

Improvement Actions	Progress	Timescale/ Status
1. Formation of PerformED group to analyse performance trends	Group has focused on review of breaches and pathways. Change of management for some chest pain presentations now in place and assessment of what other conditions could benefit from changes to existing processes is taking place. <b>Completion date changed to reflect additional scope of work.</b>	Jan 2020 Revised to Mar 2020
2. Review of AU1 Assessment Pathway		Complete
3. Implementation of OPAT		Complete
4. Development of services for ECAS	Review of ECAS utilisation and medical/staffing model with increased OPAT offering within existing staffing model is taking place. An assessment of relocation opportunities to support expansion is also underway.	Mar 2020 On Track



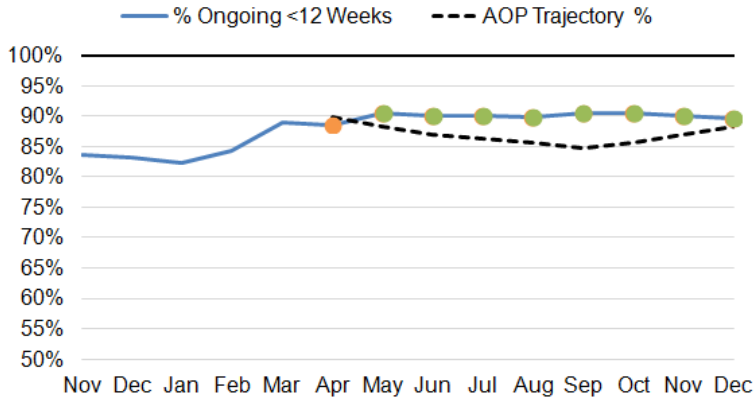
# Finance, Performance & Resources – Operational Performance

## Patient TTG

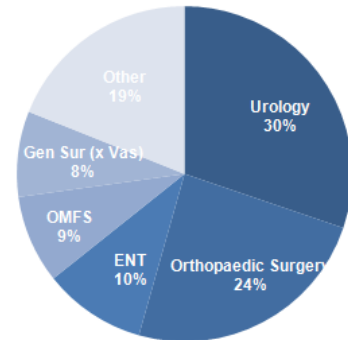
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2019/20 = **90.6%** (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

### Local Performance



### Ongoing Breaches Dec-19



### National Benchmarking

	2018/19					2019/20					Mar-20				
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target
NHS Fife	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	90.6%
Scotland		67.5%	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%				

### Current Challenges

- Recurring gap in IP/DC capacity – **Actions 2, 3 and 4**
- Difficulty in recruiting to Specialist Consultant posts – **Actions 2 and 4**
- Difficulty in staffing additional in-house activity - **Actions 2, 3 and 4**
- Cancellation of IP/DC activity due to unscheduled care pressures - **Action 2**

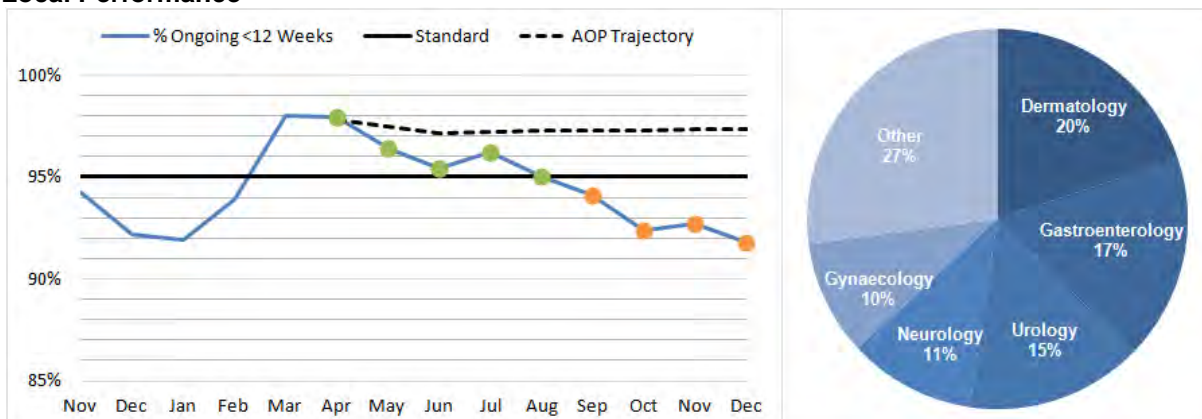
Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
<b>2.</b> Develop and deliver Clinical Space redesign Improvement programme	Report from front Door analysis received and being considered. Relocation of the Discharge Lounge on a permanent basis to be reviewed. Paper to SLT.	Mar 2020 On Track
<b>3.</b> Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned for February to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 On Track
<b>4.</b> Review DCAQ and develop waiting times improvement plan for 20/21, and secure resources	Plan for 2020/21 submitted and currently being revised for final agreement. On-going work to secure in-sourced capacity and use all available staff in weekend theatre sessions to meet current gap and reduce the backlog.	Mar 2020 On Track

# Finance, Performance & Resources – Operational Performance

## New Outpatients

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

### Local Performance



### National Benchmarking

	2018/19				2019/20								Mar-20	
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target
NHS Fife	92.2%	91.9%	93.9%	98.0%	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	98.7%
Scotland	70.1%			75.0%	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%				

### Current Challenges

- Recurring gap in Outpatient capacity – **Actions 1, 2 and 3**
- Difficulty in recruiting to Specialist Consultant posts – **Actions 2 and 3**
- Difficulty in staffing additional in-house activity - **Actions 1 and 2**

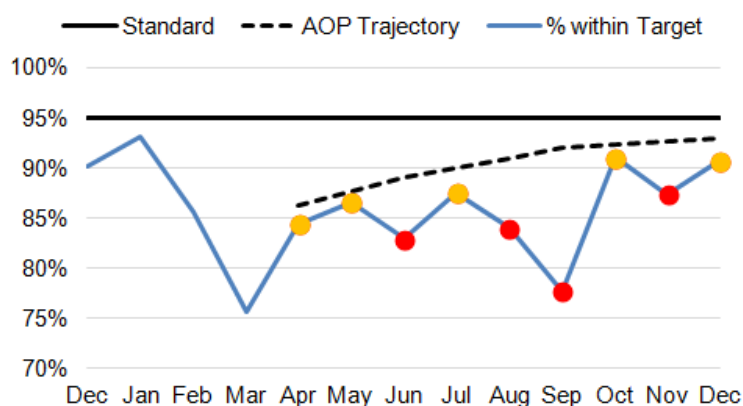
Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20 and 20/21	Plan for 2020/21 submitted and currently being revised for final agreement. Contracts awarded for in-source activity and alternative solutions in place to increase capacity in Q4.	Mar 2020 On Track
<b>2.</b> Develop and deliver Outpatient Transformation programme to reduce demand	Transformation Group set up and meeting regularly, with focused programme and workstreams in place to deliver projects	Mar 2020 On Track
<b>3.</b> Improve recruitment to vacant posts and/or consider service redesign to increase capacity	New Consultant posts in Urology, General Surgery, Cardiology, Gynaecology, Anaesthetics, Oncology and Orthopaedics have been recruited to. Speciality Doctor post recruited for Ophthalmology and General Surgery. Discussions ongoing regarding new Oral Maxillofacial post and Speciality doctor post in ENT. Recruitment to replacements for existing posts continues to be a challenge in a number of specialities.	Mar 2020 On Track

# Finance, Performance & Resources – Operational Performance

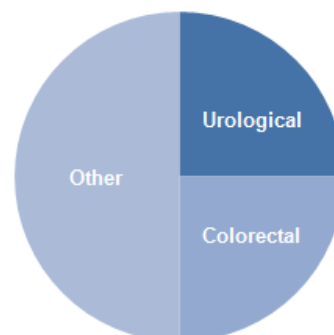
## Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days  
Improvement Target for 2019/20 = **94%**

### Local Performance



### Breaches Dec-19



### National Benchmarking

	2018/19					2019/20								Mar-20 Target
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	94.0%
Scotland	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	

### Current Challenges

- Urology 62 day performance (Prostate) – **Actions 1 and 2**
- Cancer Waiting Times 'education' – **Action 2**
- Delays to steps in pathways for 1<sup>st</sup> OPA, diagnostic investigations and reporting – **Action 2**
- Number of breaches in various specialties – **Action 3**

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1 <sup>st</sup> OPA, MRI, TRUS biopsy. Further work is being undertaken with the clinical team, pathology and oncology to minimise further waits between steps, and this will be picked up in 2020/21.	Complete
<b>2.</b> Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes	<ul style="list-style-type: none"> <li>Governance structure agreed</li> <li>CWT education package development continuing</li> <li>SOP reviewed</li> <li>Cancer Scorecard in development</li> </ul> Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity.	Complete
<b>3.</b> Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. <b>Completion date moved to reflect situation.</b>	Jan-2020 Revised to Jun 2020

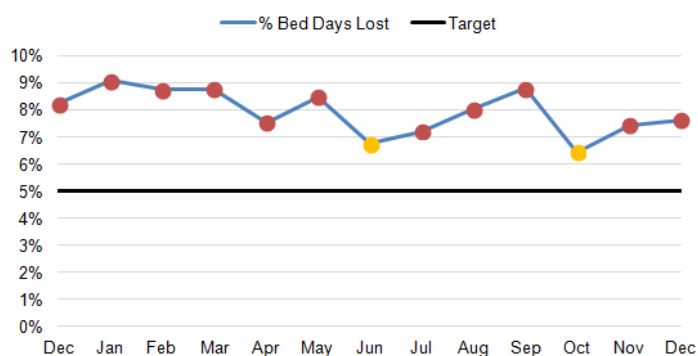
## Finance, Performance & Resources – Operational Performance

### Delayed Discharges (Bed Days Lost)

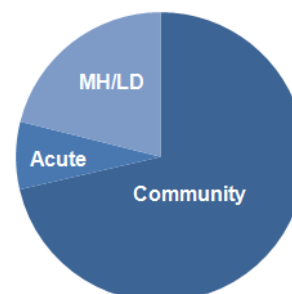
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 5%

#### Local Performance



#### Bed Days Lost | Dec-19



#### National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857			
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685			
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%			
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,540,155			
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422			
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%			

#### Current Challenges

To reduce the number of hospital bed days lost due to patients in delay – **Actions 1 and 3**

To improve the time taken to complete social work assessments – **Actions 2 and 4**

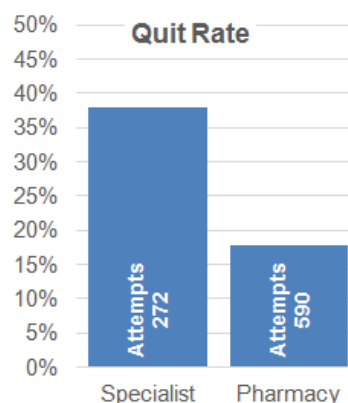
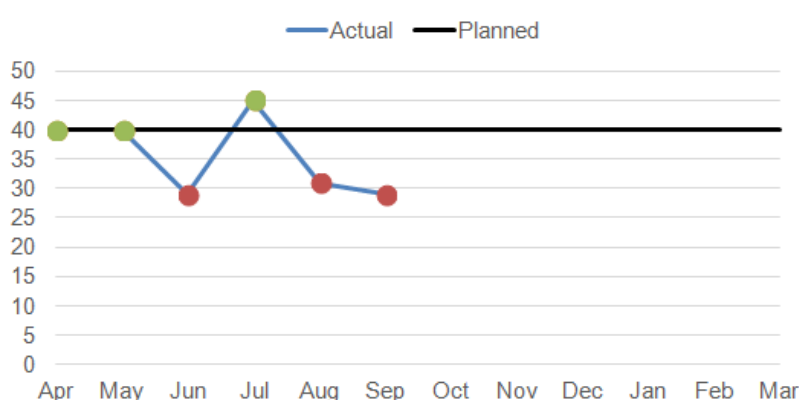
Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed	Mar 2020 On Track
2. Review timescales of SW assessments		Complete
3. Moving On Policy to be implemented to support staff where families are refusing choices and/ or where there is no availability of the assessed resource	Policy to be signed off and implemented by winter <b>Still to be signed off.</b>	Jan-2020 Revised to Feb 2020
4. Improve flow of communication between wards and Discharge HUB	Progressing two tests of change to improve efficiency of assessments and reduce waits – direct transfer of information on to iPads at ward level, and a 'sticker' system	Mar 2020 On Track

## Finance, Performance & Resources – Operational Performance

### Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

#### Local Performance



#### National Benchmarking

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	31	29						
	Actual Cumul	40	80	109	154	185	214	214	214	214	214	214	214
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	93.9%	90.7%						
Scotland	Achieved			92.4%									

#### Current Challenges

- To improve uptake in deprived communities – **Action 1**
- To increase uptake of Champix – **Action 2**
- To increase smoking cessation in Antenatal Setting – **Action 3**
- Increase at-work support to NHS Staff – **Action 4**

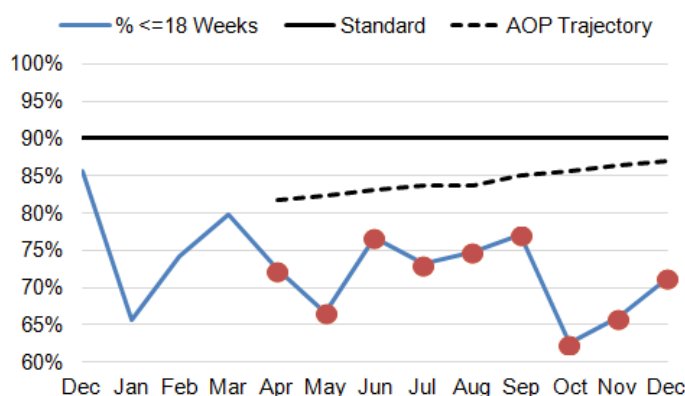
Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Outreach development with Gypsy Travellers in Thornton		Complete
<b>2.</b> Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways. Committee approval has been received, the first trial run (to check process and procedures) started in December and the real-time test started on 9 <sup>th</sup> January. A promotional stand within QMH will be set up in February.	Mar 2020 On Track
<b>3.</b> 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track
<b>4.</b> Enable staff access to medication whilst at work	Initial discussion on potential for staff to access their nicotine addiction management medication whilst at work has taken place. Small scale test of change to be considered.	Aug 2020 On Track

# Finance, Performance & Resources – Operational Performance

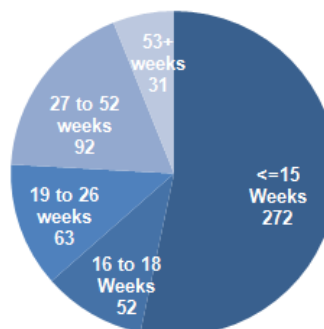
## CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment  
Improvement Target for 2019/20 = **88%**

### Local Performance



### Waiting List (510) Dec-19



### National Benchmarking

Month	2018/19					2019/20					Mar-20 Target			
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		Oct	Nov	Dec
NHS Fife	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	88.0%
Scotland	78.6%	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%				

### Current Challenges

- Increased referrals to service – **Action 1**
- Pressure on existing staff – **Action 2**
- Improving efficiency of workload allocation – **Action 3**

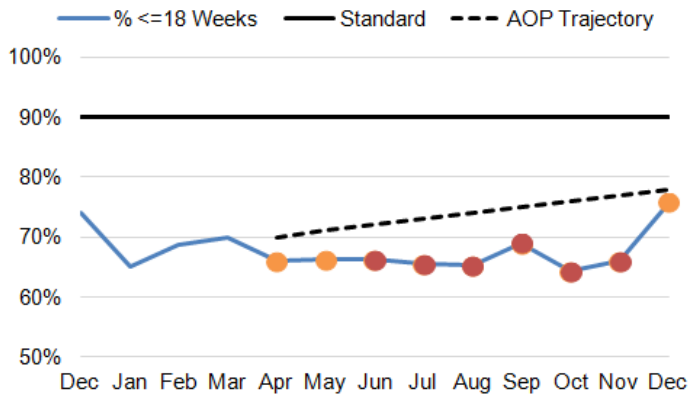
Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Following the departure of existing staff in September 2019, recruitment has been successful for 4 wte temporary posts, with starting dates in January and February. The service is currently operating with 3 staff instead of 7 due to the resignations, which has significant negative consequences on appointment times which now sit between 8 and 9 weeks compared to the planned response time of 2 to 3 weeks. The impact of this service however has been significant with 48% of referrals to CAMHS being redirected following assessment to more appropriate support providers.	Mar 2020 On Track
<b>2.</b> Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics are now running. It is anticipated that 80 to 100 additional C&YP will be allocated individual therapy, depending on uptake and attendance. Activity data from December indicates that from the original list of 107 waiting more than 1 year, only 7 were awaiting appointments. The Group Programme is underway, resulting in 158 C&YP being allocated group places up until January.	Sep 2019 to Feb 2020 On Track
<b>3.</b> Introduction of Substantive Team Leader Role	East & West Team Leader Posts filled. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track

# Finance, Performance & Resources – Operational Performance

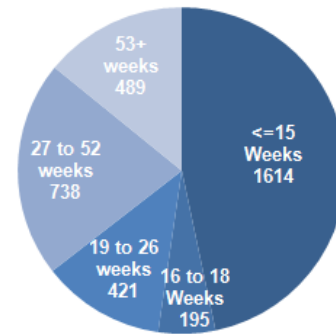
## Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies  
Improvement Target for 2019/20 = **82%**

### Local Performance



### Waiting List (3457) Dec-19



### National Benchmarking

Month	2018/19					2019/20							Mar-20 Target	
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		Dec
NHS Fife	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	82.0%
Scotland	77.5%	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%				

### Current Challenges

- To reduce delays for patients with complex needs requiring PTs within care programme approach – **Action 1**
- To provide sufficient low-intensity PTs for mild-moderate mental health problems – **Action 2**
- To increase capacity in services offering PTs for secondary care patients – **Actions 3 and 5**
- To improve triage in Primary Care to improve access to appropriate PTs – **Action 4**

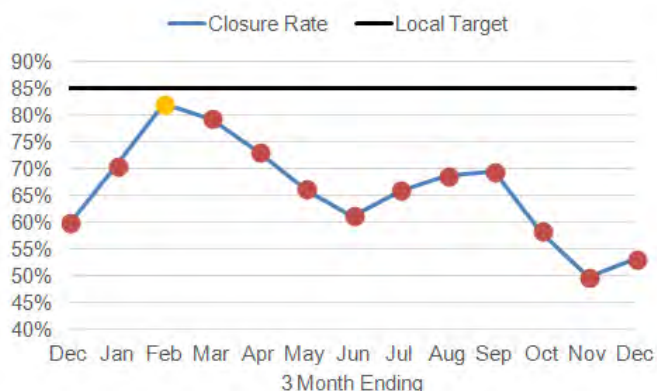
Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT		Complete
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Data indicates that this change has had a sustained positive impact on capacity for more highly specialist work within this tier of service. Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service.	Mar 2020 On Track
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 On Track
4. Implement triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September	Sep 2020 On Track
5. Trial of new group-based PT options for people with complex needs	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL.	Sep 2020 On Track

## Finance, Performance & Resources – Operational Performance

### Freedom of Information Requests

In 2019/20, we will respond to a minimum of 85% of FOI Requests within 20 working days

#### Local Performance



#### FOI Closure Times QE Dec-19



#### Service Performance

Monthly	2018/19					2019/20							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Board	76.0%	83.7%	80.4%	73.8%	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	48.5%	75.0%
IJB		100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%

#### Current Challenges

Performance variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – **All actions**

Improvement Actions	Progress	Timescale/ Status
1. Map pathway out, identify areas that have recurring issues with delayed responses		Complete
2. Improve FOI case recording and monitoring of timeliness of responses		Complete
3. Review cover arrangements for administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team		Complete
5. Refresh process with H&SC partnership for requests received that relate to their services	IG&S Team working with IJB officer to agree protocol of dealing with partnership-related requests. Further meeting held in January to discuss performance. Recent change at level of Chief Executive, in addition to that of Director of Health & Social Care, provides an opportunity to review existing protocol and ensure this is still fit for purpose. <b>Completion date extended to account for this.</b>	Jan 2020 Delayed to Mar 2020
6. Align internal reporting on FOI to avoid unnecessary duplication of effort	Agree and implement one format of reporting on FOI performance, aligned to that developed for IPQR, for quarterly meetings of Information Governance & Security Group. Further discussion to be held on data capture to ensure information gathered can also be utilised for external reporting to Scottish Information Commissioner.	Complete
7. Formalise long-term resource requirements for FOI administration	There is present uncertainty around the long-term resource available to manage FOI administration, as Information Governance has only temporary resource available within the existing team. This issue has been escalated to the SIRO and the Data Protection Officer, and a temporary solution found at present.	Feb 2020 On Track

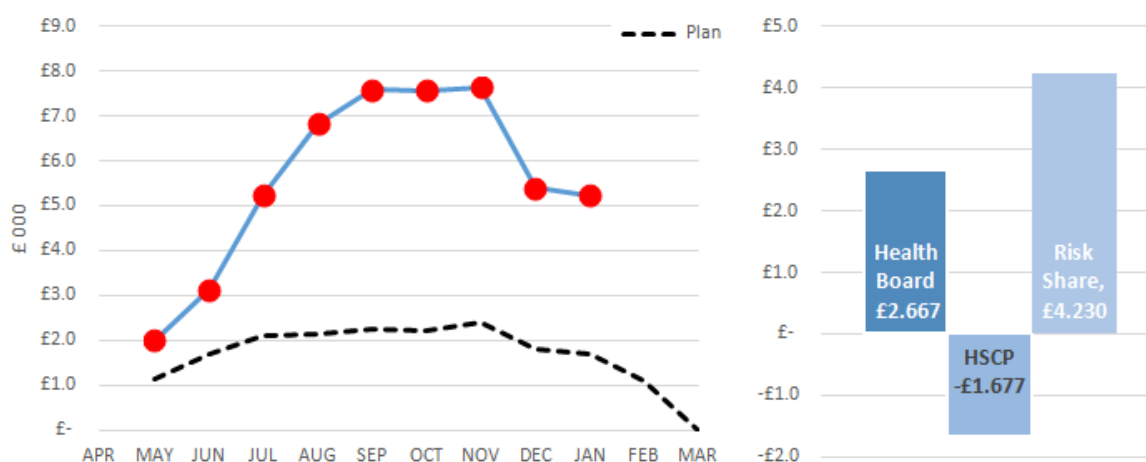


## Finance, Performance & Resources – Finance

### Revenue Expenditure

*NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)*

#### Local Performance



#### Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,634	420,368	344,716	347,383	2,667	0.77%	-3,407	6,074
Integration Joint Board	349,372	351,844	292,868	291,191	-1,677	-0.57%	-1,823	146
Risk Share	0	0	0	4,230	4,230	0.00%	4,230	0
<b>Total</b>	<b>756,006</b>	<b>772,212</b>	<b>637,584</b>	<b>642,804</b>	<b>5,220</b>	<b>0.82%</b>	<b>-1,000</b>	<b>6,220</b>

#### Current Challenges

Acute Services Division: overspend of £11.898m, the key drivers being run rate overspend and shortfall on savings delivery – **Actions 1 and 3**

IJB: extent of social care overspend and significant risk to delivery of break even position if we are required to fund the full forecast IJB overspend (as opposed to the capped budget gap) – **Actions 2 and 3**

Non recurring financial flexibility: under continuous review but currently insufficient to offset full extent of overspend, including IJB risk share – **Action 3**

Improvement Actions	Progress	Timescale/ Status
<b>1. Savings</b>	(Deloitte) external review complete ASD to prepare detailed action plan <b>This will be an ongoing activity throughout 2019/20 and 2020/21</b>	Mar 2020
<b>2. Discussions with Scottish Government to support financial position</b>	Meetings held in October to date – remains a live conversation and is likely to continue over final quarter of the financial year	Mar 2020 On Track
<b>3. Ongoing grip and control measures across all services</b>	Detailed assessment of potential financial flexibility ongoing, with early decision, action and release of identified benefit to the financial position	Mar 2020 On Track

## Finance, Performance & Resources – Finance

### 1. Annual Operational Plan

- 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 NHS Fife received confirmation of the December core revenue and core capital allocation amounts on 3 February. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £746.780m; and anticipated allocations total £1.065m.

#### Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The confirmed non core RRL funding totals £24.367m.

#### Total RRL

- 2.3 The total current year budget at 31 January is therefore £772.212m as detailed in Appendix 1.

### 3. Summary Position – Commentary

- 3.1 The revenue position for the 10 months to 31 January reflects an overspend of **£5.220m**. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the **year end forecast ranges from a potential optimistic forecast of £3.4m overspend to a potential worst case of £8.7m overspend**. This assumes a capped risk share cost to NHS Fife of £7.05m (the original agreed budget gap of the IJB of £6.5m plus £0.55m additional social care packages agreed by the respective Chief Officers) and does not take into consideration some further non recurring offsetting benefits currently being explored.
- 3.2 Discussions have been held with the Director of Health Finance, Scottish Government over the last few months, to work collaboratively to find a solution to the financial challenges facing NHS Fife. As reported previously a range of areas were considered. Last month the transfer of full capital receipts of £1m into our revenue position was actioned which supports the in year position on a non recurring basis. Work continues on: the identification of qualifying expenditure for potential ADEL funding; the review of allocations for any slippage or flexibility; and a final review of balance sheets accruals both in terms of value and accounting treatment. The potential additional non recurring offsetting benefit of these actions may be in the region of £1.5m, but this requires further ongoing scrutiny in the remaining 2 months of the year.
- 3.3 Notwithstanding the forecast position outlined in 3.1 above, the current forecast overspend of the IJB is significantly higher than the original approved budget gap (and capped risk share pressure) with a potential further £2.9m - £3.4m impact on the NHS Fife position at year end.
- 3.4 Taking account of the potential offsetting benefits described above and the further overspend of the IJB, the **forecast outturn position moves to an overspend of £4.8m (best case) to £10.5m (worst case)**. This highlights the ongoing challenge in achieving financial balance and our ability to meet our statutory obligations, without further financial support from Scottish Government.

## Finance, Performance & Resources – Finance

- 3.5 Other key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £5.127m 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; and the growing cost pressure in relation to activity outside Fife and in particular, the continuing number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months.
- 3.6 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption of £4.8m (optimistic scenario) to meet the value of the full risk share impact net of potential offsetting benefits.
- 3.7 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date: an overspend of £2.667m is attributable to Health Board retained budgets; whilst an underspend of £1.677m is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £4.230m relating to the IJB risk share (capped at the opening budget deficit of £6.5m plus agreed additional social care packages).

**Table 1: Summary Financial Position for the period ended January 2020**

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,634	420,368	344,716	347,383	2,667	0.77%	-3,407	6,074
Integration Joint Board (Health)	349,372	351,844	292,868	291,191	-1,677	-0.57%	-1,823	146
Risk Share (Capped)	0	0	0	4,230	4,230	0.00%	4,230	0
<b>Total</b>	<b>756,006</b>	<b>772,212</b>	<b>637,584</b>	<b>642,804</b>	<b>5,220</b>	<b>0.82%</b>	<b>-1,000</b>	<b>6,220</b>
Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	199,040	209,077	174,891	187,785	12,894	7.37%	6,865	6,029
IJB Non-Delegated	8,392	8,539	7,113	7,118	5	0.07%	-40	45
Estates & Facilities	72,837	73,208	60,540	59,743	-797	-1.32%	-797	0
Board Admin & Other Services	53,273	82,822	71,613	70,531	-1,082	-1.51%	-1,082	0
Non-Fife & Other Healthcare Providers	85,566	85,566	71,316	72,889	1,573	2.21%	1,573	0
Financial Flexibility & Allocations	12,707	15,472	8,921	-682	-9,603	-107.64%	-9,603	0
<b>Health Board</b>	<b>431,815</b>	<b>474,684</b>	<b>394,394</b>	<b>397,384</b>	<b>2,990</b>	<b>0.76%</b>	<b>-3,084</b>	<b>6,074</b>
Integration Joint Board - Core	373,936	401,919	335,241	333,788	-1,453	-0.43%	-1,599	146
Integration Fund & Other Allocations	13,877	639	250	0	-250	0.00%	-250	0
<b>Sub-total Integration Joint Board Core</b>	<b>387,813</b>	<b>402,558</b>	<b>335,491</b>	<b>333,788</b>	<b>-1,703</b>	<b>-0.51%</b>	<b>-1,849</b>	<b>146</b>
IJB Risk Share Arrangement	0	0	0	4,230	4,230	0.00%	4,230	0
<b>Total Integration Joint Board - Health</b>	<b>387,813</b>	<b>402,558</b>	<b>335,491</b>	<b>338,018</b>	<b>2,527</b>	<b>0.75%</b>	<b>2,381</b>	<b>146</b>
<b>Total Expenditure</b>	<b>819,628</b>	<b>877,242</b>	<b>729,885</b>	<b>735,402</b>	<b>5,517</b>	<b>0.76%</b>	<b>-703</b>	<b>6,220</b>
IJB - Health	-38,441	-50,714	-42,623	-42,597	26	-0.06%	26	0
Health Board	-25,181	-54,316	-49,678	-50,001	-323	0.65%	-323	0
Miscellaneous Income	-63,622	-105,030	-92,301	-92,598	-297	0.32%	-297	0
<b>Net Position Including Income</b>	<b>756,006</b>	<b>772,212</b>	<b>637,584</b>	<b>642,804</b>	<b>5,220</b>	<b>0.82%</b>	<b>-1,000</b>	<b>6,220</b>

### 4. Operational Financial Performance for the year

#### Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £12.894m for the year to date**. This reflects an overspend in operational run rate performance of £6.865m, and unmet savings of £6.029m per Table 2 below. Within the run rate performance, pay is overspent by £5.486m. 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, incremental progression and nursing recruitment in line with the workforce planning tool, as well as supplementary staffing to support surge capacity. As the operational performance section of the IPQR highlights, there is

## Finance, Performance & Resources – Finance

increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required. Included within the ASD position is £5.127m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

**Table 2: Acute Division Financial Position for the period ended January 2020**

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
<b>Acute Services Division</b>								
Planned Care & Surgery	69,165	73,147	60,696	64,110	3,414	5.62%	1,582	1,832
Emergency Care & Medicine	73,254	77,849	65,635	72,086	6,451	9.83%	4,739	1,712
Women, Children & Clinical Services	54,093	55,507	46,259	49,930	3,671	7.94%	1,186	2,485
Acute Nursing	596	616	492	434	-58	-11.79%	-58	0
Other	1,932	1,958	1,809	1,225	-584	-32.28%	-584	0
<b>Total</b>	<b>199,040</b>	<b>209,077</b>	<b>174,891</b>	<b>187,785</b>	<b>12,894</b>	<b>7.37%</b>	<b>6,865</b>	<b>6,029</b>

- 4.2 As previously reported, the Acute Services team continue the design phase for implementation of an effective savings programme following the external expertise provided through Deloitte LLP. The Acute Services management team's transformation programme will translate findings from the external Deloitte report in to the 'art of the possible' for 2020/21 and beyond. In parallel the interim PMO Director is reviewing and advising on the overarching governance arrangements and infrastructure across Health and into Social Care.

### Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **underspend of £0.797m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance. The favourable movement in-month reflects a rates revaluation rebate.

### Corporate Services

- 4.4 Within the Board's corporate services there is **an underspend of £1.082m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

### Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £1.573m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

### Financial Plan Reserves & Allocations

- 4.6 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. As we approach the final 2 months of the financial year the routine robust monthly review of financial flexibility is detailed per Appendix 4.
- 4.7 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

- 4.8 The health budgets delegated to the Integration Joint Board report an **underspend of £1.703m for the year to date**. This position comprises an underspend in the run rate performance of £1.849m; together with unmet savings of £0.146m. The underlying

## Finance, Performance & Resources – Finance

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 underspend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife.

- 4.9 In addition the capped IJB risk share for the first 10 months of 2019/20 is a **cost of £4.230m**, representing a risk share percentage (72%) of the overall initial budget gap of £6.5m plus £0.550m relating to additional approved social care packages. In previous years, and in agreement with Fife Council colleagues, the overspend on the IJB has been managed through the risk share arrangement described at 8.2.4 of the Integration Scheme.
- 4.10 The initial health IJB position at month 10 is therefore a **net £2.527m overspend**. However if NHS Fife are required to fund the full HSCP overspend this will add an additional £2.9m - £3.4m pressure to the outturn position.

### Income

- 4.11 A small over recovery in income of £0.297m 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 3 below.

**Table 3: Subjective Analysis for the Period ended January 2020**

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	375,805	312,232	314,813	2,581
GP Prescribing	72,665	60,930	60,949	19
Drugs	31,220	26,734	26,349	-385
Other Non-Pay	388,864	327,038	329,743	2,705
IJB Risk Share	0	0	4,230	4,230
Efficiency Savings	-7,423	-6,220	0	6,220
Commitments	16,111	9,171	-682	-9,853
Income	-105,030	-92,301	-92,598	-297
<b>Net Underspend</b>	<b>772,212</b>	<b>637,584</b>	<b>642,804</b>	<b>5,220</b>

### Pay

- 5.2 The overall pay budget reflects an overspend of £2.581m. There are underspends across a number of staff groups which partly offset the overspend position within nursing & midwifery and medical & dental staff; both are being largely driven by the additional cost of supplementary staffing to cover vacancies; sickness absence and supervision policies.
- 5.3 Against a total funded establishment of 7,917 wte across all staff groups, there was an average 7,845 wte staff in post in December.

### Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.366m on medicines largely due to an under spend of £0.659m on sexual health and rheumatology drugs. Prescribing controls in line with formulary, biosimilar switches and price reductions have been the main contributory factors. The GP prescribing position is based on 2018/19 trend analysis and October and November 2019 actual information (2 months in arrears). Medicine shortages are resulting in price increases however the financial impact is currently being contained.

### Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £2.705m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by underspends across a number of areas including energy and diagnostic supplies.

## 6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. This view was 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; and early identification and control of non recurring financial flexibility.
- 6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below and reflects a c50/50 split. In addition Table 4 reflects a significant under delivery of savings within Health Board (principally Acute Services Division).

**Table 4: 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	1,228	2,017	3,245	7,628
Integration Joint Board	6,460	3,485	2,799	6,284	176
<b>Total Savings</b>	<b>17,333</b>	<b>4,713</b>	<b>4,816</b>	<b>9,529</b>	<b>7,804</b>

## 7 Key Messages / Risks

- 7.1 The key challenges include the overspend on Acute Services (driven by non delivery of savings and a number of specific cost pressures; and includes £5.127m overspend relating to a number of ASD budgets that are set aside for inclusion in the IJB's strategic plans, but which remain managed by the NHS Board); the risk share impact of the IJB position (entirely driven by social care costs); and the increasing cost pressure associated with non-Fife activity.
- 7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, agreed by delegated budget holders, the year end forecast based on a capped risk share ranges from a potential optimistic forecast of £3.4m overspend to a potential worst case of £8.7m overspend.
- 7.3 Discussions have been held with the Director of Health Finance, Scottish Government over the last few months, to find a solution to the financial challenges facing NHS Fife. Work continues on: the identification of qualifying expenditure for potential ADEL funding; the review of allocations for any slippage or flexibility; review of balance sheets accruals both in terms of value and accounting treatment; reporting of acute set aside budgets; and discussions with partners on the HSCP risk share methodology. The potential offsetting benefits may allow the optimistic overspend per 3.1 above to be reduced.

## Finance, Performance & Resources – Finance

7.4 However the current forecast overspend of the IJB is significantly higher than the original approved budget gap. Correspondence and discussions to date between the respective partners continue. Notwithstanding, if we are required to fund the full IJB overspend, the forecast outturn position increases to a forecast overspend (after potential offsetting benefits) to an overspend of £4.8m (best case) to £10.5m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.

7.5 The impact of the points raised in 7.2 to 7.4 are illustrated in Table 5 below.

**Table 5: Financial Outturn (modelling based on actual position at 31 Jan 2020)**

Forecast Outturn	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Acute Services Division	10,361	9,564	8,886
Acute Services Division (Acute Set Aside)	6,096	5,795	5,495
IJB Non-Delegated	40	16	-9
Estates & Facilities	-598	-909	-1,809
Board Admin & Other Services	-1,170	-1,380	-1,527
Non-Fife & Other Healthcare Providers	2,038	2,038	2,038
Financial Flexibility	-11,387	-11,387	-11,387
Miscellaneous Income	-350	-350	-350
<b>Health Board Retained Budgets</b>	<b>5,030</b>	<b>3,387</b>	<b>1,337</b>
IJB Delegated Health Budgets	-1,141	-1,879	-2,692
Integration Fund & Other Allocations	-300	-300	-300
<b>Sub Total IJB Delegated Health Budgets</b>	<b>-1,441</b>	<b>-2,179</b>	<b>-2,992</b>
Risk Share	5,076	5,076	5,076
<b>Net IJB Health Position</b>	<b>3,635</b>	<b>2,897</b>	<b>2,084</b>
<b>Total Forecast Outturn (based on capped risk share)</b>	<b>8,665</b>	<b>6,284</b>	<b>3,421</b>
<b>Potential Offsetting Benefits</b>			
Additional ADEL	-1,500	-1,500	-1,500
<b>Revised Forecast Outturn after Potential Benefits</b>	<b>7,165</b>	<b>4,784</b>	<b>1,921</b>
Full Risk Share Adjustment	3,358	3,131	2,924
<b>Revised Forecats Outturn (based on full risk share)</b>	<b>10,523</b>	<b>7,915</b>	<b>4,845</b>

7.6 The optimistic forecast has been used for reporting purposes and is scrutinised each month as part of a balanced risk approach. Key areas for highlighting this month include the Emergency Care Directorate within Acute Services whose use of agency staff continues for which there does not appear to be an exit plan. This is exacerbated by the surge ward capacity which was open for 5 months of the last financial year, but is expected to be in place for this full year. This unanticipated additional exceptional cost is in spite of additional grip and control measures being put in place and contributes to the forecast overspend. This position remains under close review. In parallel the Planned Care Directorate optimistic forecast has worsened on the basis

## Finance, Performance & Resources – Finance

that the savings targets will fall short of that planned in the year to date. In all areas of Acute the savings delivered are anticipated to fall short of the target, with a significant shortfall against recurring delivery.

- 7.7 The range of Estates & Facilities forecasts varies greatly between each scenario and is underpinned by detailed assumptions, plans and risk assessment ratings. The optimistic forecast used in the overall reporting at £1.8m underspend (compared to £0.9m 'realistic scenario' underspend) includes £0.3m high risk assumptions; and £0.6m medium risk assumptions.
- 7.8 The level of financial flexibility released in to the position at month 9 includes £2m share of new medicines funding; and £0.85m capital to revenue transfer; along with a updated and reduced potential slippage of waiting times funding to £0.2m which reflects the activity and plans in place across the Acute Division.
- 7.9 Even with the additional financial flexibility per 7.8, there is limited assurance that NHS Fife can remain within the overall revenue resource limit should there be a requirement to cover the full impact of the IJB position.
- 7.10 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR), a funding assumption to the value of £4.8m has been included. This does, however, hold a degree of risk; and reflects the most optimistic outturn and assumes mitigating benefits will crystallise in full.
- 7.11 Discussions with SGHSCD colleagues in relation to the financial position continue.

### 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 £5.220m for the year to 31 January 2020; and
  - **Note** the previously reported *potential* outturn position of break even is at risk, even with an assumption of additional funding from SGHSCD to support any impact of the full IJB risk share.



## Finance, Performance & Resources – Finance

### Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Confirmed	Opening	662,752			662,752	
Confirmed	May Adjustments	-696		-229	-925	
Confirmed	June Adjustments	16,293	3,774	6,265	26,332	
Confirmed	July Adjustments		2,863	1,678	4,541	
Confirmed	August Adjustments	280	3,268	2,341	5,889	
Confirmed	September Adjustments	-29	52,759	2,236	54,966	
Confirmed	October Adjustments		-157	1,842	1,685	
Confirmed	November Adjustments	-531	1,363	-16,058	-15,226	
Confirmed	December Adjustments		5,459	94	5,553	
Confirmed	Infrastructure Support			1,027	1,027	Receipts
Confirmed	Infrastructure Support			234	234	Capital to Revenue
Confirmed	ScotStar			-330	-330	Annual Contribution
Confirmed	AHP Musculoskeletal MATS			-20	-20	Contribution to Service
Confirmed	Cancer and Diagnostic Activity			69	69	Additional Funding
Confirmed	Additional Funding for Elective Activity			40	40	Additional Funding
Confirmed	Distinction Awards		193		193	Annual Award
	<b>Total Core Revenue Allocation</b>	<b>678,069</b>	<b>69,522</b>	<b>-811</b>	<b>746,780</b>	
Anticipated	NSD Adjustments	-27			-27	
Anticipated	Primary Care Fund GP Sub Committee			34	34	
Anticipated	Primary Care Improvement Fund			1,123	1,123	
Anticipated	Capital to Revenue			-65	-65	
	<b>Total Anticipated Core RRL Allocations</b>	<b>-27</b>	<b>0</b>	<b>1,092</b>	<b>1,065</b>	
Confirmed	PFI Adjustment			3,374	3,374	
Confirmed	Donated Asset Depreciation			117	117	
Confirmed	Impairment			1,000	1,000	
Confirmed	AME Provision			-843	-843	
Confirmed	IFRS Adjustment			4,833	4,833	
Confirmed	Depreciation from Core Allocation			12,386	12,386	
Confirmed	ADEL			3,500	3,500	
	<b>Total Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>24,367</b>	<b>24,367</b>	
	<b>Grand Total</b>	<b>678,042</b>	<b>69,522</b>	<b>24,648</b>	<b>772,212</b>	

### Appendix 2: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E-Health Directorate	12,827	9,923	9,965	42
NHS Fife Chief Executive	209	173	170	-3
NHS Fife Finance Director	6,296	5,191	4,666	-524
NHS Fife HR Director	3,210	2,689	2,567	-121
NHS Fife Medical Director	6,813	5,077	4,908	-169
NHS Fife Nurse Director	4,222	3,439	3,319	-120
Legal Liabilities	29,215	28,543	28,588	45
Public Health	2,347	1,908	1,746	-162
Early retirement & Injury Benefits	269	134	82	-52
Regional Funding	284	241	225	-17
Depreciation	17,131	14,294	14,294	0
<b>Total</b>	<b>82,822</b>	<b>71,613</b>	<b>70,531</b>	<b>-1,082</b>

## Finance, Performance & Resources – Finance

### Appendix 3: Service Agreements

	<b>CY Budget £'000</b>	<b>YTD Budget £'000</b>	<b>YTD Actuals £'000</b>	<b>YTD Variance £'000</b>
<b>Health Board</b>				
Ayrshire & Arran	95	79	48	-31
Borders	43	36	39	3
Dumfries & Galloway	24	20	50	30
Forth Valley	3,089	2,572	2,781	209
Grampian	349	290	261	-29
Greater Glasgow & Clyde	1,607	1,340	1,315	-25
Highland	131	109	185	76
Lanarkshire	111	93	169	76
Lothian	30,600	25,499	23,843	-1,656
Scottish Ambulance Service	98	81	88	7
Tayside	39,392	32,830	33,189	359
	<b>75,539</b>	<b>62,949</b>	<b>61,968</b>	<b>-981</b>
<b>UNPACS</b>				
Health Boards	8,063	6,719	8,860	2,141
Private Sector	1,209	1,008	1,600	592
	<b>9,272</b>	<b>7,727</b>	<b>10,460</b>	<b>2,733</b>
<b>OATS</b>				
	690	575	398	-177
<b>Grants</b>				
	65	65	63	-2
<b>Total</b>	<b>85,566</b>	<b>71,316</b>	<b>72,889</b>	<b>1,573</b>

## Finance, Performance & Resources – Finance

### Appendix 4 - Financial Flexibility & Allocations

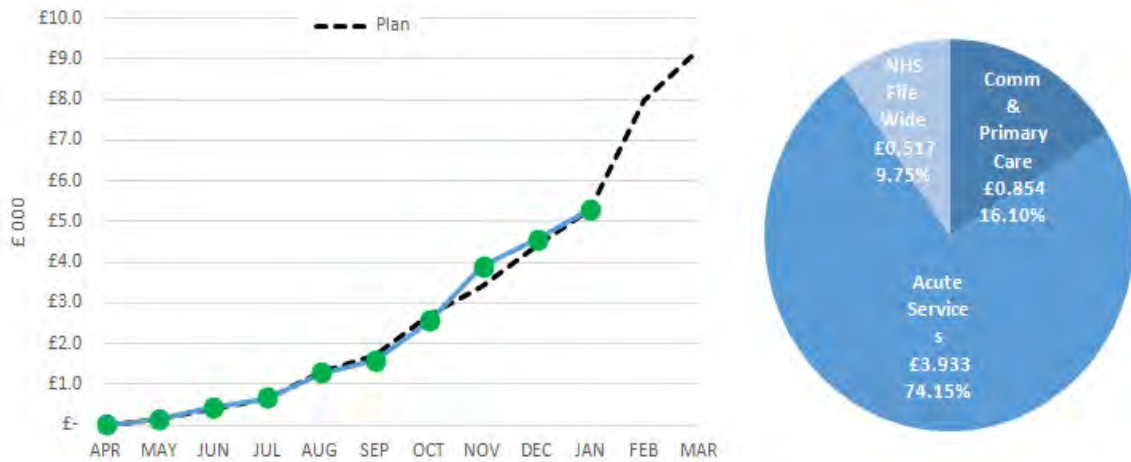
	CY Budget £'000	Flexibility Released to Jan-20 £'000
<b>Financial Plan</b>		
Drugs	2,365	833
Complex Weight Management	50	42
Adult Healthy Weight	104	86
National Specialist Services	38	31
Band 1s	307	256
Unitary Charge	213	178
Junior Doctor Travel	97	72
Consultant Increments	50	41
Cost Pressures	3,429	2,992
Financial Flexibility	523	436
<b>Sub Total Financial Plan</b>	<b>7,176</b>	<b>4,967</b>
<b>Allocations</b>		
Health Improvement	93	78
AME Impairments	1,195	0
AME Provisions	-51	0
Waiting Lists	1,550	133
Best Start	306	217
Advanced Breast Practitioner Radiology	36	
Insulin Pumps & CGM	44	
Carry Forward 18-19	260	217
Urolift	26	
Neonatal Expenses	16	8
Capital to Revenue	169	
ADEL	708	417
Winter Planning	0	
Cancer Waiting Times	198	44
Hand Surgery	0	0
New Medicine Fund	2,381	1,984
Additional Elective Activity	310	
Health Records	28	
Capital Receipts	1,027	856
<b>Sub Total Allocations</b>	<b>8,296</b>	<b>3,954</b>
<b>Total</b>	<b>15,472</b>	<b>8,921</b>

## Finance, Performance & Resources – Finance

### Capital Expenditure

*NHS Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)*

#### Local Performance



#### Commentary

The total Capital Resource Limit for 2019/20 is £9.217m. The capital position for the 10 months to January shows investment of £5.305m, equivalent to 57.56% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

#### Current Challenges

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Managing expenditure programme within resources available	Risk management approach adopted across all categories of spend	Mar 2020 On Track

## Finance, Performance & Resources – Finance

### 1. Annual Operational Plan

- 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 gross allocation amounts of £7.394m. NHS Fife has received a capital allocation of £0.120m for Hospital Eye Scotland for the procurement of ophthalmic equipment. NHS Fife has received an allocation of £1.703m for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that will be actioned during the year (£0.234m).

### 2. Capital Receipts

- 2.1 Work continues on asset sales with several disposals planned or completed:

- Lynebank Hospital Land (Plot 1) (North) – Under offer
- Forth Park Maternity Hospital – Sold
- Fair Isle Clinic – Sold
- Skeith Land – now on market
- ADC – Sold

Discussions with the SGHSCD have confirmed use of the capital receipts to support the challenges in the Board's revenue position.

### 3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. 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 £5.305m or 57.56% 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	£1.391m
Minor Works	£0.279m
Equipment	£2.155m
E-health	£0.481m
Elective Orthopaedic Centre	£0.968m

### 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 January 2020 of £5.305m and the forecast year end spend of the capital resource allocation of £9.217m

## Finance, Performance & Resources – Finance

### Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Statutory Compliance	984	594	984
Capital Minor Works	345	176	345
Capital Expenditure	91	85	91
Condemned Equipment			
<b>Total Community &amp; Primary Care</b>	<b>1,420</b>	<b>854</b>	<b>1,420</b>
<b>ACUTE SERVICES DIVISION</b>			
Capital Equipment	1,992	1,975	1,992
Statutory Compliance	2,423	792	2,423
Minor Works	164	103	164
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	1,703	968	1,703
Hospital Eye Services	120		120
<b>Total Acute Services Division</b>	<b>6,496</b>	<b>3,933</b>	<b>6,496</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Condemned Equipment			
Information Technology	1,041	481	1,041
Equipment Balance	0	0	0
Scheme Development	60	2	60
Contingency	100	30	100
Statutory Compliance - Fire Compartmentation	100	5	100
Minor Works	0	0	0
<b>Total NHS Fife Wide Schemes</b>	<b>1,301</b>	<b>518</b>	<b>1,301</b>
<b>TOTAL ALLOCATION FOR 2019/20</b>			
	<b>9,217</b>	<b>5,305</b>	<b>9,217</b>

## Finance, Performance & Resources – Finance

### Appendix 2: Capital Plan - Changes to Planned Expenditure

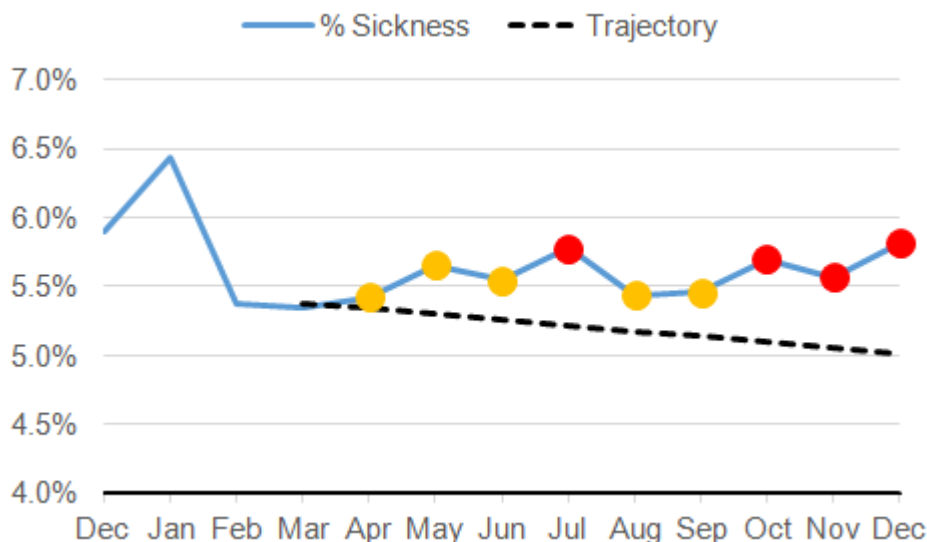
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adjustment to December £'000	January Adjustment £'000	Total January £'000
<b>Routine Expenditure</b>				
<b>Community &amp; Primary Care</b>				
Minor Capital		342	2	345
Capital Equipment		90	1	91
Statutory Compliance		766	218	984
Condemned Equipment				
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>1,199</b>	<b>221</b>	<b>1,420</b>
<b>Acute Services Division</b>				
Minor Capital		168	-4	164
Capital Equipment		2,018	-26	1,992
Statutory Compliance		2,613	-190	2,423
Condemned Equipment		95	0	95
Hospital Eye Service		120		120
Elective Orthopaedic Centre			1,703	1,703
	<b>0</b>	<b>5,014</b>	<b>1,482</b>	<b>6,496</b>
<b>Fife Wide</b>				
Minor Work	498	-498		0
Information Technology	1,041			1,041
Backlog Maintenance / Statutory Compliance	3,569	-3,469		100
Condemned Equipment	90	-90		0
Scheme Development	60			60
Fife Wide Equipment	2,036	-2,036		0
Fife Wide Contingency Balance	100			100
<b>Total Fife Wide</b>	<b>7,394</b>	<b>-6,093</b>	<b>0</b>	<b>1,301</b>
<b>Total</b>	<b>7,394</b>	<b>120</b>	<b>1,703</b>	<b>9,217</b>

## Staff Governance

### Sickness Absence

To achieve a sickness absence rate of 4% or less  
Improvement Target for 2019/20 = **4.89%**

#### Local Performance



#### National Benchmarking

Month	2018/19					2019/20							Mar-20	
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target
NHS Fife	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	5.82%	4.89%
Scotland	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	

#### Current Challenges

Sickness Absence Rate Significantly Above Standard – **Action 1**

High Level of Sickness Absence Related to Mental Health – **Action 2**

Improvement Actions	Progress	Timescale/ Status
<p><b>1.</b> Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence</p>	<p>This is being progressed through Attendance Management Leads within their respective areas, HR Officers / Advisors, and through the trajectory reporting for each business unit and use of the RAG status reports.</p> <p>A plan for additional OH support, including OH Drop-in Sessions, has been developed. Sessions took place throughout September and October, and further sessions will be held in Spring 2020.</p>	<p>Mar 2020 On Track</p>
<p><b>2.</b> Early OH intervention for staff absent from work due to a Mental Health related reason</p>	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Further consideration to include how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff.</p>	<p>Feb 2020 On Track</p>



**CAROL POTTER**  
Chief Executive  
19<sup>th</sup> February 2020

Prepared by:  
**SUSAN FRASER**  
Associate Director of Planning & Performance

<b>DATE OF MEETING:</b>	4 <sup>th</sup> March 2020
<b>TITLE OF REPORT:</b>	Winter Report 2019/20
<b>EXECUTIVE LEAD:</b>	Morag Olsen, Chief Operating Officer, Acute Nicky Connor, Chief Officer, H&SC
<b>REPORTING OFFICER:</b>	Susan Fraser, Associate Director of Planning and Performance Claire Dobson, Divisional General Manager Andy MacKay, Deputy Chief Operating Officer

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

## SBAR REPORT

### Situation

The Winter Report is to provide assurance that the Winter Plan is being delivered in accordance with the submission to Scottish Government in November 2019.

### Background

The Winter Report is produced monthly and provides update on key performance metrics and actions agreed within the Winter Plan. Weekly meetings between Acute Services, H&SC and Planning commenced in November 2019 using the Winter Planning Weekly Scorecard to discuss agreed performance metrics (Appendix 1) and escalate issues to Executive Leads when required.

The aim of the Winter Plan is to:

- Describe the arrangements in place to cope with increased demand on services over the winter period.
- Describe a shared responsibility to undertake joint effective planning of capacity.
- Ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand.
- Support a discharge model that has performance measures, a risk matrix and an escalation process.
- Ensure staff and patients are well informed about winter arrangements through a robust communications plan.
- Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure.

The top 5 planning priorities identified for 2019/20 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.

### Assessment

There are a number of actions that are complete, on track or ongoing with no concerns about impact on Winter Planning. The following actions are ongoing with concerns about impact on Winter Planning:

- 4.1.2 Review capacity planning ICASS, Homecare and Social Care resources throughout winter
- 4.1.4 Reduce length of stay as a winter planning group and being progressed through BAU
- 4.2.3 Test of change of a rota of senior decision making capacity in OOH/weekends to promote 7 day discharges
- 4.2.10 Proactive recruitment and a joined up workforce plan to utilise staff intelligently across the year as well as winter
- 4.3.7 Location and staffing plan for surge capacity in place
- 4.3.8 Optimise Acute bed configuration for 19/20 including the relocation of Ward 9 to Phase 3, beside Ward 24

### Recommendation

The Committee is invited to:

- **Note and discuss** the Winter Report 2019/20

### **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.

Fife Health  
& Social Care  
Partnership



# Winter Planning

Monthly Report

Week Ending 6<sup>th</sup> January 2020 to 2<sup>nd</sup> February 2020



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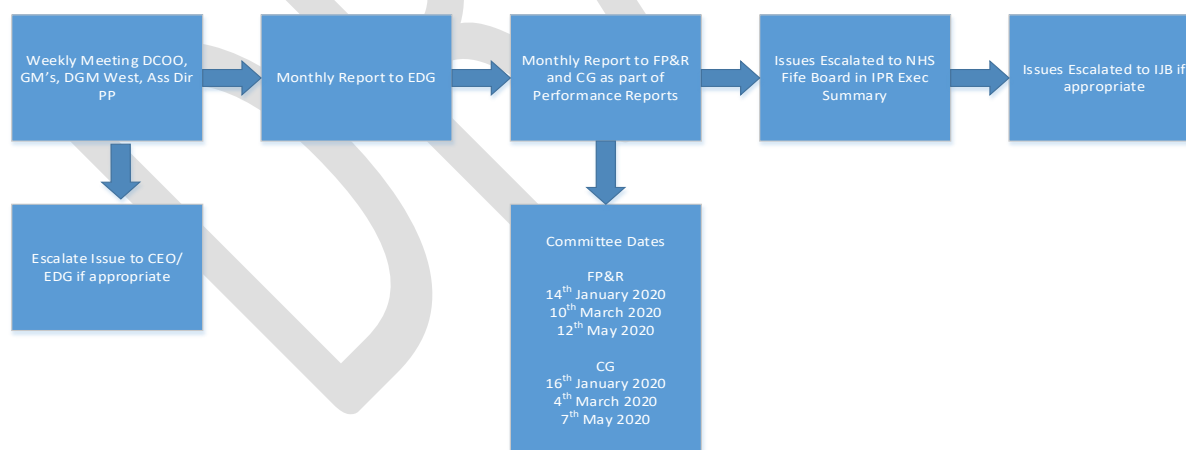
## Introduction

The purpose of this report is to assure the Chief Executive and EDG that the Winter Plan is being delivered in accordance with the submission to Scottish Government and against agreed performance targets.

The Winter Plan describes the actions that will be taken forward by NHS Fife and the Health and Social Care Partnership to optimise service resilience during the winter months and beyond. Responsibility for delivery lies with both NHS Fife and the Health and Social Care Partnership.

The Winter Plan is monitored weekly, reported monthly and is supported by an escalation protocol to ensure prompt escalation of issues if required. The weekly reporting will cease at the end of March with the monthly report going to the NHS Fife Board in May 2020. Weekly reporting will commence in October 2020 as part of the Winter Plan 2020/21.

The Winter Planning Performance Review Summary will be considered by the Finance, Performance and Resources and Clinical Governance Committees.



Outlined below in section D is the actions that were submitted to the Scottish Government at the end of October 2019 and current status of these actions. Most of these actions are complete with a few slippages that are being challenged on a monthly basis.

## Section A: Executive Summary

This is the Third monthly report summarising performance against key indicators and actions for Winter 2019/20. The key points to note this month are as listed below.

<b>A&amp;E</b>		<b>Narrative</b>
	<p>The 95% Standard has not been met since Week Ending 21<sup>st</sup> July. The board average has also slipped beneath the Scotland average for a 4<sup>th</sup> time this financial year, however with quick recovery, has maintained above for the most part. On average, there are 165 more ED attendances a month this year (April to January) compared with last year. There are 872 more attendances this winter (October to January) compared with last year after only four months.</p>	
	<b>Commentary</b>	
<p>The 4 hour emergency access target is being directly impacted by the capacity challenges within the acute site. The increase in numbers presenting has driven increased admission requirement. The top 3 breach reasons are: Wait for a Bed; Wait for 1<sup>st</sup> Assessment (due to lack of space to review patients) and Clinical Reasons.</p>		

<b>Boarding</b>		<b>Narrative</b>
	<p>The number of patients boarding had risen steadily since middle of November, hitting a peak on the new year week with nearly 800 beds days. Since then the number has settled around 670.</p> <p>On average, over 580 bed days a week have been lost to boarding since October.</p>	
	<b>Commentary</b>	
<p>Boarding requirements continue due to the capacity demand in emergency care. There is daily movement of patients into Planned Care to accommodate unscheduled admissions into ECD. The boarding figures are reviewed on a daily basis and it is recognised within ASD that boarding will directly impact on length of stay.</p>		

<b>Acute Delays</b>		<b>Narrative</b>
	<p>On average there has been 70 bed days lost to Delayed Discharge per week as well as 175 bed days lost to Delays in Transfer of Care (e.g. Community Hospital and ICASS). This equates to 35 patients occupying a bed in Victoria Hospital who should be being cared for in more appropriate setting each day.</p>	
	<b>Commentary</b>	
<p>Ward 13 and Ward 4 surge of 26 additional surge beds remain fully occupied. The patients in delay are accommodated within these areas awaiting onward care in non-</p>		

acute settings or supported discharge home. There is weekly review of patients within ASD with Length of Stay over 14 days to ensure pathways are being managed correctly.

Delays in the acute hospital are reviewed daily and actions are taken to improve flow. Joint working between the Discharge Hub, Allied Health Professionals and the Care at Home Service has supported earlier discussions about discharge pathways and avoided hand offs which contribute to delayed transfers of care. Additional capacity in a range of care models has been sourced including care at home and ICASS. Demand for Partnership services remains high.

Midnight Bed Occupancy



**Narrative**

Bed Occupancy has increased in Victoria Hospital since middle of November. The first couple of weeks following new year had hospital at over 100% occupancy at midnight on average.

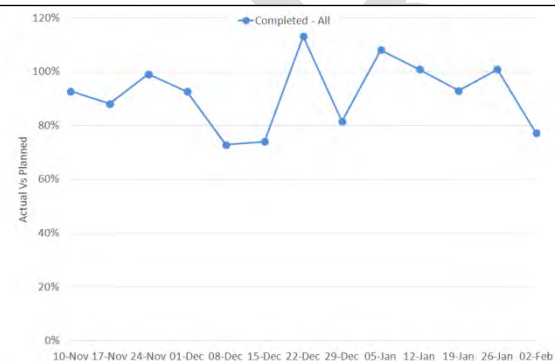
Additional surge capacity is currently in use in Community Hospitals with occupancy constantly being over 100%.

**Commentary**

The overnight occupancy figures for ASD include Critical Care capacity and day care areas which cannot be utilised for unscheduled care patients overnight.

To support increased demand for ongoing in-patient care an additional 26 beds are open across the community hospital estate. A rapid improvement event is planned for February to address delayed transfers of care to down stream bed community hospital beds.

H&SCP Placements



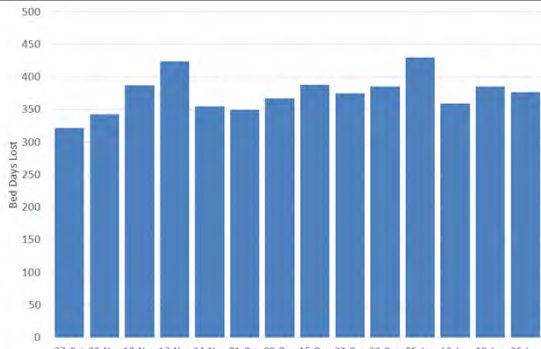
**Narrative**

H&SCP achieved 87% of agreed placements into community setting in January. DSB transfers have been below the planned amount 4 out of 5 weeks with 87% completed in total over January. Social Care achieving 75% with Home Care (Internal and External) and Assessment Beds 54.5% and 32% respectively.

**Commentary**

The Discharge Hub within the acute setting has seen a 60% increase in referrals for community care, this includes referrals for care at home, care home placements and community hospital beds. Additional care at home capacity and care home capacity has been sourced to support this demand. A review of individuals in receipt of a 15 minute care intervention in the community is planned; this is with a view to releasing care at home capacity. The demand for care which requires two carers as well as support over night at home is rising; as a result experienced Occupational Therapists (OTs) will come into post in March to review all such care requests. Working in partnership with the in-patient teams and care at home service the OTs will assess for and explore the potential of single handed care provision for individuals through the use of equipment and aids.



H&SCP Delays		Narrative
		<p>Since October the beds days lost each week in community hospitals due to delayed discharges has increase each month with 330 in October peaking at 389 in December and 377 in January. Equating to almost 56 per day in December and almost 54 in January.</p>
Commentary		
<p>As described above a number of improvement actions are underway to ensure that individuals are discharge home or to a homely setting in a safe and timely manner. The number of individuals delayed in hospital awaiting the appointment of a Welfare Guardian has increased, this has a significant impact on the number of beds days lost as individuals must remain in hospital until the legal process of appointing a Guardian is complete – this can take over 150 days.</p>		

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## Section B: Performance Summary to Week Ending 2<sup>nd</sup> February 2020

Performance out with the planned/expected range is highlighted in red.

### Weekly Winter Monitoring Report

Area	Indicator	Week Ending				
		05-Jan	12-Jan	19-Jan	26-Jan	02-Feb
Emergency Department	Attendances	1317	1211	1265	1287	1268
	Performance	80.4%	86.3%	88.0%	88.2%	89.6%
	> 8 hours	14	4	8	26	2
	>12 hours	0	0	0	0	0
	% Admitted	33.0%	29.4%	32.9%	29.0%	30.8%
VHK Admissions	Total	762	792	794	773	799
	Emergency	720	690	686	674	697
	Elective	42	102	108	99	102
VHK Discharges	to Community	19	37	34	41	20
	% B4 Noon	15.1%	14.2%	16.6%	19.7%	16.6%
Theatre Activity	Actual Activity	66	160	148	154	167
	Hospital Cancelled	0	9	1	3	2
VHK Bed Utilisation	Occupancy	98%	101%	100%	99%	95%
	Boarding Bed Days Lost	796	751	679	687	669
	DD Bed Days Lost	45	68	60	50	95
	DTC Bed Days Lost	265	209	135	109	120
HSCP Placements	Completed - All	108%	101%	93%	101%	77%
	DSB	71%	95%	95%	107%	63%
	Social Care	80%	71%	83%	85%	76%
	Other Models	126%	145%	103%	112%	97%
Community Hospital	Discharges	25	50	57	53	29
	LoS (days)	58.1	40.8	39.3	53.1	52.6
	Occupancy	107%	109%	109%	109%	109%
	DD Bed Days Lost	430	359	385	377	387

## Section C: Winter Plan Monitoring of Actions

Key:	Blue	Complete
	Green	On Track as expected
	Amber	Work ongoing, but slippage (with no concerns about impact on Winter Planning)
	Red	Work ongoing, but concerns about impact on Winter Planning

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.1.1	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	October 2019		DGM East and West	The community hospitals have 26 additional beds open at present to support winter pressures. Demand for beds is such that the beds remain open at this time.
4.1.2	Review capacity planning ICASS, Homecare and Social Care resources throughout winter	August 2019		DGM West	ICASS capacity increased as a result of increased hours and recruitment.  Capacity within care at home is challenging, however additional care at home capacity has been sourced to support double up packages of care.  For January the HSCP delivered 90% of placements.
4.1.3	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	March 2020		DGM West	Recruitment is now completed staff coming into post by mid-February. A Frailty Practitioner will also be embedded in the team.  Over 990 HHG Assessments have taken place across Fife. Locality huddles - 9 now established.
4.1.4	Reduce length of stay as a winter planning group and being progressed through BAU	September 2019	GMs, DCOO, Ass Dir PP	DGM West	HSCP being tracked through weekly reporting.  ASD Being tracked through weekly reporting and winter scorecard review. Length of stay meeting ongoing with weekly review all patients over 7 days and those in delay to assess what intervention could facilitate discharge from the acute hospital.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.1.5	Test of Change for use of the community hub during Winter	November 2019		DGM West	Discussions underway regarding use of CHWB hubs to support community care and treatment
4.1.6	Test of change to reconfigure STAR bed pathway	November 2019		DGM West	GP direct access STAR beds are operational in Glenrothes and now being tested in the STAR beds in Kirkcaldy
4.1.7	Urgent Care ED enhanced direction model	November 2019		DGM West	Re-direction protocol now in place. Action complete
4.1.8	Implementation of model for discharge lounge through tests of change	November 2019	GMs, DCOO		Discharge lounge moved from ward 4 when additional surge beds required and now within DIU. Line management sitting under capacity team manager with directorate support (currently PCD). Planning in place to understand how and where this can be supported on a permanent basis recognising the positive impact it has had on flow.
4.1.9	Explore third sector transport over winter months	October 2019	GMs, DCOO		Initial meetings held with RVS as to additional car transportation capacity. Andy MacKay and Lynn Campbell continuing discussions to review impact of this proposal.
4.1.10	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action.	October 2019	GMs, DCOO, Ass Dir PP	DGM West	Weekly winter monitoring meetings are in place with metrics reviewed and actions agreed. Actions are recorded.
4.2.1	Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.	October 2019		DGM West	Action complete
4.2.2	Integrated services to support discharges will run throughout all public holidays – this includes social work, homecare, community therapy staff and district nurses. Communication will be supported through daily huddles across services.	November 2019		DGM West	Action complete

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.2.3	Test of change of a rota of senior decision making capacity in OOH/weekends to promote 7 day discharges	November 2019	GM EC		Winter plan has implemented third on call consultants in place for weekends, but reliance on existing workforce and reluctance to add to workload has left gaps. 3 <sup>rd</sup> on call continues as part of the winter plan at weekends, where consultants are available.
4.2.4	Agree Urgent Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period.	October 2019		DGM West	On track, additional mobile clinicians have been deployed each weekend in January to increase home visiting capacity. This will be reviewed for February and additional capacity deployed as required.
4.2.5	Public facing information across social media platforms developed to communicate access to OOH including public holiday access.	November 2019		DGM West	Ongoing – public messages highlighting who to turn to are repeated weekly
4.2.6	Enhance Clinical Co-ordinator role within the Urgent Care service.	November 2019		DGM West	Urgent Care Transformation phase 1 now underway. Clinical Co-ordinator role scheduled as much as possible focussing on weekends.
4.2.7	Enhanced linkage with Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges	October 2019	GMs DCOO		Dedicated Discharge Vehicle continues. NHS Fife benefit from the HALO attending site to offer support daily and SAS attending capacity meetings to assist with planning.
4.2.8	Enhance weekend discharge planning with further development of the weekend discharge team	October 2019	GMs DCOO		3 <sup>rd</sup> on-call shift from Emergency Care for weekends in place when additional medical staff available. Supported by junior doctor or ANP to maximise potential for discharge support.
4.2.9	Explore augmenting IAT/MSK resource at front door with a view to reducing admission rate	October 2019	GM WC		Audit conducted during Banish Boarding Event. Requirement to review data to identify what can be achieved within existing resource and what will require investment to achieve.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.2.10	Proactive recruitment and a joined up workforce plan to utilise staff intelligently across the year as well as winter	October 2019	GMs, DCOO	DGM West	Availability of skilled workforce has been a challenge. Continued use of Bank and Agency staff required to ensure safe staffing levels.  However some permanent staff now in place within Ward 13 to provide leadership. Band 2 pool staff recruited last year are now in process of induction which will allow for more flexible daily safe staffing.
4.2.11	Implementation of 7-day pharmacy service in place within Acute on substantive basis	September 2019	Chief Pharmacist		Service is in place. However only £150K (from Emergency Care Directorate) of the agreed £250K funding has been provided. Request has been made via COO to transfer the remainder of the funding from the other 2 directorates.
4.3.1	Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data including Urgent Care in collaboration with NHS 24	October 2019	GMs DCOO	DGM West	The Urgent Care Service is using predicted demand data from NHS 24 to support service delivery.
4.3.2	Performance measures will be in place and scrutinised. Measures include: <ul style="list-style-type: none"> <li>• Emergency Access Standard</li> <li>• Local Waiting Times Targets</li> <li>• Delayed Discharges over 72 hours</li> <li>• Weekly flow from Victoria Hospital</li> <li>• Hospital Occupancy levels (Acute and Community Hospitals)</li> <li>• Boarding numbers</li> </ul>	November 2019	GMs DCOO	DGM West	Emergency Access Standards scrutinised daily with enhanced breach review and weekend debriefs to assess for opportunities for improvement.  Weekly winter monitoring meetings are in place with metrics reviewed and actions agreed.  Small, but positive, monthly improvement in 4 hour emergency access target.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.3.3	Estimated Discharge Date process to be further developed and clear instructions in place	October 2019	GMs DCOO	DGM West	Workshops held in the community hospitals from to standardise the use of EDD.
4.3.4	Full review of how and when surge capacity is used against the escalation plan	September 2019	GMs DCOO	DGM West	Surge capacity in the HSCP has been in use since summer 2019 with full expansion in October 2019. Bed occupancy is reviewed as part of the weekly winter meetings.
4.3.5	Banish boarding event to take place to reduce pressure in hospital with patients boarding in non patient wards.	November 2019	MD COO		"Banish Boarding: 18 days of reset" event conducted 1-18 Nov 19. A number of small changes ideas contributed to improving hospital occupancy levels and reducing numbers of boarding patients by c.15%, which will be incorporated into BAU – eg Daily Dynamic Discharge process.
4.3.6	Comprehensive review of board and ward round process across Acute inpatient wards to identify and implement consistent best practice	Observation exercise Aug 2019 December 2019	DCOO AMD		Observation exercise completed Aug 2019. Follow on work undertaken with support from Scottish Government Unscheduled Care team to roll out Daily Dynamic Discharge (from the 6 Essential Actions) across inpatient ward areas. Process implemented in 7 wards since 1 Nov 19, with schedule in place for adoption by all adult inpatient areas by end Jan 2020.
4.3.7	Location and staffing plan for surge capacity in place	Oct 2019	DCOO GMs		Additional emergency capacity available within Ward 4 being utilised, however not suitable for long term occupancy. DIU implementation not required over past weeks and Ward 4 closure managed towards weekends to allow for additional capacity with reopening when demand increases.
4.3.8	Optimise Acute bed configuration for 19/20 including the relocation of Ward 9 to Phase 3, beside Ward 24	December 2019	GM WCCS		Revised drawings received in mid January 2020. Further feedback provided to clarify changes. Plans to be signed off by end of Feb 2020. Anticipate works completing late spring.
4.3.9	Intention to increase N:R ratio in AHP caseload to reduce de-conditioning in acute medical wards to reduce LoS and reduce level of support required by patients at point of discharge.	October 2019	GM WCCS		De-conditioning Business Case being presented at SLT on 17 <sup>th</sup> Dec. Agreement that this case should be combined with the HSCP case to increase ICASS capacity. Relevant GMs have met and plan to present combined case in March 2020.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.4.1	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	October 2019	GM PC		Surgical festive program for theatre has been circulated to clinical teams. SSSU is now fully part of the surgical operational program. Plans are in place to deal with periods of high demand from emergency patients. The festive surgical plan went well and is now fully embedded to cope with surgical demand, action complete.
4.4.2	Review the ambulatory model for surgical and medical patients and implement any enhancements	October 2019	GM EC GM PC		ECD – OPAT successfully implemented and saved bed days being tracked to support service expansion. SSSU fully embedded and managing elective programme and WLI on a daily basis.
4.4.3	Test the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests	October 2019	GM WCCS		Requirement to implement clear process and engage with clinicians to ensure that this happens as routine and not only when the hospital is at capacity. Work required to embed this process.
4.4.4	Review theatre requirements for SHDU cases to smooth activity over the week	November 2019	GM EC GM PC		Work has been smooth by moving some theatre lists. Further work in planning.
4.5.1	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	August 2019	GMs DCOO Ass Dir PP	DGM West	HSCP Escalation plan is complete and in place.  ASD escalation plan complete
4.5.2	Review and improve business continuity plans for services	September 2019	GMs DCOO	DGM West	In the HSCP Business Continuity plans are in place and are being reviewed in light of Corona Virus.
4.5.3	Tabletop exercise to be arranged to test Major Incident plans	November 2019	Ass Dir PP		Held on 22 November 2019 and attended by around 60 staff including multi-agency partners.
4.5.4	Multi Agency meeting to discuss winter arrangements across Fife	November 2019	Ass Dir PP		Meeting multi-agency partners to share arrangements on 13 November 2019.
4.5.5	Update Corporate Business Continuity Plan and Response and Recovery Plan	November 2019	Ass Dir PP		Corporate Business Continuity Plan and Response and Recovery Plans completed. Submitted to Resilience Forum 1 November 2019.



Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.5.6	Ensure that community services have access to 4x4 vehicles in the event of severe weather and that staff have received an appropriate level of training to drive such vehicles.	September 2019		DGM West	Vehicles delivered 10/12/19, training in use of 4x4 vehicles taking place in December 2019 and January 2020.
4.5.7	Review the full capacity protocol	September 2019	GMs DCOO Ass Dir PP	DGM West	HSCP Complete ASD complete
4.6.1	Point of Care Testing (POCT) for flu will be implemented early this year in preparation for the challenges expected from increased numbers of patients presenting with flu	October 2019	GM WCCS		Implemented in November.
4.6.2	Proactive infection control and support learning opportunities for Fife Care homes	October 2019		Infection Control	Ongoing discussion and support
4.6.3	POCT will also be implemented in paediatrics for RSV which will support early diagnosis (supporting winter bed pressures) and reduce requirement for unnecessary molecular testing.	October 2019	GM WCCS		IT point required in Paediatrics to allow POCT to go live. This has been escalated to GM who will take forward with Engie. In view of delay to get data point installed Paediatrics used POCT available at front door.
4.6.4	Weekly Winter Planning Meetings to continue to monitor hospital position	October 2019	GMs Ass Dir PP	DGM West	Weekly winter monitoring meetings are in place with metrics reviewed and actions agreed. Actions are recorded.
4.7.1	Deliver the staff vaccination programme to NHS and Fife HSCP staff through drop-in clinics and peer vaccinator programme in order to achieve 60% national target and 65% local target for uptake among	October – December 2019	ADoN Public Health	ADoN Public Health	Current NHS staff uptake at 65.2% (correct at 16/01/20). Delivery via peer vaccinators continues to be available to staff until March 2020.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
	healthcare workers.				
4.7.2	Monthly review of progress against seasonal flu action plan	October – January 2019	Public Health	Public Health	Monthly updates of detailed action plan circulated to NHS Fife & Fife HSCP Seasonal Vaccination Group. Next review end of January 2020. A final review will take place for 2019/20 season at the NHS Fife & Fife HSCP Seasonal Vaccination Group meeting on 12/03/20.
4.7.3	Deliver staff communications campaign across Acute & HSCP	October 2019 – March 2020	Head of Comms		<p>Work ongoing – regular updates and information scheduled across the winter period, with option to increase messaging during periods of adverse weather.</p> <p>Campaign will also link in with SG activity associated with know who to turn to, think before you go and the HSCP campaign talk before you walk.</p> <p>Working with Public Health to continue to monitor Flu campaign and coordinating with Public Health /SG on Corona virus</p> <p>No concerns about impact on Winter Planning</p>
4.7.4	Develop & distribute Information pack to independent care sector in Fife, covering staff vaccination, winter preparedness and outbreak control measures	October 2019	Public Health		Information pack on vaccination distributed to independent care sector November 2019. Pack with reminder information on management of suspected outbreaks distributed in December 2019.
4.7.5	Redesign consent form and data collection methods to enable more detailed & timely monitoring of staff vaccination against targets	October 2019	Public Health	DGM West	Complete – Revised consent form in use from the start of the programme. Data collection using FORMIC has enabled timely reporting of uptake data with job family breakdown. Data provided to EDG fortnightly via 'flash reports' (latest 9/12/19)
4.7.6	Insert flu vaccination messaging for at-risk groups in out-patient letter template	October 2019	Public Health		Complete – Messaging inserted into out-patient letter template. To run from October 2019 to mid-March 2020.

## Appendix 1 – Winter Scorecard to Week Ending 2<sup>nd</sup> February 2020

Area	Indicator	Trend	06-Oct	13-Oct	20-Oct	27-Oct	03-Nov	10-Nov	17-Nov	24-Nov	01-Dec	08-Dec	15-Dec	22-Dec	29-Dec	05-Jan	12-Jan	19-Jan	26-Jan	02-Feb
OOH	Contacts		1840	2328	1841	1817	1720	1912	1985	1990	1809	1912	2012	2087	2778	2634	1825	1803	1833	1916
	OoT Home Visits		41	27	17	18	12	19	20	25	24	11	25	49	66	24	34	13	26	27
	% transferred to VHK		7.17%	9.84%	1.68%	8.20%	0.99%	7.79%	7.51%	9.05%	8.68%	8.00%	7.55%	6.66%	8.42%	8.47%	8.22%	7.54%	8.28%	7.93%
Emergency Department	Attendees		1352	1261	1259	1275	1324	1379	1309	1293	1311	1350	1328	1350	1279	1317	1211	1265	1287	1268
	Av LoA		155	170	159	175	166	155	156	157	180	165	178	182	172	186	174	169	168	169
	Performance		91.1%	89.9%	91.0%	86.3%	89.9%	92.5%	92.8%	90.6%	84.6%	90.4%	82.8%	81.4%	85.3%	80.4%	86.3%	88.0%	88.2%	89.6%
	>8 hours		5	0	5	4	2	3	1	2	8	2	13	28	14	14	4	8	26	2
	>12 hours		0	0	0	0	0	0	0	0	0	0	0	1	4	1	0	0	0	0
	% Admitted		32.6%	31.6%	31.2%	35.0%	29.9%	33.0%	31.3%	32.2%	32.0%	33.7%	31.3%	29.6%	33.2%	33.0%	29.4%	32.9%	29.0%	30.8%
VHK Admissions	Total		795	794	735	827	792	807	820	814	792	802	823	825	728	783	791	794	774	799
	Emergency		704	699	661	723	674	686	697	714	711	716	707	724	693	720	689	686	674	698
	Elective		91	95	74	104	118	121	123	100	81	86	116	101	35	43	102	108	100	101
VHK Discharges	to Community		45	27	31	28	28	37	23	40	39	31	27	39	24	19	37	34	41	20
	% B4 Noon		17.0%	15.8%	13.4%	18.3%	16.9%	19.8%	19.3%	17.3%	15.8%	18.1%	14.1%	15.5%	15.1%	15.3%	14.2%	16.6%	19.8%	16.6%
	WDWE Ratio		1.6	1.5	1.4	1.5	1.9	1.5	2.2	1.6	1.9	1.6	1.8	1.8	1.5	1.5	1.8	1.7	1.6	1.4
	LoS (days)		6.5	5.7	6.2	6.5	5.8	6.9	5.6	6.3	5.8	6.0	6.0	6.2	6.0	6.2	6.3	6.5	7.1	6.4
AU1ax	Admissions		181	190	200	201	206	178	188	231	216	191	235	211	186	215	218	214	213	227
	%transferred		66.9%	67.4%	71.5%	68.2%	71.8%	64.6%	69.7%	69.7%	72.2%	63.4%	68.5%	71.1%	71.0%	61.9%	67.0%	69.2%	73.2%	65.2%
	% to AU1		58.6%	53.7%	56.5%	53.7%	64.1%	59.0%	60.1%	57.6%	59.3%	51.8%	57.0%	52.6%	53.2%	52.1%	52.3%	55.6%	58.2%	55.5%
	LoS (hrs)		5.63	5.96	6.51	6.06	5.98	4.58	6.03	6.85	6.59	6.19	5.69	7.37	6.72	7.27	6.88	6.17	7.34	5.73
AU1	Admissions		302	298	297	314	280	275	298	307	313	296	286	298	314	314	288	288	291	298
	%transferred		65.6%	60.4%	68.4%	65.9%	66.8%	60.4%	66.4%	64.5%	62.6%	62.2%	62.6%	59.7%	62.1%	67.8%	68.4%	63.9%	66.3%	62.4%
	LoS (hrs)		18.74	20.54	19.11	18.76	21.92	19.27	19.66	19.67	19.44	19.41	20.12	20.47	18.01	19.54	21.06	20.10	20.19	19.68
AU2	Admissions		145	151	144	144	154	138	151	150	145	146	132	176	143	164	141	136	140	142
	%transferred		37.2%	44.4%	41.0%	38.9%	42.9%	34.8%	45.0%	40.7%	42.1%	45.2%	42.4%	46.0%	37.8%	47.6%	41.1%	32.4%	37.1%	39.4%
	LoS (hrs)		20.86	20.67	25.44	21.57	23.13	21.43	20.39	21.33	22.05	22.59	25.07	22.01	21.68	23.54	26.22	26.34	22.70	23.54
Theatre Activity	Actual		137	122	134	148	149	175	162	170	132	139	173	142	52	66	160	148	154	168
	Hospital Cancelled		1	1	7	0	0	0	0	0	2	0	3	1	0	0	9	1	3	2
VHK Bed Utilisation	Occupancy		93%	92%	94%	93%	94%	92%	89%	92%	93%	92%	95%	97%	88%	98%	101%	99%	99%	95%
	Boarding Bed Days Lost		438	515	558	580	556	518	438	494	584	574	558	613	548	796	751	679	690	676
	DD Bed Days Lost		64	69	43	89	111	72	62	91	55	60	97	77	54	45	68	60	50	95
	DTC Bed Days Lost		114	157	178	172	212	200	225	116	80	218	170	236	231	265	209	135	109	120
	HAI Bed Days Lost		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HSCP Placements	Completed - All						43%	93%	88%	99%	93%	73%	74%	113%	81%	108%	101%	93%	101%	77%
	DSB						69%	100%	92%	100%	95%	92%	94%	133%	86%	71%	95%	95%	107%	63%
	Social Care						50%	75%	74%	98%	92%	61%	43%	82%	58%	80%	71%	83%	85%	76%
	Other Models						8%	106%	100%	100%	91%	66%	91%	128%	106%	126%	145%	103%	112%	97%
	HUB Referrals		58	55	48	46	54	69	44	50	55	56	57	44	48	54	80	51	53	65
	HUB Discharges		81	62	58	72	62	69	59	60	63	66	56	69	44	55	78	67	69	58
	HUB Ref vs Dis						-8	0	-15	-10	-8	-10	1	-25	4	-1	2	-16	-16	7
	HUB Waiting List		30	39	39	45	58	46	49	44	40	48	62	39	46	55	64	46	43	49
Community Hospital	Discharges		74	43	48	49	46	53	44	56	56	49	39	56	42	25	50	57	53	29
	LoS (days)		37.2	40.6	29.8	39.7	34.7	42.7	38.4	34.5	33.3	39.2	29.3	42.3	41.7	58.1	40.8	39.3	53.1	52.6
	Occupancy		102%	103%	104%	103%	105%	105%	106%	105%	105%	104%	106%	106%	104%	107%	109%	109%	109%	110%
	DD Bed Days Lost		393	305	291	322	343	387	424	355	350	367	388	375	385	430	359	385	377	387
	HAI Bed Days Lost						33	0	0	0	0	0	0	0	0	0	0	0	0	

**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	04 March 2020
<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>	Pauline Cumming

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

<b>For Discussion</b> consider the options and any impact		
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**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 16 January 2020.

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.

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

Following review, changes have been made to linked operational risks:

1 risk has closed:

**Risk 1524** - Oxygen Driven Suction: The suction units have now been fitted to the resuscitation trolleys across ASD and are functional.

1 risk has reduced its risk level from high to moderate:

**Risk 637** - SAB Heat Target: Following discussion and agreement at the Infection Control Committee in December 2019, the risk level was reduced from High (16) to Moderate (12) thus achieving its target risk level; in 2019, NHS Fife recorded the second lowest annual total on record for SAB.

4 linked risks have been added to the BAF:

**Risk 1652** - Lack of Medical Capacity in Community Paediatric Service

**Risk 1667** - Infusion pumps, volumisers and Syringe Drivers in Paediatrics and Neonatal Units

**Risk 1287** - Overcapacity in AU1 Assessment Unit

**Risk 1670** - Temperature within fluid storage room within critical care

Details of all linked risks are provided separately.

A short life working group has been established to assess NHS Fife's position against the Quality of Care Framework and to understand our state of readiness. The initial meeting to scope and plan this work will take place on 25/02/20.

### Recommendation

The Committee is invited to **note** the changes.

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

Healthcare Standard(s):	To aid delivery
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HB Strategic Objectives:	Supports all of the Board's strategic objectives
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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 Health Board Meeting:	Executive Directors
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### **Impact: (must be completed)**

<b>Financial / Value For Money</b>	Promotes proportionate management of risk and thus
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	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.

### 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

1416	Person Centred, Clinically Excellent	16.01.2020	04.03.2020	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> <ol style="list-style-type: none"> <li>1. Strategic Framework</li> <li>2. Clinical Strategy</li> <li>3. Clinical Governance Structures and operational governance arrangements</li> <li>4. Clinical &amp; Care Governance Strategy</li> <li>5. Participation &amp; Engagement Strategy</li> <li>6. Risk Management Framework</li> </ol> <p>This is supported by the following:</p> <ol style="list-style-type: none"> <li>7. Risk Registers</li> <li>8. Integrated Performance and Quality Report (IPQR), Performance reports dashboard data</li> <li>9. Performance Reviews</li> <li>10. Adverse Events Policy</li> <li>11. Scottish Patient Safety Programme</li> <li>12. Implementation of SIGN and other evidence based guidance</li> <li>13. Staff Learning &amp; Development</li> <li>14. System of governance arrangements for all clinical policies and procedures</li> <li>15. Participation in relevant national and local audit</li> <li>16. Complaints handling process</li> <li>17. Using data to enhance quality control</li> <li>18. HIS Quality of Care Approach &amp; Framework, Sept 2018</li> <li>19. Implementing Organisational Duty of Candour legislation</li> <li>20. Adverse event management process</li> <li>21. Sharing of learning summaries from adverse event reviews</li> <li>22. Implementing Excellence in Care</li> <li>23. Using Patient Opinion feedback</li> <li>24. Acting on recommendations from internal &amp; external agencies</li> <li>25. Revalidation programmes for professional staff</li> </ol>	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	<ol style="list-style-type: none"> <li>1. Continually review the Integrated Performance and Quality (IPQR) to ensure they provide an accurate, current picture of clinical quality / performance in priority areas .</li> <li>2. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose.</li> <li>3. Review the coverage of mortality &amp; morbidity meetings in line with national developments and HIS workshop on 09/12/19.</li> <li>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.</li> <li>5. Review annually, all technology &amp; IT systems that support clinical governance e.g. Datix, Formic Fusion Pro, Clinical Effectiveness Register.</li> <li>6. Establish a short life working group to begin assess our position against the Quality of Care Framework and understand our state of readiness.</li> <li>7. Further develop the culture of person centred approach to care.</li> <li>8. Only Executive commissioning of reviews as appropriate e.g. internal</li> </ol>	<ol style="list-style-type: none"> <li>1. Assurance statements from clinical &amp; clinical &amp; care governance groups and committees.</li> <li>2. Assurances obtained from all groups and committees that:                             <ol style="list-style-type: none"> <li>i. they have a workplan</li> <li>ii. all elements of the work plan are addressed in year</li> </ol> </li> <li>3. Annual Assurance Statement</li> <li>4. Annual NHS Fife CGC Self assessment</li> <li>5. Reporting bi annually on adequacy of systems &amp; processes to Audit &amp; Risk Committee</li> <li>6. Accreditation systems eg. Unicef - Accredited Baby Friendly Gold. UKAS Inspection for Labs.</li> <li>7. External agency reports e.g. GMC</li> <li>8. Quality of Care review</li> </ol>	<ol style="list-style-type: none"> <li>1. Internal Audit reviews and reports</li> <li>2. External Audit reviews</li> <li>3. HIS visits and reviews</li> <li>4. Healthcare Environment Inspectorate (HEI) visits and reports</li> <li>5. Health Protection Scotland (HPS) support</li> <li>6. Health &amp; Safety Executive</li> <li>7. Scottish Patient Safety Programme (SPSP) visits and reviews</li> <li>8. Scottish Govt DoC Annual Report</li> <li>9. Scottish Public Service Ombudsman (SPSO)</li> <li>10. Patient Opinion</li> <li>11. Specific National reporting</li> </ol>	1. Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable.	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.
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#### Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
1652	Lack of Medical Capacity in Community Paediatric Service	High 25	Gemma Couser
1667	Infusion pumps, volumisers and Syringe Divers in Paediatrics and Neonatal Units	High 25	Lynne Holloway
43	Vascular access for haematology/Oncology	High 20	Shirley-Anne Savage
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	Scott Garden
521	Capacity Planning	High 16	Miriam Watts
529	Information Security	High 16	Carol Potter
1287	Overcapacity in AU1 Assessment Unit	High 16	Angie Shepherd
1365	Cancer Waiting Times Access Standards	High 15	Gemma Couser
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
1670	Temperature within fluid storage room within critical care	High 15	Miriam Watts

#### Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
356	Clinical Pharmacy Input	Closed Risk		
528	Pandemic Flu Planning	No longer a high risk	Moderate 12	Dona Milne
637	SABHEAT Target	No longer a high risk	Moderate 12	Julia Cook
1297	Obsolete Equipment In Use – No Replacement Plan In Place (Graseby 3000 Series)	Closed Risk		
1366	T34 syringe drivers in the Acute Division	Closed Risk		
1502	3D Temperature Monitoring System (South Lab)	Closed Risk		
1524	Oxygen Driven Suction	Closed Risk		

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1652	Acute Services - Women Children and Clinical Services - Obstetrics, Gynae and Paeds Risk Register	12.11.2019	Lack of Medical Capacity in Community Paediatric Service	<p>The Community Paediatric Service staffing in post has reduced from 14wte in 2014 to 7.15 wte now in 2019. This is due to the service being unable to fill vacancies following retirements.</p> <p>The service is also struggling with staff sickness further reducing capacity.</p> <p>Complaints are significant in number and many from NEF have been received from MSP's and local councilors. NEF MSP has made contact with Kingdom FM and also Jeanne Freeman (Health Secretary)</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	<p>13th January 2020 update</p> <ul style="list-style-type: none"> <li>- weekly meetings to update progress with action plan</li> <li>- 2 ADHD nurses appointed and due to start in February 2020</li> <li>- Agency locum hopefully will be authorized this week</li> <li>- Trainee ANP post to be advertised</li> <li>- NHS Lothian has been approached to see if they can help out however they are unable to do so</li> </ul> <p>Request for Agency locum to cover NEF area (October 2019)</p> <ul style="list-style-type: none"> <li>- ADHD Nursing and Advanced Nurse Practitioner posts redesigned from medical money (currently out to advert) submitted July 2019</li> <li>- Review of clinic cover - doctors moved around to cover different areas where there was no capacity (2018)</li> <li>- Redesign of medical money (ADHD nurse post; psychology post; support for autism pathway to SLT) 2017</li> <li>- Agency locums previously engaged however not of a high clinical standard</li> </ul>	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	Couser, Gemma	Harkins, Nicola		30.06.2020
1667	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER	05.12.2019	Infusion pumps, volumisers and Syringe Drivers in Paediatrics and Neonatal Units	<p>Current syringe drivers, infusion pumps and volumisers in the Paediatric and Neonatal Units (P&amp;N U) are over 10 years old, breaking and no longer supported by the company for repairs.</p> <p>A site wide funded replacement programme omitted P&amp;NU 2 years ago and an alternative product was purchased across the adult sector.</p> <p>The adult equipment is not compatible with the P&amp;NNU equipment and due to calibration issues would not be possible to interchange even if the same brand.</p> <p>During periods of high patient activity or acuity the departments may run out of pumps.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	<p>Borrow from Tayside</p> <p>Escalated to GM</p> <p>Meeting planned with Clinical Risk Manager</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	2 - Unlikely - Not expected to happen - potential exists	5 - Extreme	Moderate Risk	10	Holloway, Lynne	Holloway, Lynne	30.01.2020	31.03.2020
43	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER, Acute Services - Emergency Care & Medicine - Haematology/Oncology Risk Register	24.03.2012	Vascular access for haematology/Oncology	<p>A lack of a vascular access service and access to timely Hickman line insertion poses a risk to the timely initiation of chemotherapy to Haematology/Oncology patients.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	<p>Risk review 18/09/2017:</p> <p>There is a vascular access group now convened and chaired by Associate medical director to review this risk along with other procedures that have traditionally been reliant on interventional radiology.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	Savage, Shirley-Anne	Davidson, Dr Kerri	23.12.2019	30.06.2020



ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1296	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	22.08.2016	Emergency Evacuation, VHK Phase 2 Tower Block	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	JR/AF - 17/12/2019 - Situation is still the same, however adjustments have been made to the fire alarm system which gives a clear definition now between a full fire alarm tone for evacuation, and an intermittent tone for prepare to evacuate. Previously this fire tone was unrecognizable between the two as the gap was 250ms and is now 1.6 seconds. Feedback from ward staff is positive. This will assist clinical teams in confirming clarity on the need to evacuate or not.  Also with ward 13 only being used now as winter pressure ward.  Extra pagers have been purchased by Estates and now all clinical coordinators hold their own.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Fairgrieve, Andrew	Ramsay, Jimmy	17.12.2019	31.03.2020
1514	NHSFBD - Brexit Risk Register	19.11.2018	Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices	If there is no deal, the UK's participation in the European medicines regulatory framework will cease and the MHRA will need to take on the regulation of all medicines for use in the UK. This would require changes in the law and a process to adopt existing medicines licensed in the EU to be licensed for use in the UK. A new process needs to be developed by the MHRA for authorisation of all new medicines after March 2019. There is the potential for shortages and increased cost of medicines until these changes are in place. Changes to the batch testing requirements for Human medicines before they can be used are required and will be different depending if they are manufactured in the UK or in an EU country. The UK will recognise medical devices approved for the EU market and CE marked for a time-limited time only.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	04/02/20 - The Fife Brexit-Medicines Shortage PAG met on 4th February 2020. The Policy for Managing Medicine Shortages in Primary and Secondary Care has been published on the ADTC website and has been shared with Community Pharmacists.  The UK has entered a transition period until the end of 2020 while the UK and EU negotiate additional arrangements.  The Fife Brexit-Medicines Shortages PAG has decided to stand down the group for the meantime. A business as usual approach to managing medicine shortages will continue as per the Policy and Datix Risk 1621.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	2 - Unlikely - Not expected to happen - potential exists	5 - Extreme	Moderate Risk	10	Garden, Scott	Garden, Scott	04.02.2020	30.10.2020
521	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	02.10.2012	Capacity Planning	Capacity Planning: There is a risk of a mismatch between capacity and demand for elective and emergency activity which will lead to delays to admit emergency patients high levels of boarding, failure to meet 4 hour A&E target and failure to meet waiting time standards including the 12 week legally binding guarantee	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	23/12/2019 Capacity remains difficult due to increased numbers of admissions and patients who are medically fit for discharge to other care providers but there is no capacity within there services . his increases the numbers of patients boarding within planned care wards. Ongoing work to reduce this and improve capacity including daily discharge planning improvement work.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Watts, Miriam	Watts, Miriam	23.12.2019	29.02.2020
529	CORPORATE RISK REGISTER, NHSFBD - e-Health Directorate Risk Register	02.10.2012	Information Security Risk	There is a risk that NHS Fife's information or data assets including patient data, commercially sensitive data or personal data may be compromised through deliberate or accidental misuse of IT Systems, malicious attack designed to damage or steal electronic data, affect essential services, loss theft or misuse of paper based records during transportation, clinical processes or storage. This risk relates to the Networking and Information Systems(NIS)Regulations.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	16/01/20 GT - This risk remains high. NHS Fife is taking steps to identify and risk assess data assets using the DPIA Template, but the significant effort required to retrospectively complete this is work in progress. Also, maturity is progressing slowly regarding the organisation's ability to identify 'Threats and Vulnerabilities' and implement appropriate controls. The NIS assessment has been carried out and has provided gap analysis and a workplan to resolve the issues noted. The NIS audit in February 2020 will provide an independent risk assessment and identify the controls that require priority action.  Note that this risk is underpinned by the following risks:220,225, 226,230,537,538,540,1410,1569.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	4 - Major	Low Risk	4	Potter, Carol	Taylor, Garry	16.01.2020	16.07.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1287	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	18.08.2016	overcapacity in AU1 Assessment Unit	There is a risk to clinical care and patient/staff safety when there is overcrowding within AU1 assessment area.	4 - Likely - Strong possibility this could occur	2 - Minor	Moderate Risk	8	23/12/19: New process of assessment in place following a test of change. Visitors' waiting area converted into a patient observation area. 8 additional seats with a triage room releases the current waiting room into a treatment area. While process is working well, the main concern is the volume of patient flow and availability of downstream beds.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	3 - Possible - May occur occasionally - reasonable chance	2 - Minor	Low Risk	6	Shepherd, Angie	Campbell, Lynne	23.12.2019	29.02.2020
1365	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER, NHSFBD - Cancer Services Risk Register	15.06.2017	Cancer Waiting Times Access Standards	There is a risk that NHS Fife will be unable to deliver and sustain Cancer Waiting Times Access Standards which will result in delays to patient treatment.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	20/12/19 Prostate continues to be a challenge however the pathway has now been reviewed and will be implemented in the new year. Breast services are now fully staffed. A national supply chain issue with FDG for PET scanning is resulting in breaches for lung and UGI - resolution of this will not be short term - SG are aware. Training for a lap neph surgeon is completed. Issues still remain with oncology capacity and is not expected to improve until the maternity leave returns	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Couser, Gemma	Nicoll, Kathleen	20.12.2019	31.05.2020
1515	NHSFBD - Brexit Risk Register	04.10.2018	Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s)	Brexit could limit our access to nuclear medicine supplies. Subject to the final withdrawal agreement, resources used within diagnostic and treatment service(s) could be impacted by supply chain difficulties, thereby impacting on our ability to maintain these services.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	04/02/2020.We have as yet not been notified of any anticipated problems. 01/07/2019 The cutover to a Netherlands supply took place with no adverse effects. Fife will be informed of any future changes.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	2 - Unlikely - Not expected to happen - potential exists	5 - Extreme	Moderate Risk	10	Burdock, Jeanette	Burdock, Jeanette	31.01.2020	30.04.2020
1670	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	11.12.2019	Temperature within fluid storage room within critical care.	The temperature within the fluids storage room must be kept at 25degrees to maintain safe storage of IV fluids and Hemofiltration fluids. The temperature within this area continues to be at a level of 28 degrees which is not acceptable to reduce the temperature the clinical area is requiring to wedge open the door which allows the temperature to reduce to 26degrees. This presents a further risk that a fire door remains open.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	17/02/20 :Discussions ongoing with ENGIE and costings for works to ensure the room is at the correct temperature.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	2 - Unlikely - Not expected to happen - potential exists	3 - Moderate	Low Risk	6	Watts, Miriam	Shepherd, Angie	01.02.2020	01.05.2020

<b>DATE OF REPORT:</b>	04/03/2020
<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

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

## 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 6.1.20.

### 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 Integrated Transformation Board (ITB) now provides strategic oversight of all of the transformation programmes by NHS Fife, Fife IJB and Fife Council. The governance will continue to be with the 4 committees (x2 NHS and x2 IJB).

Each programme has now been agreed by the ITB against the programme management stage and gate framework. The ITB will oversee the transformation programmes and ensure objectives, outcomes and deliverables are met within timescales.

An Interim PMO Director is now in place who will take an oversight of the transformation programme and provide continuity of programme management support across Acute and Health & Social Care.

Given the Clinical Strategy is now approaching its 5<sup>th</sup> and final year, a full refresh of the Clinical Strategy is planned which will also include a structured review of the current Clinical Strategy. This should be available to the committee by July 2020.

There is no significant update since the last BAF was reported to the committee as the ITB has not met. It is due to meet on 13 February 2020 and an update will be available then.

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

## 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)	Likelihood (Target)	Consequence (Target)	

### Strategic Planning

1417	Person Centred, Clinically Excellent, Exemplar Employer - Sustainable	04.01.2020	01.04.2020	<p>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.</p> <p><b>Key Risks</b> 1. Community/Mental Health redesign is the responsibility of the H&amp;SCP/IJB which hold</p>	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	<p>Integrated Transformation Board now in place after the review of transformation in 2019. Reporting and processes currently being embedded.</p> <p>New programme management approach in place supported by a stage and gate methodology.</p>	Chief Executive	Clinical Governance	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> <li>1. Establishment of Integrated Transformation Board (ITB) in 2019 to oversee transformation programmes across NHS Fife, Fife IJB and Fife Council to drive the delivery of the H&amp;SC Strategic Plan and the Clinical Strategy.</li> <li>2. Establishment of programme management framework with a stage and gate approach.</li> <li>3. 3 of the 4 key strategic priorities are being taken forward by the H&amp;SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and</li> </ol>	JSTG not performing role adequately and replaced by the newly formed Integrated Transformation Board. 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.	Establishment of ITB should provide assurance to the committees and Board that the transformation programme has strategic oversight and delivery.	Senior Leadership for Transformation through the ITB is provided by CEOs of NHS Fife and Fife Council.	Chief Executive	31.03.2020	<ol style="list-style-type: none"> <li>1. Minutes of meetings record attendance, agenda and outcomes.</li> <li>2. New governance in place with newly formed Integrated Transformation Group meeting every 6 weeks.</li> <li>3. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all</li> </ol>	1. Internal Audit Report on Strategic Planning (no. B10/17)	2. SEAT Annual Report 2016	3. Governance committee oversight of performance assurance framework	That the ITB is overseeing and managing the impact of the various programmes on areas such as capital and revenue, workforce and facilities.	Business cases have been developed in support of the transformation	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	Possible - May occur occasionally - reasonable char	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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#### Linked Operational Risk(s)

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

#### Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
	NIL APPLICABLE			

## Clinical Governance Committee



<b>DATE OF MEETING:</b>	4 <sup>th</sup> March 2020
<b>TITLE OF REPORT:</b>	<b>NHS Fife Board Assurance Framework (BAF)</b> eHealth
<b>EXECUTIVE LEAD:</b>	Dr Chris McKenna
<b>REPORTING OFFICER:</b>	Lesly Donovan

Purpose of the Report (delete as appropriate)		
For Decision	For Discussion	For Information

### 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 provides the Committee with the NHS Fife BAF specifically in relation to eHealth as at the 10th February 2020.

#### 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

The Committee can be assured that systems and processes are in place to monitor eHealth performance and risks.

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

The **BAF current score has been assessed at High** with the target score remaining Moderate

### Recommendation

The Committee is invited to:

- **Consider** the questions set out above: and
- **approve** the eHealth element of the Board Assurance Framework



<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:	Executive Directors

<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. e.g.
<b>Equality:</b>	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1422	NHSFBD - e-Health - Information Technology Risk Register, NHSFBD - e-Health Directorate Risk Register	19.02.2018	Unable to meet NIS & Cyber Essentials compliance	There is a risk that not enough resource or funding will be available to implement requirements for the full NIS and Cyber Essentials legislation and standards.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	Oct 2019 - A Cyber Security Team has been established and a Roadmap created. The 3 man team are now proactively managing Threats & Vulnerabilities and creating a CS Plan to align with the CS Roadmap. This will start the remediation work required to meet the NIS & Cyber Essentials standards.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Young, Allan	Davies, John	03.10.2019	01.10.2020
1338	NHSFBD - e-Health Directorate Risk Register	23.02.2017	End of support lifecycle for Microsoft Office 2007	There is a risk that NHS Fife is victim of a targeted cyber intrusion from adversaries, because Microsoft has stopped supporting all Office 2007 products, this effectively ends the lifecycle of this product and sub-products including: MS Word 2007, MS Excel 2007, MS Powerpoint 2007, MS Publisher 2007, MS Access 2007 (Also lighter MS Office 2007 products like Picturemaker, Groove, One Note and InfoPath), although these products will no longer receive patches for security vulnerabilities identified in these products, resulting in a successful cyber attach and data breach.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	02/10/2019 [BF] Time frame remains the same - completion by March 2021, with migration to the new Exchange email solution by September 2020. Work to install our Active Directory connector link to Azure is expected by the end of November 2019 which is a prerequisite for being able to move forward. Boards to be issued with a tool to scan shared drives to help identify duplication, files older than a certain date etc to help with the identification & classification of data prior to moving to the cloud. Nationally, a ratio of around 80:20 deletion to retain is expected.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	Low Risk	4	Young, Allan	Faichney, Brian	02.10.2019	01.05.2020
1424	NHSFBD - e-Health - Information Technology Risk Register, NHSFBD - e-Health Directorate Risk Register	14.07.2015	End of support lifecycle for Microsoft Server Products	There is a risk that NHS Fife is victim of a targeted cyber intrusion from adversaries due to Microsoft Servers falling out of support lifecycle, but still in Production. Microsoft stopped supporting all Server 2003 products from July 14th 2015 and Server 2008R2 after January 14th 2020. Although these products will continue to function after this date, organisations will no longer receive patches for security vulnerabilities identified in these products, resulting in a successful cyber attack and data breach.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	07/06/19 - The replacement programme has been progressing slowly, but lack of resource is preventing any real traction. A VMF has been agreed so that we can bring resource in to focus on the 40 Server 2003 and 258 2008R2 servers requiring attention.  21/02/19 - The replacement programme has now upgraded all of the GP Servers to a supported level and work continues to manage the rest down to zero.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	Low Risk	4	Young, Allan	Bolton, Kathleen	07.06.2019	01.03.2020
529	CORPORATE RISK REGISTER, NHSFBD - e-Health Directorate Risk Register	02.10.2012	Information Security Risk	There is a risk that NHS Fife's information or data assets including patient data, commercially sensitive data or personal data may be compromised through deliberate or accidental misuse of IT Systems, malicious attack designed to damage or steal electronic data, affect essential services, loss theft or misuse of paper based records during transportation, clinical processes or storage.  This risk relates to the Networking and Information Systems(NIS)Regulations.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	16/01/20 GT - This risk remains high. NHS Fife is taking steps to identify and risk assess data assets using the DPIA Template, but the significant effort required to retrospectively complete this is work in progress. Also, maturity is progressing slowly regarding the organisation's ability to identify 'Threats and Vulnerabilities' and implement appropriate controls. The NIS assessment has been carried out and has provided gap analysis and a workplan to resolve the issues noted. The NIS audit in February 2020 will provide an independent risk assessment and identify the controls that require priority action.  Note that this risk is underpinned by the following risks:220,225, 226,230,537,538,540,1410,1569.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	4 - Major	Low Risk	4	Potter, Carol	Taylor, Garry	16.01.2020	16.07.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1393	NHSFBD - e-Health - Information Technology Risk Register	30.10.2017	Patch Management Risk	<p>There is a risk that software, hardware and firmware patches are not applied correctly because of:</p> <ul style="list-style-type: none"> <li>• Patching not being applied consistently, especially non-Microsoft</li> <li>• Patches not rolled out on legacy servers due to the fragility, or high availability requirements</li> <li>• Some third parties of IT services or systems will not support the patching of their infrastructure</li> <li>• Limited test environments to test patches</li> <li>• Inability to fully test all patches due to the number of systems maintained by the eHealth department</li> <li>• Third parties deploying patches without applying the change management process</li> <li>• Servers using operating systems/applications that are no longer supported by the vendor i.e. no longer providing patches resulting in NHS Fife's software, hardware and firmware having reduced functionality and exposure to security vulnerabilities.</li> </ul>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	[05/04/2019] The current patch management strategy is constantly under review and updated to reflect the current situation. Continuous improvements are being made to Microsoft patching scope and schedule.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	3 - Moderate	Very Low Risk	3	Young, Allan	Bolton, Kathleen	05.04.2019	30.09.2020
226	NHSFBD - e-Health Directorate Risk Register	28.11.2007	Security of data being transferred off/on site	<p>There is a risk that confidential or Personal Data may be lost or accidentally disclosed when in transit or if removable media is not handled securely e.g. data being transferred off/on site in paper or un-encrypted media, like laptops, USB, cd, DVD, PDA etc etc.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	<p>30/09/2019: The status of this risk has been changed to High. The mitigations in place are:</p> <p>a) Encryption and device control of laptops, tablets, mobile phones and memory sticks as per GP/D6 Data Encryption Policy.</p> <p>b) Computer group policies that restrict the what memory storage devices can be connected to the NHS Fife network via computers/tablets. This does not apply to Windows 10 computers, DLP has not been implemented for this operating system.</p> <p>c) staff training &amp; guidance on information governance, data protection and security - stronger training campaign and more specific training added in compliance with the NSS competence framework.</p> <p>d) Discuss with eHealth Support team guidelines to be included as part of staff IG training with regards to how staff can check themselves if their equipment is or not encrypted.</p> <p>e) A patching policy for operating systems of endpoints (computers, mobile devices, tablets) has been developed and rolled out. This is still to implemented for servers. Windows Server 2003 is no longer supported by Microsoft and Server 2008 will be out of support soon.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	3 - Moderate	Low Risk	6	Donovan, Lesly	Taylor, Garry	30.09.2019	28.02.2020
537	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER	02.05.2006	Failure of Local Area Network causing loss of access to IT systems	<p>There is a risk of localised or widespread extensive and persistent IT network failure caused by failure of any of Local Area Networks within NHS Fife resulting in clinicians being unable to access data which is pertinent to patient care and administrative services being significantly hindered.</p>	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	<p>20/2/19 Implementation of the new Core Network is now complete and further configuration will take place in order to maximise the resilience. A Network health assessment will take place in 2019 as part of the preparations for O365, there will also be an independent IP Telephony assessment carried out.</p>	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Young, Allan	Fowles, Malcolm	21.02.2019	01.03.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
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ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
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ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1424	NHSFBD - e-Health - Information Technology Risk Register, NHSFBD - e-Health Directorate Risk Register	14.07.2015	End of support lifecycle for Microsoft Server Products	There is a risk that NHS Fife is victim of a targeted cyber intrusion from adversaries due to Microsoft Servers falling out of support lifecycle, but still in Production. Microsoft stopped supporting all Server 2003 products from July 14th 2015 and Server 2008R2 after January 14th 2020. Although these products will continue to function after this date, organisations will no longer receive patches for security vulnerabilities identified in these products, resulting in a successful cyber attack and data breach.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	07/06/19 - The replacement programme has been progressing slowly, but lack of resource is preventing any real traction. A VMF has been agreed so that we can bring resource in to focus on the 40 Server 2003 and 258 2008R2 servers requiring attention.  21/02/19 - The replacement programme has now upgraded all of the GP Servers to a supported level and work continues to manage the rest down to zero.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	Low Risk	4	Young, Allan	Bolton, Kathleen	07.06.2019	01.03.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
529	CORPORATE RISK REGISTER, NHSFBD - e-Health Directorate Risk Register	02.10.2012	Information Security Risk	There is a risk that NHS Fife's information or data assets including patient data, commercially sensitive data or personal data may be compromised through deliberate or accidental misuse of IT Systems, malicious attack designed to damage or steal electronic data, affect essential services, loss theft or misuse of paper based records during transportation, clinical processes or storage. This risk relates to the Networking and Information Systems(NIS)Regulations.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	16/01/20 GT - This risk remains high. NHS Fife is taking steps to identify and risk assess data assets using the DPIA Template, but the significant effort required to retrospectively complete this is work in progress. Also, maturity is progressing slowly regarding the organisation's ability to identify 'Threats and Vulnerabilities' and implement appropriate controls. The NIS assessment has been carried out and has provided gap analysis and a workplan to resolve the issues noted. The NIS audit in February 2020 will provide an independent risk assessment and identify the controls that require priority action. Note that this risk is underpinned by the following risks:220,225, 226,230,537,538,540,1410,1569.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	4 - Major	Low Risk	4	Potter, Carol	Taylor, Garry	16.01.2020	16.07.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1393	NHSFBD - e-Health - Information Technology Risk Register	30.10.2017	Patch Management Risk	<p>There is a risk that software, hardware and firmware patches are not applied correctly because of:</p> <ul style="list-style-type: none"> <li>• Patching not being applied consistently, especially non-Microsoft</li> <li>• Patches not rolled out on legacy servers due to the fragility, or high availability requirements</li> <li>• Some third parties of IT services or systems will not support the patching of their infrastructure</li> <li>• Limited test environments to test patches</li> <li>• Inability to fully test all patches due to the number of systems maintained by the eHealth department</li> <li>• Third parties deploying patches without applying the change management process</li> <li>• Servers using operating systems/applications that are no longer supported by the vendor i.e. no longer providing patches resulting in NHS Fife's software, hardware and firmware having reduced functionality and exposure to security vulnerabilities.</li> </ul>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	[05/04/2019] The current patch management strategy is constantly under review and updated to reflect the current situation. Continuous improvements are being made to Microsoft patching scope and schedule.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	3 - Moderate	Very Low Risk	3	Young, Allan	Bolton, Kathleen	05.04.2019	30.09.2020



ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
226	NHSFBD - e-Health Directorate Risk Register	28.11.2007	Security of data being transferred off/on site	There is a risk that confidential or Personal Data may be lost or accidentally disclosed when in transit or if removable media is not handled securely e.g. data being transferred off/on site in paper or un-encrypted media, like laptops, USB, cd, DVD, PDA etc etc.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	<p>30/09/2019: The status of this risk has been changed to High. The mitigations in place are:</p> <p>a) Encryption and device control of laptops, tablets, mobile phones and memory sticks as per GP/D6 Data Encryption Policy.</p> <p>b) Computer group policies that restrict the what memory storage devices can be connected to the NHS Fife network via computers/tablets. This does not apply to Windows 10 computers, DLP has not been implemented for this operating system.</p> <p>c) staff training &amp; guidance on information governance, data protection and security - stronger training campaign and more specific training added in compliance with the NSS competence framework.</p> <p>d) Discuss with eHealth Support team guidelines to be included as part of staff IG training with regards to how staff can check themselves if their equipment is or not encrypted.</p> <p>e) A patching policy for operating systems of endpoints (computers, mobile devices, tablets) has been developed and rolled out. This is still to implemented for servers. Windows Server 2003 is no longer supported by Microsoft and Server 2008 will be out of support soon.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	3 - Moderate	Low Risk	6	Donovan, Lesly	Taylor, Garry	30.09.2019	28.02.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
537	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER	02.05.2006	Failure of Local Area Network causing loss of access to IT systems	There is a risk of localised or widespread extensive and persistent IT network failure caused by failure of any of Local Area Networks within NHS Fife resulting in clinicians being unable to access data which is pertinent to patient care and administrative services being significantly hindered.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	20/2/19 Implementation of the new Core Network is now complete and further configuration will take place in order to maximise the resilience. A Network health assessment will take place in 2019 as part of the preparations for O365, there will also be an independent IP Telephony assessment carried out.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Young, Allan	Fowles, Malcolm	21.02.2019	01.03.2020

## 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)	

### eHealth - Delivering Digital and Information Governance & Security

1422	Person Centred, Clinically Excellent, An Exemplar Employee, Sustainable	10.02.2020	10.05.2020	There is a risk that due to failure of Technical Infrastructure, Internal & External Security, Organisational Digital Readiness, ability to reduce Skills Dilution within eHealth and ability to derive Maximum Benefit from Digital Provision, 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 - Extreme	15	High	<p>Failure in this area could have a direct impact on patients care, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.</p>	<p>Medical Director &amp; SIRO Clinical Governance - Chair: Dr Les Bisset FP&amp;R - Chair: Rona Laing</p>	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> <li>1. Implementation of the NHS Fife Strategic Framework and Clinical Strategy</li> <li>2. Operational Governance arrangements</li> <li>3. Risk Management Framework. The risk management framework is underpinned by Robust Policy &amp; Process, Asset Management Controls, Monitoring and Detection, Defence in Depth security measures and technology; all of which are receiving a higher percentage of budget allocation.</li> <li>4. Robust Internal and External Audit reports.</li> <li>5. Working towards General Data Protection Regulation (GDPR), Directive on security of network and information systems (NIS) &amp; Cyber Essentials Compliance</li> <li>6. Corporate and eHealth policies &amp; Procedures:                             <ul style="list-style-type: none"> <li>GP/A4 Acceptable Use Policy</li> <li>GP/B2 eHealth Remote Access Policy</li> <li>GP/C10 Clear Screen Clear Desk Policy</li> <li>GP/D6 Data Encryption Policy</li> <li>GP/E7 Non NHS Fife Equipment</li> <li>GP/H6 eHealth Equipment Home Working Policy</li> <li>GP/I3 Internet Policy</li> <li>GP/I4 eHealth Procurement Policy</li> <li>GP/I5 Information Security Policy</li> <li>GP/M5 Mobile Device Policy</li> <li>GP/P2 Password Policy</li> <li>GP/M4 Media Handling Policy</li> <li>GP/E6 Email Policy</li> <li>GP/S8 eHealth Incident Management Policy</li> <li>GP/D3 Data Protection and Confidentiality Policy</li> <li>GP/I6 IT Change Management Policy</li> <li>GP/V2 IT Virus Protection Policy</li> </ul> </li> <li>7. eHealth Risk Register (incl Programme/project risks)</li> </ol>	<p>The organisation is not consistently fully compliant with the following key controls: GDPR/DPA 2018 NIS Directive Cyber Essentials Plus.</p> <p>Compliance is at 'a point in time' , Risks identified, linked and recorded.</p> <p>The organisation is also lacking in training resource to ensure our staff are digitally ready.</p>	<ol style="list-style-type: none"> <li>1. Improving and maintaining strong governance and procedures following Information Technology Infrastructure Library (ITIL) professional standards</li> <li>2. Ensure new systems are not introduced without sufficient skilled resources to maintain on an ongoing basis.</li> <li>3. Work to become fully compliant with GDPR, DPA 2018, NIS Directive, Information Security Policy Framework and thereafter maintain compliance.</li> </ol>	<p>Head of eHealth - Lesly Donovan 31.03.2021</p>	<p>Second Line of Defence</p> <ol style="list-style-type: none"> <li>1. Reporting to eHealth Board, Information Governance &amp; Security Group (IG&amp;SG), clinical &amp; clinical &amp; care governance groups and committees.</li> <li>2. Annual Assurance Statements for the eHealth Board and IG&amp;SG.</li> <li>3. Locally designed subject specific audits.</li> <li>4. Compliance and monitoring of policies &amp; procedures to ensure these are up to date.</li> <li>5. Reporting bi annually on adequacy of risk management systems and processes to Audit &amp; Risk Committee.</li> <li>6. Monthly SIRO report</li> <li>7. SGHSCD Annual review</li> <li>8. SG Resilience Group Annual report on NIS &amp; Cyber compliance</li> <li>9. Quarterly performance report.</li> <li>10. Accreditation systems.</li> <li>11. Locally designed subject specific audits.</li> <li>12. From June 2019</li> </ol>	<p>Third line of Defence:</p> <ol style="list-style-type: none"> <li>1. Internal Audit reviews and reports on controls and process; including annual governance review / departmental reviews.</li> <li>2. External Audit reviews.</li> <li>3. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans.</li> <li>4. Cyber Essentials/Plus Assessments.</li> <li>5. NISD Audit Commissioned by the Competent Authority for Health.</li> </ol>	<p>1. Well developed reporting, which can highlight potential vulnerabilities and provide assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained).</p> <p>2. Implementation of improvements as recommended in Internal and external Audit Reports and an internal follow-up mechanism to confirm that these have addressed the recommendations made</p> <p>3. Improvements to SLA's (in line with 'affordable performance')</p> <p>4. Output from national Digital maturity due late 2019</p>	<p>Overall, NHS Fife ehealth has in place a sound systems of</p> <ol style="list-style-type: none"> <li>1. Governance</li> <li>2. Reasonable security defences and risk management as evidenced by Internal Audit and External Audit reports</li> <li>3. Attainment of the ISO27001 standard in the recent past and the Statement of Annual Assurance to the Board.</li> <li>4. Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network.</li> </ol>	2 - Unlikely	5 - Extreme	10	Moderate	<ol style="list-style-type: none"> <li>1. Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles.</li> <li>2. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures.</li> <li>3. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness.</li> <li>4. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place.</li> </ol> <p>Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.</p>
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Risk ID	Risk Title	Current Risk Rating	Risk Owner
1422	Unable to meet cyber essentials compliance	High 20	A Young
1338	End of support for MS Office 2007	High 16	A Young
1424	End of support for MS Server 2003	High 16	A Young
529	Information Security	High 16	C Potter
1393	Patch Management	High 16	A Young
226	Lost of confidential or personal data	High 16	L Donovan
537	Failure of local Area Network causing loss of access to IT systems	High 15	A Young

### Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
913	MiDIS replacement	No longer High risk	Moderate 9	Lesly Donovan

## Clinical Governance Committee



<b>DATE OF MEETING:</b>	4 <sup>th</sup> March 2020
<b>TITLE OF REPORT:</b>	eHealth Governance Review
<b>EXECUTIVE LEAD:</b>	Dr Chris McKenna
<b>REPORTING OFFICER:</b>	Lesly Donovan

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

### SBAR REPORT

#### Situation

Two consistence outputs from the emerging Digital and Information Strategy consultation were:

- Rename the eHealth Directorate to Digital and Information in line with the strategy (national & local) and other boards.
- Review eHealth governance with the aim to streamline often duplicated reporting and to maximise on group member's time.

This report provides an update on the current position of the eHealth Governance Review.

#### Background

The eHealth Delivery Board was established in 2009 with a focus on delivery of the National eHealth Strategy on a programme/project basis, with assurance being provided to both the Clinical Governance Committee and the Finance, Performance & Resource committee for business cases.

In 2012/13 post a serious data breach within Fife, the Information Governance & Security Group was established, with assurance being provided to the Audit committee until 15/16 when this was changed to the Clinical Governance Committee, at the time of writing this report, it is unknown why this change occurred.

In 2017, post discussions between the new General Manager, SIRO and Caldecott Guardian, the remit of the eHealth Board was expanded to include all aspects of the eHealth Directorate including operational performance and legislative components and delivery associated with legislation. A quarterly performance report was also created at this point.

Further discussion on the role of the Information Governance & Security Group (IG&SG) was put on hold due to a flux in resourcing within this area and the Quarterly report providing relative secondary assurance.

Current governance is detailed in Appendix 1:

## Assessment

Both groups have the same senior/director level membership including internal Audit and H&SCP representation with the IG&SG also having wider community records representation (it is a large group). This has led to a lack of quorate for both groups at times due to time pressures and duplicate information presented.

The IG&SG papers are very detailed and this could be seen as too much detail for members. However, a number of groups, project and operational report to the ehealth Board and therefore the focus is more on business case approval, performance, Finance, risk management and highlight reports from sub groups.

Despite the difference in level of detail, duplicate information is provided to both groups, risks as an example, both groups review the high risks one to manage/action risks the other to consider assurance regarding the management and mitigation. These risk are also assured via the BAF.

Common membership:

- Medical Director (Caldicott Guardian)
- Associate Medical Director, H&SC Partnership
- Senior Information Risk Owner (SIRO)
- Director of Finance
- Chief Operating Officer (Acute)
- General Manager – eHealth & IMT
- eHealth Clinical Lead(s)
- Associate Clinical Director(s)
- General Manager – Acute
- General Manager – Health & Social Care Partnership
- Senior Nurse Management representative
- AHP representative
- Senior Public Health representative

The eHealth BAF covers all aspects but currently it is the eHealth Board that approves the BAF for onward governance assurance, the IG&SG have had no input to date.

NHS Scotland Digital Health & Care Strategy clearly highlights Service transformation through Digital and Information Governance, Assurance and Cyber Security as two of the six key areas of the strategy.

Approach from other territorial boards have been sought although this varies widely. Early discussions to review governance have taken place with a further meeting scheduled for early march (delayed due to leave commitments).

## Recommendation

The Committee is invited to:

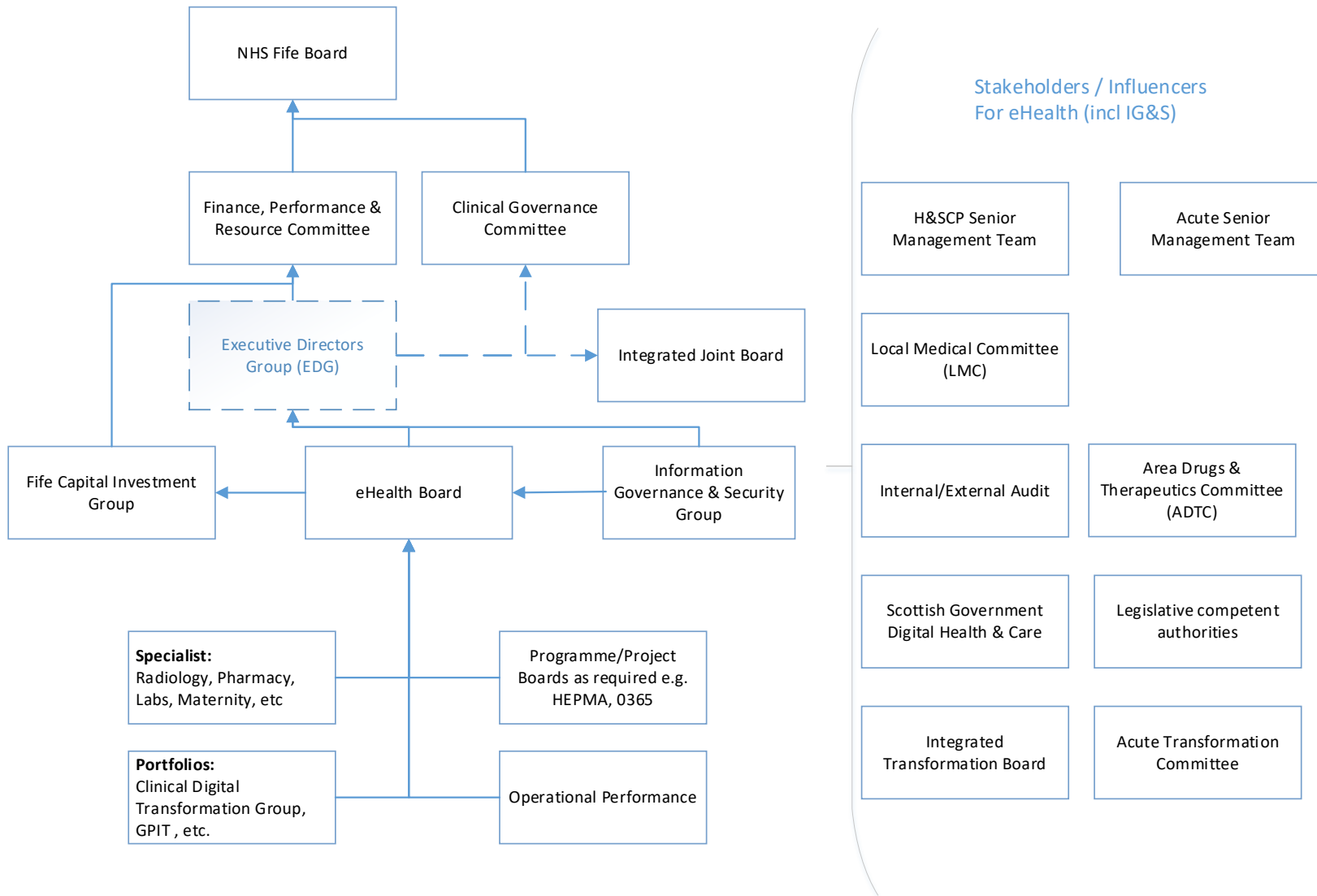
- **Note and influence** the eHealth governance review

<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:	Executive Directors

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	Promotes proportionate management of risk and deliveries thus effective and efficient use of scarce resources.
<b>Risk / Legal:</b>	Inherent in process. Demonstrates due diligence.
<b>Quality / Patient Care:</b>	Keeping us 'safe and secure' to support the delivery of safe, effective, person centred care.
<b>Workforce:</b>	More effective use of time and consistency of decisions.
<b>Equality:</b>	The arrangements for managing digital and information apply to all patients, staff and others in contact with the Board's services.

# Appendix 1: Current Governance



<b>DATE OF MEETING:</b>	4 March 2020
<b>TITLE OF REPORT:</b>	Committee Self-Assessment Report 2019-20
<b>LEAD:</b>	Dr Les Bisset, Chair of the Clinical Governance Committee
<b>REPORTING OFFICER:</b>	Gillian MacIntosh, Board Secretary

<b>Purpose of the Report</b>
<b>For Discussion</b>

<b>SBAR REPORT</b>
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Situation

The purpose of this paper is to provide the outcome of this year’s self-assessment exercise recently undertaken for the Clinical Governance Committee, which is a component part of the Committee’s production of its annual year-end statement of assurance.

Background

As part of each Board Committee’s assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be disclosed in the Governance Statement, and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.

Following the comprehensive review undertaken last year, in early 2019, of the format and range of self-assessment questions previously used, a more light-touch review of the question set was undertaken this year, taking account of members’ feedback on the length and clarity of the previous iteration of the questionnaire. Board Committee Chairs each approved a revised set of questions for their respective committee in October 2019.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in late December 2019 / early January 2020. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair’s Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled ‘Agree/Disagree’ response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee’s effectiveness.

Assessment

As previously agreed, Committee chairs have received a full, anonymised extract of the survey responses for their respective committee. A summary report assessing the composite



responses for the Clinical Governance Committee is given in this paper. The main findings from that exercise are as follows:

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference. It was noted that a recent vacancy on the Committee had now been filled, thus the membership was at full capacity, and that regular diary clashes with a national meeting that the Chief Executive was expected to attend had now been satisfactorily resolved.

Self-Assessment questionnaire (completed by members and attendees)

In total, all 11 members (excluding the Chair) and five regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a positive assessment from its members and attendees who participated, though some areas for improvement were highlighted. Initial comments identified for further discussion include:

- further clarity on the roles / expectations of members and attendees, to aid the fullest level of participation at meetings;
- additional work is still required to manage the size of the agenda and the use of time at meetings, to ensure appropriate scrutiny of key agenda items and avoid repeated consideration of the same items;
- improve sign-posting on papers and reduce the provision of excessive data / appendices, to clearly identify what the Committee's input is expected to be;
- reduce the number of late papers and improve the timeliness of information presented; and
- create training opportunities for members to attend, especially to support those from a non-clinical background.

Recommendation

The Clinical Governance Committee is asked to:

- **note** the outcome of the Committee's recent self-assessment exercise, as detailed in the attached; and
- **discuss** what actions members would wish to see implemented to address those areas identified for improvement.

**Objectives: (must be completed)**

Healthcare Standard(s):	Governance and assurance is relevant to all Healthcare Standards.
HB Strategic Objectives:	All

**Further Information:**

Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted:	Committee Chairs

**Impact: (must be completed)**

<b>Financial / Value For Money</b>	The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances
<b>Risk / Legal:</b>	
<b>Quality / Patient Care:</b>	

<b>Workforce:</b>	are provided.
<b>Equality:</b>	

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
<b>A. Committee membership and dynamics</b>							
<b>A1.</b>	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	7 (44%)	8 (50%)	1 (6%)	-	-	The Committee has a committed Chairperson with a in depth knowledge of the mechanics of NHS Partnership, which helps the smooth flow of business. This in depth knowledge ensures the effectiveness of this committee.
<b>A2.</b>	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	7 (44%)	8 (50%)	1 (6%)	-	-	Non attendance of key stakeholders sometimes an issue with receiving data affecting the work plan and deadlines.
<b>A3.</b>	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	7 (44%)	4 (25%)	5 (31%)	-	-	Variability between members.  At times participants are reminded that the committee deals with / supports clinical issues, not finance etc.
<b>A4.</b>	Committee members are able to express their opinions openly and constructively.	7 (44%)	8 (50%)	1 (6%)	-	-	The chair is very experienced and manages the meeting well.  Albeit based on my limited attendance, there were a large number of people who did not contribute to the discussions.
<b>A5.</b>	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	8 (50%)	5 (31%)	3 (19%)	-	-	Issues raised appear person dependent rather than systematic.  Committee members do scrutinise papers/data and challenge execs.  The members are committed with challenge and scrutiny, which is very apparent on this committee.  There is some challenge, however the size of the agenda may adversely affect this.

<b>A6.</b>	The Committee has received appropriate training / awareness-raising in relation to the areas applicable to the Committee's areas of business.	5 (31%)	7 (44%)	4 (25%)	-	-	Not aware of any training offered.  The last few years have greatly improved in this area. The Committee has a wide and varied remit on subject matter, which for an outsider or non NHS person/s is daunting. An ongoing online or in-house training programme may help build the knowledge of the mechanics and workings of the business. Also building up a knowledge of key personnel is important.
<b>A7.</b>	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	5 (31%)	8 (50%)	3 (19%)	-	-	So much data and understanding is required to cover the broadness of issues and subject matter, it makes the task for a lay-person really quite an uphill task. Asking along individuals to explain subject matter in depth is a really good method; however, sometimes too many persons involved in one subject, costing time, money and waste of resource.
<b>B. Committee meetings, support and information</b>							
<b>B1.</b>	The Committee receives timely information on performance concerns as appropriate.	5 (31%)	8 (50%)	2 (13%)	1 (6%)	-	Some reports are not on time.  On the most part. There are times where the information is slightly behind schedule, but that is an issue for more than just this committee.  Information given within the quality report.  The work plan demonstrates that this needs to be looked at. Many informed comments / decisions cannot be made due to untimely reporting. This is an area that needs attention.  I have a concern that the integrated performance report is excluding areas.
<b>B2.</b>	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	6 (37%)	7 (44%)	3 (19%)	-	-	All external reports are considered at the committee.
<b>B3.</b>	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	5 (31%)	8 (50%)	3 (19%)	-	-	Where the adequate information is not understood nor appropriate to provide oversight, measures within the committee structure are in place to give fuller and greater understanding, which allows the correct path - and I would then agree if there is a path then appropriate oversight can then be achieved.

B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	2 (13%)	9 (56%)	4 (25%)	1 (6%)	-	<p>Some reports include very lengthy appendices, which would not be required if key information was drawn out and summarised in the covering report.</p> <p>Some reports are still quite lengthy e.g. annual reports.</p> <p>Improved over the last year, with less papers.</p> <p>From time to time excessive data brings up more questions and clouds the actual issue. An example of this is the graphs which do not tie up and raise further questions, delaying the actual conclusion.</p> <p>There is quite a lot of variation.</p> <p>In the main, although the volume of papers can be excessive on occasion and creates a potential for things to be missed.</p>
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	4 (25%)	10 (63%)	1 (6%)	1 (6%)	-	<p>On the most part.</p> <p>85% of reports / papers reach members in time. However, the members who do not have access to the new system of the portal are at a disadvantage as post is now not a reliable source to ensure time is given to ensure a proper assessment. Also some reporting is frequently late, thereby not allowing members proper time to make an informed decisions / challenges and has an effect upon the Committee's effectiveness.</p> <p>In the main.</p>
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	6 (37%)	8 (50%)	2 (13%)	-	-	<p>It is always a very large agenda with important items for discussion. I think this sometimes leads to too much time on one topic and not enough on others.</p> <p>From the meeting I attended it was difficult to discuss items in detail due to the size of the agenda.</p> <p>Large agenda to go through, but Committee usually has sufficient time.</p>
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	8 (50%)	8 (50%)	-	-	-	<p>With the introduction of email and portal this has been a great boost to the speed in which members are given time to read and survey notes / minutes / reports etc</p> <p>Observation - however it maybe that affordability / disadvantaged / disability may be a limiter to members / persons and could affect this particular model. The correlation with indexing the reports to the work plan / agenda could possibly be looked at for members who receive paper copies and do not have access to computer. iPads, etc</p>

<b>B8.</b>	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	9 (56%)	7 (44%)	-	-	-	This has been improved in recent months.
<b>B9.</b>	The Committee is able to provide appropriate assurance to the Board that NHS Fife's policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	7 (44%)	8 (50%)	1 (6%)	-	-	-
<b>B10.</b>	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub-groups) is operating effectively as part of the overall governance framework.	6 (37%)	8 (50%)	2 (13%)	-	-	-

### C. The Role and Work of the Committee

<b>C1.</b>	The Committee reports regularly to the Board verbally and through minutes and makes clear recommendations on areas under its remit when necessary.	8 (50%)	8 (50%)	-	-	-	-
<b>C2.</b>	In discharging its governance role, the focus of the Committee is at the correct level.	7 (44%)	6 (37%)	3 (19%)	-	-	I believe there is work required at the Clinical Governance Oversight Group to ensure that the breadth and depth of the agenda is appropriate. There is also work required as to how the clinical governance committee interacts with the Care and Clinical Governance Committee of the IJB.  Although can sometimes seek too much detail.
<b>C3.</b>	The Committee's agenda is well managed and ensures all topics within the Committee's Terms of Reference are appropriately covered.	6 (37%)	7 (44%)	3 (19%)	-	-	Overall agenda has been significantly reviewed and improved.  In the main, although some things do come back frequently and may not be necessary.
<b>C4.</b>	Key decisions are made in a structured manner and can be publicly evidenced.	7 (44%)	9 (56%)	-	-	-	All decisions are well documented and can be evidenced.

C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	<p>Needs to be further discussion regarding IJB role.</p> <p>The committee fulfils its remit effectively and works well. There is clarity about exception reporting in adult protection but there needs to be greater clarity about the respective roles and responsibilities of the committees with responsibilities for the governance of adult and child protection. Also, clinical and care governance arrangements across NHS Fife and the IJB needs to be reviewed.</p> <p>Improved information sharing between NHSFCGC and that of the IJB in a timely manner. Sometimes feels like we are playing catch up.</p> <p>This already may be in place. A system / governor of ensuring reports / data have arrived timeously for publication instead of minuting someone or a group has failed retrospectively.</p> <p>Length of agenda can be challenging.</p> <p>Reduce volume of papers - avoid repeat items where possible.</p>
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#### D. Clinical Governance Committee specific questions

D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit (i.e. those related to either Clinical, Finance and Performance, or Staff) are being managed to a tolerable level.	4 (25%)	11 (69%)	1 (6%)	-	-	Strategic risks taken to committee.
D2.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	6 (37%)	8 (50%)	2 (13%)	-	-	<p>This has improved greatly through the revised IPQR.</p> <p>Reports are not that easy to follow with respect to trend analysis. They would also benefit from narrative that has a greater emphasis on patient outcomes.</p>
D3.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	6 (37%)	7 (44%)	2 (13%)	1 (6%)	-	This is variable and can sometimes describe the reason rather than the areas of focus for improvement.

## Clinical Governance Committee

<b>DATE OF MEETING:</b>	4 March 2020
<b>TITLE OF REPORT:</b>	Clinical Governance Committee Terms of Reference
<b>EXECUTIVE LEAD:</b>	Dr Chris McKenna, Medical Director
<b>REPORTING OFFICER:</b>	Gillian MacIntosh, Board Secretary

### Purpose of the Report

**For Decision**

### SBAR REPORT

#### Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board in May of each year.

#### Background

The current Terms of Reference for the Committee were last reviewed in March 2019, as per the above cycle.

#### Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with all changes 'tracked' for ease. Proposed amendments largely relate to clarifying the current wording relating to risk, at clauses 7.2 and 7.3, to reflect present practice.

Following review and approval by the Committee, an amended draft will be considered by the Audit & Risk Committee at a future meeting, as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

#### Recommendation

Members of the Committee are asked to:

- **consider** the updated Terms of Reference; and
- **approve** a final version for submission to the Audit & Risk Committee.

### Objectives: (must be completed)

Healthcare Standard(s):	Governance and assurance is relevant to all Healthcare Standards.
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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 Health Board Meeting:	N/A
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<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	The update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided.
<b>Risk / Legal:</b>	
<b>Quality / Patient Care:</b>	
<b>Workforce:</b>	
<b>Equality:</b>	

# CLINICAL GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: \*\*\*

## 1. PURPOSE

- 1.1 To oversee clinical governance mechanisms in NHS Fife.
- 1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.
- 1.3 To oversee the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy.
- 1.4 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including health improvement activities.
- 1.5 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.
- 1.6 To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

## 2. COMPOSITION

- 2.1 The membership of the Clinical Governance Committee will be:
  - Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
  - Chief Executive
  - Medical Director
  - Nurse Director
  - Director of Public Health
  - One Staff Side representative of NHS Fife Area Partnership Forum
  - One Representative from Area Clinical Forum
  - One Patient Representative
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Chief Operating Officer (Acute Services)
- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Associate Medical Director, Acute Services Division
- Associate Medical Director, Fife Health & Social Care Partnership
- Board Secretary

2.3 The Medical Director shall serve as the lead officer to the Committee.

### **3. QUORUM**

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members or Stakeholder members are present. There may be occasions when due to the unavailability of the above Non- Executive members, the Chair will ask other Non-Executive 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 Committee shall meet as necessary to fulfil its remit but not less than six times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to 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 Clinical Governance Committee is to:

- monitor progress on the health status targets set by the Board.
- provide oversight of the implementation of the Clinical Strategy in line with the NHS Fife Strategic Framework and the Care and Clinical Governance Strategy.
- receive the minutes of meetings of:
  - Acute Services Division Clinical Governance Committee
  - Area Clinical Forum
  - Area Drug & Therapeutics Committee
  - Area Radiation Protection Committee
  - eHealth Board
  - Fife Research Committee
  - Health & Safety Sub Committee

- H&SCP Clinical & Care Governance Committee
  - H&SCP Integration Joint Board
  - Infection Control Committee
  - Information Governance & Security Group
  - ~~Integrated Transformation Board Joint Strategic Transformation Group~~
  - Public Health Assurance Committee
  - NHS Fife Clinical Governance Steering Group
  - NHS Fife Resilience ~~Group~~Forum
- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.
  - Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations, including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.
  - Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.
  - To provide assurance to Fife NHS Board about the quality of services within NHS Fife.
  - To undertake an annual self assessment of the Committee's work and effectiveness.
  - The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.
- 5.2 The Committee shall provide assurance to the Board 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".
- 5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

## 6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

## 7. REPORTING ARRANGEMENTS

- 7.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 ~~The Corporate Risk Register will be scrutinised by the relevant Committees of the Board with a bi-annual update on all changes being submitted to the Audit and Risk Committee. Each Committee of the Board will scrutinise relevant risks on the Corporate Risk Register on a bi-monthly basis.~~
- 7.3 ~~The Board Assurance Framework will be scrutinised by the relevant Committees of the Board with an update on all changes being submitted to the Audit & Risk Committee. Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.~~

**NHS FIFE  
CLINICAL GOVERNANCE COMMITTEE**

<b>DATE OF MEETING:</b>	4 <sup>th</sup> March 2020
<b>TITLE OF REPORT:</b>	Clinical Governance Committee Workplan 2020-21
<b>EXECUTIVE LEAD:</b>	Dr C McKenna
<b>REPORTING OFFICER:</b>	Helen Woodburn

Purpose of the Report <del>(delete as appropriate)</del>		
<b>For Decision</b> reach a conclusion	<del><b>For Discussion</b></del> <u>consider the options and any impact</u>	<b>For Information</b> <del>for noting</del>

SBAR REPORT
<p><b><u>Situation</u></b></p> <p>This is to advise the Committee of the workplan for the forthcoming year.</p>
<p><b><u>Background</u></b></p> <p>To ensure the Committee has an up to date workplan which reflects the correct papers.</p>
<p><b><u>Assessment</u></b></p> <p>This is the work plan as currently stands and any new substantive items to be added to the work plan within the year will be brought to the attention of the committee as required.</p>
<p><b><u>Recommendation</u></b></p> <p><b>Committee asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>Approve</b> this work plan for the next year</li> </ul>

<b>Objectives: (must be completed)</b>	
Healthcare Standard(s):	Comply with corporate governance
HB Strategic Objectives:	To meet Governance requirements

<b>Further Information:</b>	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	N/A

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	N/A
<b>Risk / Legal:</b>	N/A
<b>Quality / Patient Care:</b>	N/A
<b>Workforce:</b>	N/A
<b>Equality:</b>	N/A

## NHS FIFE CLINICAL GOVERNANCE COMMITTEE – ANNUAL WORKPLAN 2020-21

	Lead	May	July	September	November	January	March
<b>General</b>							
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
<b>Quality, Planning and Performance</b>							
Integrated Performance and Quality Report	ADPP	✓	✓	✓	✓	✓	✓
Winter Plan 2020-21	DoHSC/COO	✓	✓	✓	✓	✓	✓
Annual Operational Plan	ADPP	✓					
<b>Governance</b>							
Board Assurance Framework Quality and Safety	MD/DoN	✓	✓	✓	✓	✓	✓
Board Assurance Framework Strategic Planning	ADPP	✓	✓	✓	✓	✓	✓
Board Assurance Framework eHealth	COO	✓	✓	✓	✓	✓	✓
Committee Self Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Annual Work plan	Head of Quality and Clinical Governance						✓
Annual Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Assurance Statements from sub-committees	Board Secretary	✓					
Review of Terms of Reference	Board Secretary						✓
Annual Accounts –Progress Update on Audit Recommendations	Board Secretary			✓	✓	✓	✓
HAIRT Report	DoN	✓	✓	✓	✓	✓	✓
<b>Transformation/Redesign/Clinical Strategy</b>							
Integrated Transformation Board	ADoPP	✓	✓	✓	✓	✓	✓
Clinical Strategy Report	ADoPP	✓					
<b>Annual Reports</b>							
NHS Fife Equality Outcomes Progress Report 2019	DoN	✓					
Area Radiation Protection Annual Report	MD	✓					
Public Health Annual Report	DoPH	✓					
Integrated Screening Report	DoPH	✓					
Annual Immunisation Report	DoPH				✓		
Clinical Advisory Panel Annual Report	MD		✓				
eHealth Annual Report	COO	✓					
Medical Education Report	MD		✓				

Updated 19/02/20



	Lead	May	July	September	November	January	March
Medical Revalidation 2019-20	MD				✓		
R& D Annual Report	MD				✓		
R&D Strategy Review	MD				✓		
Fife Child Protection Annual Report 2019-20	DoN					✓	
Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework	DoN						✓
Prevention and Control of Infection Annual Report 2019-20	DoN		✓				
Organisational Duty of Candour Annual Report	MD				✓ (2019-20)		
Participation and Engagement Annual Report	DoN				✓		
<b>Linked Committee Minutes</b>							
Acute Services Division Clinical Governance Committee	ASD AMD	✓	✓	✓	✓	✓	✓
Area Clinical Forum	Chair	✓	✓	✓	✓	✓	✓
Area Drugs and Therapeutic Committee (ADTC)	MD	✓	✓	✓	✓	✓	✓
Area Radiation Protection	MD	✓					
HSCP Clinical and Care Governance Committee	AMD	✓	✓	✓	✓	✓	✓
Clinical Governance Oversight Group	MD	✓	✓	✓	✓	✓	
eHealth Board	E Ryabov	✓	✓		✓		
Fife Research Committee	MD	✓	✓		✓	✓	✓
Health and Safety Sub-Committee	Chair	✓	✓		✓	✓	✓
Integrated Joint Board (IJB)	DoHSC	✓	✓	✓	✓	✓	✓
Information Governance and Security Group	COO	✓	✓		✓	✓	✓
Infection Control Committee	DoN	✓	✓		✓	✓	✓
Public Health Assurance Group	DoPH	✓	✓	✓		✓	
Resilience Forum	DoPH		✓	✓		✓	✓
Integrated Transformation Board	CEO	✓	✓	✓	✓	✓	✓
Ionising Radiation Medical Examination Regulations	MD	✓					
<b>Requested Reports</b>							

<b>DATE OF MEETING:</b>	4 March 2020
<b>TITLE OF REPORT:</b>	Annual Accounts – Progress Update on Audit Recommendations
<b>EXECUTIVE LEAD:</b>	Margo McGurk, Director of Finance
<b>REPORTING OFFICER:</b>	Gillian MacIntosh, Head of Corporate Governance

<b>Purpose of the Report</b>
<b>For Information</b>

## SBAR REPORT

### Situation

The purpose of this report is to provide an overview of the recommendations emerging from both the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19, and the resultant actions progressed to date.

### Background

As part of the overall governance and assurance processes of the Board, both the Chief Internal Auditor and the Board's External Auditor (currently Audit Scotland) are required to provide an annual report within the dimensions of their respective remits.

### Assessment

#### **Audit Recommendations:**

Both internal and external audit provided a series of recommendations for the Board, with these set out in the form of Action Plans. These are attached as Appendices 1 and 2 to this paper, with updates of specific actions taken to end of February 2020.

### Recommendation

The Clinical Governance Committee is asked to:

- **note** the actions taken to date, particularly in relation to the recommendations related to areas under its remit.

<b>Objectives: (must be completed)</b>	
Healthcare Standard(s):	Governance and assurance is relevant to all Healthcare Standards.
HB Strategic Objectives:	All

<b>Further Information:</b>	
Evidence Base:	N/A
Glossary of Terms:	SGHSCD – Scottish Government Health and Social Care Directorates
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors Group; Board Committees

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	Financial Governance is a key component of the assurance process.
<b>Risk / Legal:</b>	Actions taken in response to audit recommendations seek to

	address / mitigate any risks identified
<b>Quality / Patient Care:</b>	Quality & patient care are a core consideration in all aspects of governance including financial governance.
<b>Workforce:</b>	Workforce issues are a core consideration in all aspects of governance including financial governance.
<b>Equality:</b>	Equalities issues are a core consideration in all aspects of governance including financial governance.

## Annual Internal Audit Report 2018/19 Action Plan

Finding	Recommendation	Management Response	Responsible Director Action by Date	Relevant Governance Committee	Update on Progress as at 29 February 2020
<p>1. The annual statements of assurance from the Standing Committees provide an opportunity for reflection on the work of the Committee in the year, key issues for the coming year and the BAF risk4s delegated to the Committee as well as the quality and timing of assurances received. Our work indicates that this opportunity is not always being taken and that the quality of assurances provided by Standing Committees could be improved. Standing Committee Annual Reports do not routinely contain assurances over the BAFs assigned to that Committee.</p>	<p>The Board should consider the process by which the Annual Reports are approved and whether there would be merit in setting aside more time for considered reflection, rather than the Annual Report being potentially considered as just another item on a crowded agenda.</p> <p>The template for Standing Committee Annual Assurance Statements could assist in this process by including:</p> <ul style="list-style-type: none"> <li>• confirmation that they have considered all items on their workplan</li> <li>• explanations for any exceptions and overt consideration of whether they impact on the Committee's ability to provide meaningful assurance</li> <li>• Consideration of relevant internal and external audit reports (see recommendation 3) and external reviews received and their impact on the assurance provided</li> <li>• Commentary on any BAFs for which the Committee is responsible including:</li> <li>• assurance on the accuracy of the score,</li> <li>• the reasons for any movements in-year</li> <li>• the adequacy and effectiveness of the controls described in the BAF</li> <li>• the sufficiency of actions intended to bring the score to its target level the relevance and reliability of assurances over those controls and actions</li> </ul> <p>Some Committees may benefit from additional support/training in understanding the assurance requirements of the Board and we would note that the assurance mapping due for 2019/20 should assist in this process.</p>	<p>At present, Board Committee annual statements of assurance are largely prepared by the lead Director for each Committee, leading to some variability in both format and content. For future years, it is proposed that the Board Secretary co-ordinates their production and work to enhance the current template will be part of that exercise. Consideration will be given to including the additional content above to improve the quality of the assurances given.</p>	<p><b>Board Secretary</b> <b>31 May 2020</b></p>	<p>Audit &amp; Risk</p>	<p>In progress. Consideration being given as to how to progress this, taking the advice of the internal auditors on the assurance letter guidance contained within the Scottish Public Finance Manual.</p>

<p>2. Formal assurances were provided by the Executive Directors and Senior Managers of NHS Fife that adequate and effective internal controls have been in place in their areas of responsibility, we note that only seven out of twelve assurance statements included a statement on the risk management arrangements within their area.</p>	<p>As with Standing Committees there is an opportunity to enhance the template but also to consider the process through which these assurance statements are produced and quality assured. Consideration should be given to the SPFM assurance letter guidance which is the subject of ongoing discussions between Internal Audit and the SGHSCD.</p>	<p>A review of the current process for capturing the assurances of senior staff, including the revision of the current template and consideration of which posts should be included in the exercise in future years, has already been agreed in discussions with the External Auditors. The input of Internal Audit would be welcome, to ensure that the new process is fully compliant with SPFM guidance and how this is expected to be implemented locally.</p>	<p><b>Director of Finance &amp; Performance and Board Secretary</b> <b>31 March 2020</b></p>	<p>Audit &amp; Risk</p>	<p>Complete. Amended letter used for recent departures of Director of Health &amp; Social Care, Director of Workforce and Chief Operating Officer.</p> <p>For future years, work ongoing at creating new questionnaire to support the production of year-end assurance statements.</p>
<p>3. The findings from our annual and interim reviews and other internal audit reports are not routinely reported to the relevant Standing Committee(s). We also noted that Audit Scotland's reports are not routinely presented to the relevant standing committee (eg the Audit Scotland Management Report 2017/18 included a finding relevant to Information Governance but was not presented to the Clinical Governance Committee). We also found areas where findings were reported but were not followed to their conclusion by the Committee. As a consequence, significant governance findings for which the agreed action had not been implemented were not identified by Standing Committees in their annual assurance statements.</p>	<p>Internal Audit reports, including annual and interim reports should be presented to the relevant standing committee(s) and relevant sub-committees/groups as they are published. External Audit findings should be similarly communicated. For significant findings, the Committee should establish a suitable monitoring process and ensure it is followed through to completion.</p>	<p>In conjunction with Internal Audit we will seek to align individual audit reports to a specific Committee of the NHS Board. As and when reports are issued, the distribution of the report will include the lead Director for the relevant Committee, for inclusion at the next meeting. The covering email should include an explicit statement reminding the Director of this responsibility (1). Any actions required and taken will be reported accordingly through the minute (2), with a parallel monitoring process (already in place) via the Audit &amp; Risk Committee for both internal and external audit recommendations (3)</p>	<p><b>Internal Audit(1)/Board Secretary(2)/Director of Finance(3)</b> <b>30 September 2019</b></p>	<p>All</p>	<p>Complete. Template developed for use with audit reports tabled to other governance committees.</p>
<p>4. There have been significant and persistent delays in taking forward agreed improvements to the Risk Management Framework, going back many years.</p>	<p>An SBAR should be presented to the Audit &amp; Risk Committee highlighting the challenges and reasons for the delay to the revision of the Risk Management Framework and how they will be addressed so that a realistic and achievable implementation schedule can be agreed and monitored and, most importantly, delivered.</p>	<p>We accept the recommendation and a report will be provided as described above</p>	<p><b>Director of Nursing</b> <b>30 September 2019</b></p>	<p>Audit &amp; Risk</p>	<p>Complete. Final Risk Management Framework will be taken to Audit &amp; Risk Committee and NHS Fife Board in March 2020.</p>

<p>5. Although high level updates on the preparation and approval of the NHS Fife Workforce Strategy have been provided to the SGC in 2018-19 it has not been formally updated on progress towards implementing the NHS Fife Workforce Strategy Action Plan, though we have been informed that the intention is to provide updates to the SGC using the action plan to the new strategy. The Terms of Reference of the NHS Fife Strategic Workforce Planning Group state that '<i>Work Generated by the group shall be formally reported to EDG and the Staff Governance Committee as appropriate</i>' but does not include a specific responsibility to provide an annual update on progress against the Workforce Strategy Action Plan to the SGC.</p>	<p>The Terms of Reference of the NHS Fife Strategic Workforce Planning Group should be amended to include a specific responsibility to provide an annual update on progress against the NHS Fife Workforce Strategy Action Plan to the SGC. This is particularly important given that the Workforce Strategy is the key control listed in the Workforce Sustainability BAF.</p> <p>Assurance on progress against the NHS Fife Workforce Strategy from the NHS Fife Strategic Workforce Planning Group to the Staff Governance Committee should be scheduled in the Committee's Annual Workplan for 2019-20 before the SGC Annual Assurance Statement is approved.</p>	<p>The workforce strategy forms part of the current workplan for the Staff Governance Committee. The above recommendation will be incorporated into future workplans and reports will be made as appropriate to the Staff Governance Committee. The ToRs described above will be amended accordingly.</p>	<p><b>Director of Workforce</b> <b>30 September 2019</b></p>	<p>Staff Governance</p>	<p>In progress.</p> <p>An update was provided to Staff Governance Committee in January 2020 detailing the intention to review and publish the Workforce Strategy in line with the revised National Workforce strategy timetable. Updates on Workforce Strategy performance will be provided to the Committee on an annual basis and are built into the Staff Governance Committee annual work plan. The Terms of reference for the Strategic Workforce Planning Group will be amended to reflect the recommendations.</p>
<p>6. The NHS Fife Remuneration Sub-Committee has not undertaken a self assessment using the self assessment pack issued by Audit Scotland for 2017/18 or 2018/19.</p>	<p>The self assessment checklist for the Remuneration Sub-Committee should be completed for the years of 2017/18 and 2018/19.</p> <p>The self assessment should be completed annually before the Remuneration Sub-Committee's Annual Assurance Statement</p>	<p>Discussion on a retrospective self assessment will be discussed at the Sub Committee in June 2019.</p> <p>The self assessment checklist will be incorporated into the overarching Board and Committee self assessment process for 2019/20. Any relevant aspects of the recommendations emerging from national work through the Blueprint for Good Governance will be taken into consideration.</p>	<p><b>Director of Workforce</b> <b>30 June 2019</b></p> <p><b>Board Secretary</b> <b>31 March 2020</b></p>	<p>Remuneration</p>	<p>Complete.</p> <p>Agreed that no retrospective self-assessment for Remuneration Committee for years 2017/18 and 2018/19 would be undertaken, due to limited use of this exercise.</p> <p>Self-assessment report for present year completed, to be considered at March 2020 meeting, using the same template as in use with other governance committees. As part of this process, the Audit Scotland case studies will be reviewed with Committee members.</p>
<p>7. Our recommendation from B08/19 (action point 10) regarding providing the Clinical Governance Committee with adequate assurance regarding compliance with the General Data Protection Regulations (GDPR), the Data Protection Act 2018, the Networks and Information Systems (NIS) Directive, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework has not yet been fully addressed as aside from high level reports on GDPR compliance presented to CGC in January and March 2019 overt assurance on these areas has not been provided. The original timescale for implementation of actions to address this recommendation was by 31 December 2018.</p>	<p>A report should be provided to the NHS Fife Clinical Governance Committee clearly 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) Directive, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework.</p> <p>The report should include overt statements on</p> <ul style="list-style-type: none"> <li>• How compliance with the NIS Directive will be managed and monitored</li> <li>• How NHS Fife will prepare for external review by the Competent Authority</li> <li>• How existing processes for GDPR, cyber-essentials and any other IG requirements will be assimilated/made congruent with the actions required for the NIS Directive</li> <li>• Overall assessment of likely gaps</li> <li>• Risk assessment.</li> </ul>	<p>We accept improvements are required in respect of overt assurance reporting to the Clinical Governance Committee. A detailed report, as described, will be considered by the Information Governance and Security Group in August 2019 for submission to the CGC in September.</p>	<p><b>DPO/SIRO</b> <b>30 September 2019</b></p>	<p>Clinical Governance</p>	<p>In progress.</p> <p>Since Audit B08/19 was compiled, there have been a further two audits - B06/20 and B08/20 - which now supersede.</p> <p>B06-20 Annual Internal Report has been completed and covers all the recommendations from B08/19. Any outstanding actions that remain will be followed up through the usual Internal Audit Follow-Up process.</p>

<p>8. The Executive Director's Annual Assurance Letter from the Chief Operating Officer for Acute Services Division who was identified as the Board's SIRO from 28 January 2019 provided their assurance as SIRO but only for the period from 28 January 2019 to 31 March 2019. No Executive Director's Assurance Letter was requested from the previous SIRO before they left.</p>	<p>The disengagement process for Executive Directors who leave NHS Fife should include obtaining from them an Executive Director's Assurance Letter covering the period they were in post.</p>	<p>We accept the recommendation and a process will be implemented to ensure appropriate assurances are received in the event of a Director leaving post</p>	<p><b>Board Secretary</b> <b>30 September 2019</b></p>	<p>Audit &amp; Risk</p>	<p>Complete (see 2 above). Process now in place to capture these assurances at times other than year end.</p>
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Issue / Risk	Recommendation	Management Response	Responsible Director  Action by Date	Relevant Governance Committee	Update on Progress as at 29 February 2020
<p><b>1. PECOS access controls</b> In 2017/18 we found three users with approval permissions on the PECOS purchasing system that were not appropriate to their job role. Audit testing this year found one of the users identified last year still had inappropriate access, a further three users had approval rights despite having left the health board and one user had changed roles and access to PECOS was no longer appropriate. <b>There is a risk that users have inappropriate access to PECOS and erroneous or fraudulent entries could be made.</b></p>	User access permissions for PECOS should be reviewed on a regular basis to ensure that the permissions granted are appropriate to job roles and relate only to current employees.	On occasion, individuals may remain on the system with authorisations delegated to their deputy, pending the replacement starting. We will work with eHealth colleagues to ensure the IT access termination documentation also covers PECOS; and with HR colleagues to remind line managers of the requirement to advise on movers/leavers.	<p><b>Head of Procurement</b>  <b>30 September 2019</b></p>	Audit & Risk	In progress. A short life working group is being established with colleagues from eHealth, HR and also Financial Management, to ensure that support is available to Procurement staff with regards to appropriate permissions being granted / available within the system. An operational procedure will be produced to confirm the process before the next update is due.
<p><b>2. Changes to supplier details</b> We reported last year that in the majority of cases no independent verification of changes to suppliers bank details were sought. From discussions with Finance staff this year there is still no agreed or consistent procedure for verifying changes. The Assistant Director of Finance – Financial Services confirmed the current procedure is to telephone suppliers when a letter from the supplier notifying a change in bank details is received. If an invoice is received that has new bank details on it there is no further verification. <b>There is a risk of exposure to fraud as not all requests to change bank details are verified from an independent source.</b></p>	A formal procedure should be prepared and shared with Finance staff which clarifies that all changes to supplier bank details should be verified as agreed by management in 2017/18.	An email has been sent to all ledger staff confirming the procedure for requested changes to supplier bank details. The desktop procedure is under review.	<p><b>Assistant Director of Finance</b>  <b>31 July 2019</b></p>	Audit & Risk	Complete
<p><b>3. Delivery of savings</b> There is no information on the specific savings plans within the high level workstreams reported in the IPR or the proposals to address outstanding savings. <b>There is a risk financial targets will not be met as there is no detail on how savings will be achieved.</b></p>	Specific and achievable savings plans should be developed to ensure that the Board can deliver the required savings. Sufficient information on these plans should be provided to enable the FP&RC and Board to carry out effective scrutiny.	Detailed savings plans for 2019/20 have been considered via the IJB for Health & Social Care services but these are not sufficient to close the gap overall. The impact on the NHS Fife position has been requested from the Director of Health & Social Care. Detailed savings plans are in development for Acute Services, with a report to the FP&R Committee in May	<p><b>Director of Health &amp; Social Care / Chief Operating Officer</b>  <b>31 May 2019</b></p>	Finance, Performance & Resources	In progress.  Discussions ongoing within the IJB in relation to delivery of savings.  Reviewed the Deloitte recommendations and operationalised the improvements identified. These will be monitored through the ASD Performance Reviews within each Directorate.
<p><b>4. Reliance on non recurrent savings</b> NHS Fife continues to rely on non recurrent savings to deliver against the statutory financial target of break even and is relying on financial flexibility to offset the significant overspend within Acute Services. <b>There is a significant risk that the Board will not deliver the savings required to achieve a balanced budget on a recurring basis which increases the pressure on budgets in future years.</b></p>	The Board should take steps to reduce its reliance on non recurrent savings to achieve financial targets.	This issue is recognised and will be addressed in line with the previous action above.		Finance, Performance & Resources	Delivery of savings, within the context of the overall financial position, is a high risk on the BAF.  A financial recovery plan is an essential component of the Annual Operational Plan for 2020/21.



<p><b>5. Openness and transparency</b> The NHS Fife website is not user friendly and some information, including committee papers, is either not available or is difficult to find. <b>There is a risk that the lack of information on the website impacts on the public's perception of the health board's openness and transparency.</b></p>	<p>The NHS Fife website requires further improvement to make it more user friendly. Committee papers should be uploaded on a timely basis.</p>	<p>This issue is recognised. NHS Fife intends to invest in the creation of a new website design, hosting and development platform in 2019. This will be equipped with enhanced search, clear navigation and accessible service modules, viewable on a range of devices. A new content management system will ensure that the new NHS Fife website will be future proof, while still being capable of accommodating and indexing existing historical content. Meantime, a more robust checking procedure has recently been introduced to ensure that Board and Board Committee papers are uploaded timeously after the issue of papers to members and that the resultant file posted on the website is subsequently accessible to all users.</p>	<p><b>Head of Communications</b>  <b>31 December 2019</b></p>	<p>Finance, Performance &amp; Resources</p>	<p>In progress.</p> <p>Procurement and tender process completed.</p> <p>External agency appointed in December 2019 to host and develop the new NHS Fife website.</p> <p>Redesign of the website structure and navigation has begun and the first phase of the new website development due to go live on 1<sup>st</sup> April 2020.</p> <p>This first phase will include a dedicated "Governance" area to host information about NHS Fife Committees and Groups, NHS Fife Board membership, meetings and associated papers.</p>
<p><b>6. Escalation of issues to the NHS Fife Board</b> There is a lack of follow up in relation to some items escalated to the NHS Fife Board by the Board committees. <b>There is a risk that issues escalated for consideration by the NHS Fife Board are not subject to effective scrutiny at this level.</b></p>	<p>Further enhancement of the Board escalation process is required. There should be sufficient time and resources set aside at Board meetings to ensure there is proper consideration of the items escalated from committees. This should include appropriate follow up of ongoing issues.</p>	<p>There is no limitation placed by the Board on the time presently allowed for the escalation of items from Board Committees. Some key issues initially identified by Committees as matters for escalation to the Board can on occasion be covered elsewhere in the agenda, but Committee Chairs are all aware of the need to discuss potential topics for escalation at Committee meetings and explicitly identify these in the cover sheet accompanying Committee minutes. Items for subsequent follow-up by the Board will be flagged as such in the Board's rolling Action List.</p>	<p><b>No further action required</b></p>	<p>All</p>	<p>Complete</p>

<p><b>7. Committee self- assessment process</b>  Members have identified several areas to improve the effectiveness of committees but no action on these has been taken to date.  <b>There is a risk that action is not taken on the results of the self-assessment process to improve the effectiveness of governance committees.</b></p>	<p>A Board meeting or development session to consider common and/or ongoing issues identified as well as any further improvements to the process should be arranged and appropriate actions agreed.</p>	<p>After initial consideration by each Committee in March, the Board has considered the results of the Committee self-assessment exercise at its scheduled Development Session in April 2019. An action plan has been created, aligning this improvement work with the local implementation of the new NHS Scotland Blueprint for Good Governance, to ensure that governance-related improvements are co-ordinated and standardised across all Board Committees. A revised Committee questionnaire format, taking account of members' feedback on this year's process, will be put in place for the next iteration of the survey, to be undertaken across all Committees in late 2019.</p>	<p><b>Board Secretary</b>  <b>31 October 2019</b></p>	<p>Audit &amp; Risk</p>	<p>Update given to the Board in November 2019 on completion of the current Blueprint Action Plan, and this reported externally to the Scottish Government.</p> <p>Revised committee self-assessment questionnaire agreed with Committee chairs and completed by members in Dec 19/Jan 20.</p>
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<p><b>8. Health and social care partnership arrangements</b> Some of the local challenges around operational and governance arrangements for the health and social care partnership have not been fully resolved. Staff and members are sometimes predisposed towards the interests of their employing organisation rather than the partnership. <b>There is a risk that the health and social care arrangements in Fife are not operating effectively.</b></p>	<p>The operational and governance arrangements between the Board and IJB should be clarified to ensure that staff, senior management and members of the partner bodies work as a partnership.</p>	<p>Fife – like all HSCP's – have been asked by SG &amp; COSLA to complete a self-assessment against the recommendations of the Ministerial Steering Group Review of Integration. That self-assessment is to be completed and returned by 15 May. Senior leaders in the HSCP, NHS Fife and Fife Council met recently to discuss the self-assessment. That is now being worked up and will be agreed amongst all partners before submission on 15 May. The governance structure of the IJB remains under development, though further work has been undertaken in recent months by Partnership colleagues to create H&amp;SCP versions of key governance documents (such as induction manuals and revised Committee Terms of Reference) to address the outstanding deliverables of the IJB's Governance Framework Action Plan (dated July 2018). A proposed review of the Integration Scheme by the parent bodies in 2019 will provide an opportunity to reflect on the current governance structures in place and make further changes to clarify roles and responsibilities, supporting effective partnership working.</p>	<p><b>Chief Executive</b> <b>30 September 2019</b></p>	<p>All</p>	<p>In progress. This matter is being addressed through the H&amp;SCP / NHSF / FC joint response to the Ministerial Steering Group report on Integration, which includes a detailed action plan. This is being led by the Director of Health &amp; Social Care.  Meetings are also currently underway with Integration Partners to review the present Integration Scheme, which will take into account existing governance structures and reporting lines, with the intention to bring a revised version of the Scheme for Partners' approval in Spring 2020.</p>
<p><b>9. IT data recovery</b> There is no technical recovery procedure for either Trakcare or Patientrack at the present time. Scheduled data recovery testing has not been done for several years. <b>There is a risk that data recovery procedures are not effective resulting in the loss of data essential to patient care and/or business continuity.</b></p>	<p>Technical recovery procedures for critical IT systems should be prepared. IT data recovery should be tested on a rotational basis that ensures all aspects are included, procedures are effective and that staff are familiar with the procedures and can implement them in a variety of scenarios.</p>	<p>Ongoing Network improvements between primary and secondary platforms for these systems will drive new recovery point and time objectives. These will be documented within a Business Impact Analysis (BIA) and new Technical Recovery Procedure Documentation. The BIA will also drive future recovery testing scope and frequency.</p>	<p><b>General Manager, eHealth</b> <b>31 December 2019</b></p>	<p>Clinical Governance</p>	<p>Attrition and flux within the technical teams and delays lining up the supplier (Service Catalogue and BIA assessment) has pushed this work back. The expected date of completion is now <b>30 June 2020</b>.  February 2020 - no further update received.</p>

<p><b>10. Organisational resilience self-assessment</b> There is no formal action plan to monitor progress in respect of those standards included in the NHRU framework which were identified as not fully implemented following the Board's self-assessment in August 2018. <b>There is a risk that improvements to the Board's organisational resilience identified from completing the self-assessment are not achieved.</b></p>	<p>A formal action plan should be prepared to monitor progress in implementing the NHRU resilience standards.</p>	<p>Whilst the Board has been addressing the issues outlined in the report, a formal action plan has not yet been approved. This will be submitted to the NHS Fife Resilience Forum in July 2019.</p>	<p><b>Director of Public Health</b>  <b>31 July 2019</b></p>	<p>Clinical Governance</p>	<p>Complete. An action plan has been approved and delivery thereof is well underway. Scottish Government have responded to our initial self-assessment and a further progress update to SG will be prepared for submission in April 2020. An update in the meantime will be given to Clinical Governance and the Board in January 2020.</p>
<p><b>11. Cyber security</b> There is no evidence of regular updates on issues such as progress towards achieving cyber essentials accreditation being provided to the Board during 2018/19. <b>There is a risk that cyber resilience efforts do not receive support and commitment at Board level.</b></p>	<p>Updates on progress towards achieving cyber essentials accreditation and other digital issues should be reported to the NHS Fife Board periodically to ensure these receive the necessary support.</p>	<p>A Cyber Resilience Governance plan was agreed under Key Action 2 of the Scottish Government Cyber Resilience Framework 2018. This includes a reporting and assurance path to the NHS Fife Board. The scope and context of these reports are now being devised and will drive the level of detail presented to the Board.</p>	<p><b>General Manager, eHealth</b>  <b>31 December 2019</b></p>	<p>Clinical Governance</p>	<p>A change of Cyber Security Manager (who was assigned this work) has caused a delay. However, a Cyber Resilience Plan has now been drafted and this will drive the reporting based on the key deliverables. Full report path expected to be in place by <b>30 March 2020</b>.  February 2020 - no further update received.</p>
<p><b>12. GDPR compliance</b> We have been informed that the health board is not expected to be fully compliant with GDPR until December 2019. <b>There is a risk that non compliance could result in data breaches, fines and adverse publicity</b></p>	<p>NHS Fife should take action to address compliance with GDPR as a matter of urgency.</p>	<p>NHS Fife currently have the correct policies and procedures in place to satisfy the Information Commissioners Office from a legislative perspective. NHS Fife are conducting a robust audit of the 12 areas in relation to GDPR as part of a business improvement plan, to ensure full compliance which is anticipated to be completed by no later than 31/12/19. Audits in this area will be continuous as compliance is at a 'point in time' and is subject to constant change.</p>	<p><b>General Manager, eHealth</b>  <b>31 December 2019</b></p>	<p>Clinical Governance</p>	<p>Complete. The 12 areas in the GDPR Business Plan have now been addressed and implemented. The quarterly Information Governance &amp; Security (IG&amp;S) Group (which is the ISMS under its Terms of Reference) is kept apprised of the status of GDPR compliance via the reports submitted. The NHS Fife SIRO chairs the IG&amp;S Group and is a Director who sits on the Board and therefore is able to raise any appropriate GDPR risks or issues as they deem necessary.  The Information Governance department has implemented principle of Plan, Do, Check, Act (PDCA) to ensure that appropriate responses to changes to the organisation or its operations that raises the risk of GDRP non-compliance.</p>

<p><b>13. Sickness absence</b> Sickness absence remains at a high level despite continuing efforts to improve performance. There is no clear action plan to enable more effective scrutiny and no monitoring of what actions are achieving a successful outcome. <b>There is a risk that sickness absence will remain at a high level and impact on staff morale, quality of care and the achievement of statutory performance targets.</b></p>	<p>NHS Fife should develop a better understanding of the underlying reasons behind sickness absence levels and identify those actions which are resulting in improvements. An action plan, with clear objectives and milestones, would help to monitor progress and enable the SGC to scrutinise the process. The Board could also ask other health boards what actions they have taken to improve attendance rates.</p>	<p>Attendance Management is a standing item on the Staff Governance Committee Agenda. This enables monitoring of performance in this area and surveys have been conducted in "hot spot" areas to identify further underlying reasons for absence. The report also includes data on reasons for absence and the work and actions being taken to improve attendance levels. Dialogue has taken place with other Boards in terms of improvement actions. Improvement targets are also being set for all areas. This narrative will be converted into an Action Plan as per the recommendation.</p>	<p><b>Director of Workforce</b>  <b>30 September 2019</b></p>	<p>Staff Governance</p>	<p>Complete. Monthly improvement trajectory is discussed at EDG in advance of consideration at APF and Staff Governance Committee. An action plan has been agreed and is being taken forward for the Well @ Work initiative. The recently revised IPQR highlights key improvement actions. This will continue through the year.</p>
<p><b>14. Transformation programme governance framework</b> Revised transformation programme governance arrangements have not been formally agreed by any NHS Fife or IJB governance committees or the NHS Fife Board. There is a lack of consistency in the understanding of the assurance lines to the Board and its governance committees on the programmes reported separately through the IJB. The JSTG is not operating effectively and the Community Transformation Board does not appear to be operating as expected. <b>There is a risk that transformational change and implementation of the Clinical Strategy does not progress as planned.</b></p>	<p>The transformation programme governance arrangements and any subsequent revisions should be formally agreed by the Board and the IJB The revised framework should clarify the assurance lines to NHS Fife for the transformation programmes led by the IJB, including the remit of the Community Transformation Programme Board</p>	<p>A joint programme of strategic and operational transformation is essential to the sustainability of services. As such we are implementing a refreshed approach under the leadership of the Chief Executive and Director of Finance &amp; Performance; as well as an enhanced framework of performance and accountability between operational services and the Board's governance Committees</p>	<p><b>Director of Finance &amp; Performance</b>  <b>30 September 2019</b></p>	<p>All</p>	<p>In progress.  The need for focus on joint transformation has been recognised and the outcomes from the summer Joint Transformation Workshop has informed the savings plans of the Health Board and IJB, with further work underway.</p>
<p><b>15. Reporting on progress with the transformation programme</b> There is no consistent reporting framework for the transformation programme. There is a lack of focus on targets, milestones and timescales and papers are not always available on a timely basis. <b>There is a risk that progress with the transformation programme is not subject to effective scrutiny.</b></p>	<p>The agreed governance framework should include a basis for reporting to each of the groups identified in the framework, including the CGC and JSTG or its replacement. Reporting on progress should focus on outcomes and timescales and papers should be issued on a timely basis.</p>	<p>This issue is recognised and will be addressed in line with the previous action above</p>		<p>All</p>	<p>The refresh of the governance arrangements for transformation across Fife has resulted in the establishment of the Integrated Transformation Board (ITB). Further support is available via the Interim Director of the Project Management Office for a six-month period.</p>

<p><b>16. Update on the Clinical Strategy</b> The report on the Clinical Strategy - Two Years On is overdue. Previous updates on the Clinical Strategy recommendations summarised progress to date but didn't highlight the outstanding actions or identify the timescales needed to ensure all the recommendations are fully implemented by the end of the five year period. <b>There is a risk that gaps in transformational change required to implement the Clinical Strategy are not identified.</b></p>	<p>An annual update on the Clinical Strategy recommendations should be prepared on a timely basis. The update should highlight outstanding areas and how these will be addressed as well as the progress that has been made.</p>	<p>The first annual update of the Clinical Strategy was a very high level document outlining some of the progress against the Clinical Strategy recommendations. Plans were in place to repeat this update but was delayed due a vacancy since February 2018 in the Planning team until March 2019. An update on the progress of the transformation programmes associated with the Clinical Strategy is provided to the Clinical Governance Committee every 2 months. These programmes are reviewed and agreed at the start of each financial year in the Annual Operational Plan which includes the identification of the strategic priorities for NHS Fife. This is the process that would identify risks to the organisation in the delivery of the Clinical Strategy. A paper providing an update on the recommendations from each of the Clinical Strategy workstream reports was provided for the Clinical Governance Committee in March 2019 and described progress of the transformation programmes as well as other improvement work in individual clinical services not captured elsewhere</p>	<p><b>Associate Director of Planning &amp; Performance</b>  <b>30 September 2019</b></p>	<p>Clinical Governance</p>	<p>In progress. As the Clinical Strategy is in its fourth year, the proposal is to undertake a full review of the recommendations of the Clinical Strategy by May 2020, with a revised Clinical Strategy 2021-26 being approved by the Board by the end of the year.</p>
<p><b>17. Timetable for unaudited accounts</b> We received the unaudited accounts on 10 May 2019 therefore the deadline of 3 May 2019 agreed in our annual audit plan was not met. We identified several areas where improvements to working papers or dependency on key personnel could improve the efficiency of the audit. <b>There is a risk his could delay completion of the final accounts audit beyond 30 June.</b></p>	<p>NHS Fife should ensure that the agreed timetable for presenting the unaudited annual report and accounts for audit is met and a more complete set of working papers should be readily accessible. Consideration should also be given to addressing key person dependencies.</p>	<p>Agreed. We will review our internal timetable and key responsibilities to ensure the complete draft accounts are available on a timely basis. We accept the level of knowledge and expertise in some technical areas is held by one individual but in a small team it is difficult to have more than one person fully up to speed but where feasible, we will look to put cross over arrangements in place.</p>	<p><b>Director of Finance</b>  <b>31 March 2020</b></p>	<p>Audit &amp; Risk</p>	<p>Timetable for 2019/20 annual accounts has been agreed as part of External Audit Annual Plan, and internal support will be aligned appropriately.</p>

<p><b>18. Holiday pay accrual</b> The holiday pay accrual includes medical and dental staff who have individual leave years beginning on the anniversary of their start dates. There is no centralised record of annual leave and data from individual staff are not collected. Management estimates the leave accrual for this group of staff based on the percentage applied to all other staff. This amounted to one day per medical and dental individual. In the previous year this was set as a maximum of five days. The estimate is subject to management bias <b>There is a risk expenditure is subject to manipulation through management estimates and expenditure for the year is misstated.</b></p>	<p>A method of collecting and collating a significant sample of individual balances should be introduced for medical and dental staff.</p>	<p>We will review the sampling method in place to determine if it is feasible to replicate the process for medical &amp; dental staff or identify an alternative means of ensuring a robust approach for this calculation.</p>	<p><b>Deputy Director of Finance</b>  <b>31 March 2020</b></p>	<p>Audit &amp; Risk</p>	<p>In progress. The routine annual template to capture untaken annual leave for AFC and Executive Manager staff groups has been distributed to budget holders for their completion (early February 2020).  This year a representative sample of untaken medical and dental staff will be collected in conjunction with Service Managers to inform the overall holiday pay accrual.</p>
<p><b>19. Efficiency savings</b> NHS Fife is required to achieve efficiency savings of £17 million on a recurring basis from 2019/20. The majority of savings have been allocated to workstreams but the detailed plans on how these will be delivered have yet to be fully developed. <b>There is a risk financial targets will not be met as there is a lack of clarity in how the required savings will be achieved.</b></p>	<p>Detailed savings plans should be developed to ensure that NHS Fife can deliver the required savings.</p>	<p>There are detailed plans in place for the health budgets delegated to the Health &amp; Social Care Partnership (c£7 million). The remaining £10 million target (for the Acute Services Division) is under review and a detailed plan requested for the Finance, Performance &amp; Resources Committee in July 2019. Significant efforts have been made to reduce from a recurring gap of £30 million in 2016/17 to a £17 million gap for 2019/20.</p>	<p><b>Chief Operating Officer</b>  <b>31 July 2019</b></p>	<p>Finance, Performance &amp; Resources</p>	<p>See update provided for items 3 &amp; 4 above.</p>

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**Section 1– Board Wide Issues**

**1. Key Healthcare Associated Infection Headlines up to 05 February 2020**

**1.1 Achievements:**

- 2019 had a total of 85 SABs- this is the 2<sup>nd</sup> best year for NHS Fife (83 SABs in 2014)
- 2019 had a total of 47 CDIs –this is the joint best year for NHS Fife (2018 also had 47 CDIs)
- 2019 had a total of 264 ECBs, down from 2018 (291 ECBs) but up from 2017 (250 ECBs)
- There was only 1 CAUTI ECB associated with trauma in 2019. This was down from 6 traumas in 2018 & 8 traumas in 2017.
- On January 13th 2020, the first NHS Fife ECB strategy group was held. This was chaired by IPC Manager and attended by the IPCT / surveillance team, Consultant Microbiologist and Consultant Public Health Medicine. The challenge of ECB burden was discussed & how best to address the issue of promoting adequate hydration. Will next meet March 2020.
- From Jan 2020- NHS Fife are participating in submitting additional ECB voluntary surveillance data to HPS, to improve epidemiological understanding of healthcare history & risk factors.
- 24/01/2020- the IPCT received formal HAI-SCRIBE training/update from Health Facilities Scotland.
- NHS Fife are participating in national workshops regarding HAI-SCRIBE and the new Centre for Excellence.

**1.2 Challenges:**

Caesarean Section SSI-

- Surveillance Team continues to work closely with Maternity services to address the SSI rate.
- The SSI Implementation Group Meeting took place on 17/1/20 to discuss the ongoing Action Plan and update on the new Surveillance Methodology, regular meetings will continue throughout the year.
- Q3 2019 saw a slight increase in SSI rate to **2.5%** (from Q2 2019 2.0%). However, it was significantly lower than Q1 2019 (6.5%)

CDI

- CDI recurrence remains an ongoing challenge to address in Fife to assist reducing incidence.
- From Oct 2019 each patient with CDI is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high risk patients.

SABs

- Vascular access devices (VAD) remain the greatest challenge for Hospital acquired SABs with **15%** (n-13) of all Healthcare associated (HAI/HCAI) SABs due to a VAD in 2019.
- **44.8%** (n-13/29) of the Hospital acquired (HAI) SABs in 2019 were due to a VAD. This was above the local improvement target of  $\leq 35\%$  of HAI SABs due to VAD set by ICC.
- **21%** (n-6/29) of all HAI SABs were due to a PVC in 2019 (7% of all SABs). This achieved the local improvement target set by ICC.

Raised incidence of **PWIDs** related SABs in Q1 & Q2 2019:

- PWID SABs peaked in July 2019 (n-4/July) although there's been just 3 further cases in 2019.
- IPCT continue to support Addiction Services to address SABs. However, the Addiction services improvement project is currently on hold whilst they prioritise their ongoing working projects, so any future collaborative meetings are currently on hold.
- Ward **V44** continue their QI programme and are successfully reducing their SAB incidence.

ECBs

- Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTIs) remain the prevalent source of ECBs and are therefore the 2 areas to address to reduce the ECB rate.



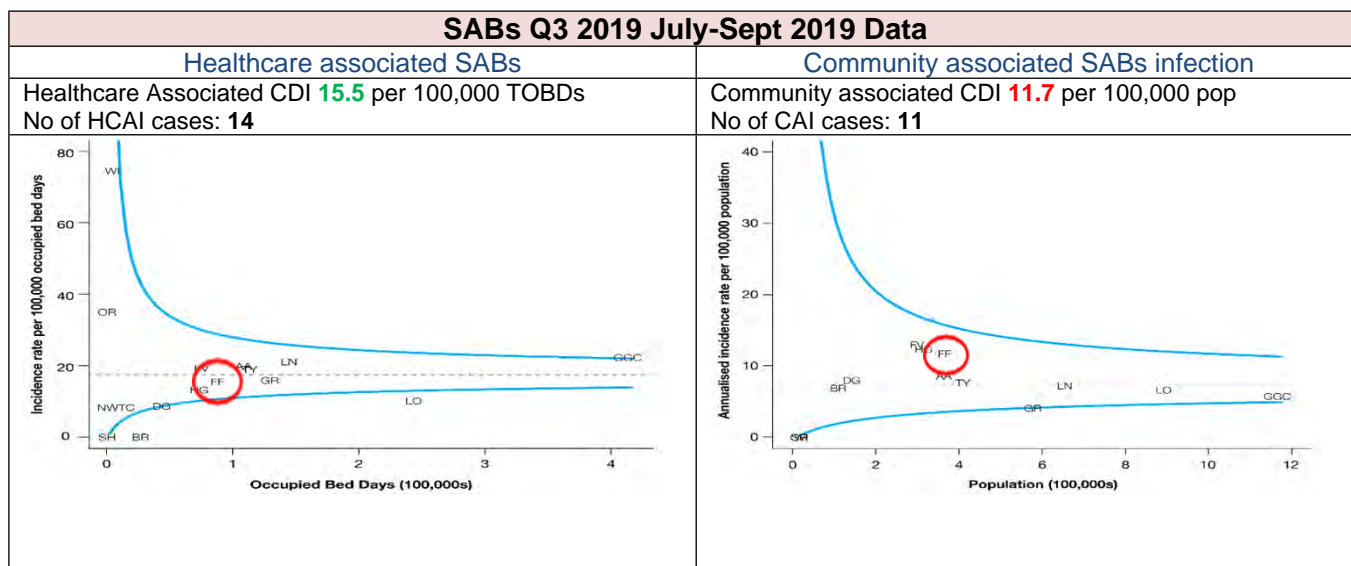
## Final Report for ICC on 05 February 2020 (Validated Data up to 31 December 2019)

- In 2019: **35%** of all ECBs were due to Urinary tract infection (UTI /Cystitis 30%, Pyelonephritis 5%)
- In 2019: **16%** of all ECBs were due to CAUTIs.
- Working closely with Urinary Catheter Improvement group to optimise care & reduce infection rate. Next due to meet February 21/02/2020  
Large Bowel Surgery SSI-
- Ongoing challenge- acquiring optimum SSI form & data return
- Regular SSI meetings established with General surgeons –next meet on 20/03/2020
- Surveillance Team increased their presence in theatre to raise awareness

### 2. Staphylococcus aureus (including MRSA)

#### 2.1 Trends – Quarterly

<b>Staphylococcus aureus Bacteraemias (SABs)</b>				
<b>Q4 2019 Oct - December 2019</b>				
Q4 2019 HPS National comparison publication awaited				
<b>In Q4 2019 NHS Fife had:</b>	<b>16 SABs</b>		This is <b>DOWN</b> from:	<b>25 SABs</b>
	10 HCAI		in Q3 2019	14 HCAI
	6 CAI			11 CAI
<b>Q3 2019 July- Sept 2019 - HPS Validated data with commentary</b>				
*Please note for HPS reporting- the SAB denominator may vary from locally reported denominators. This is due to Fife resident Community onset SABs allocated back to NHS Fife, even though they were treated at other Health boards.				
HPS Quarterly epidemiological data				
<b>Q3 2019 HCAI</b>	<b>14 cases</b>	<b>15.5</b>	<b>Per 100,000 bed days</b>	<b>This is <b>BELOW</b> National rate of 17.5</b>
<b>Q3 2019 CAI</b>	<b>11 Cases</b>	<b>11.7</b>	<b>Per 100,000 Population</b>	<b>This is <b>ABOVE</b> National rate of 7.4</b>



New standards for reducing all Healthcare Associated SAB by 10% by 2022 (from 2018/2019 baseline)		
Standards application for Fife:	SAB Rate Baseline 2018/2019	SAB 10% reduction target by 2022
SAB by rate 100,000 Total bed days	20.9 per 100,000 TBDs	18.8 100,000 TBDs
SAB by Number of HCAI cases	76	68

#### Local Device related SAB surveillance

- Localised enhanced surveillance focuses on high-risk clinical areas and vascular line SABs.

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- Weekly reports issued to Senior Charge Nurses if their ward has failed to achieve **90%** of all PVC being removed prior to the 72hr breach.
- PVC & CVC related SABs will continue to be Datix'd by Dr Morris and undergo a SAER.

As of 10/01/2020 the number of days since the last confirmed SAB is as follows:	
Acute services PVC (Peripheral venous cannula) SABs	110 days
CVC (Central Venous catheter) SABs	4 Days
Ward 44 – All SABs including PVC/CVC SABs	153 Days
PWID (IVDU)	54 Days
Updated 24.01.2020: Renal Services Dialysis Line SABs	8 Days

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>93%</b> compliance with the <b>MRSA</b> CRA in Q4 (Oct-Dec) 2019								
This was <b>SAME</b> on Q3 2019 (93%) & <b>ABOVE</b> the compliance target of 90%.								
NHS Fife was <b>ABOVE</b> the National rate for Q4 2019 (Scotland- 88%).								
<b>MRSA</b> Critical risk assessment (CRA) screening KPI compliance summary:								
Quarter	Q1 2018 Jan-Mar	Q2 2018 April- June	Q3 2018 Jul-Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar	Q2 2019 Apr- June	Q3 2019 Jul-Sept	Q4 2019 Oct-Dec
Fife	85%	83%	95%	95%	88%	93%	93%	93%
Scotland	83%	84%	84%	83%	83%	89%	88%	88%

CPE (Carbapenemase Producing Enterobacteriaceae)							
From April 2018, CRA has also included screening for CPE.							
NHS Fife achieved <b>80%</b> compliance with the <b>CPE</b> CRA for Q4 2019 (Oct-Dec)							
This is <b>DOWN</b> from 83% in Q3 2019							
NHS Fife was <b>BELOW</b> the National Scottish Average for Q4 2019 (Scotland 85%).							
Quarter	Q2 2018 April- June	Q3 2018 July- Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar	Q2 2019 Apr- June	Q3 2019 Jul-Sept	Q4 2019 Oct-Dec
Fife	85%	85%	64%	73%	75%	83%	80%*
Scotland	71%	79%	78%	81%	86%	86%	85%
CPE CRA screening KPI compliance Summary- Commenced from April 2018							

**\*Compliance rate lower than expected, raised to HPS.**

#### EiC Update

- Excellence in Care data collection for which MDRO CRA admission screening was selected as the HAI measure and piloted in AU2 from 2018.
- Excellence in Care MDRO CRA rolled out to AU1 in July 2019
- Rollout to other areas in NHS Fife planned as part of updated Admission Paperwork
- The data collection through the MDRO KPI tool will continue to run in parallel until full roll out of programme.
- The MDRO CRA will be added to Patientrack, module currently being built

### 2.3 Current Initiatives

*Fife-wide Collaborative Improvement Initiatives: NHS Fife will continue to:*

- Collect and analyse SAB data on a monthly basis to understand the magnitude of the risks to patients in Fife.

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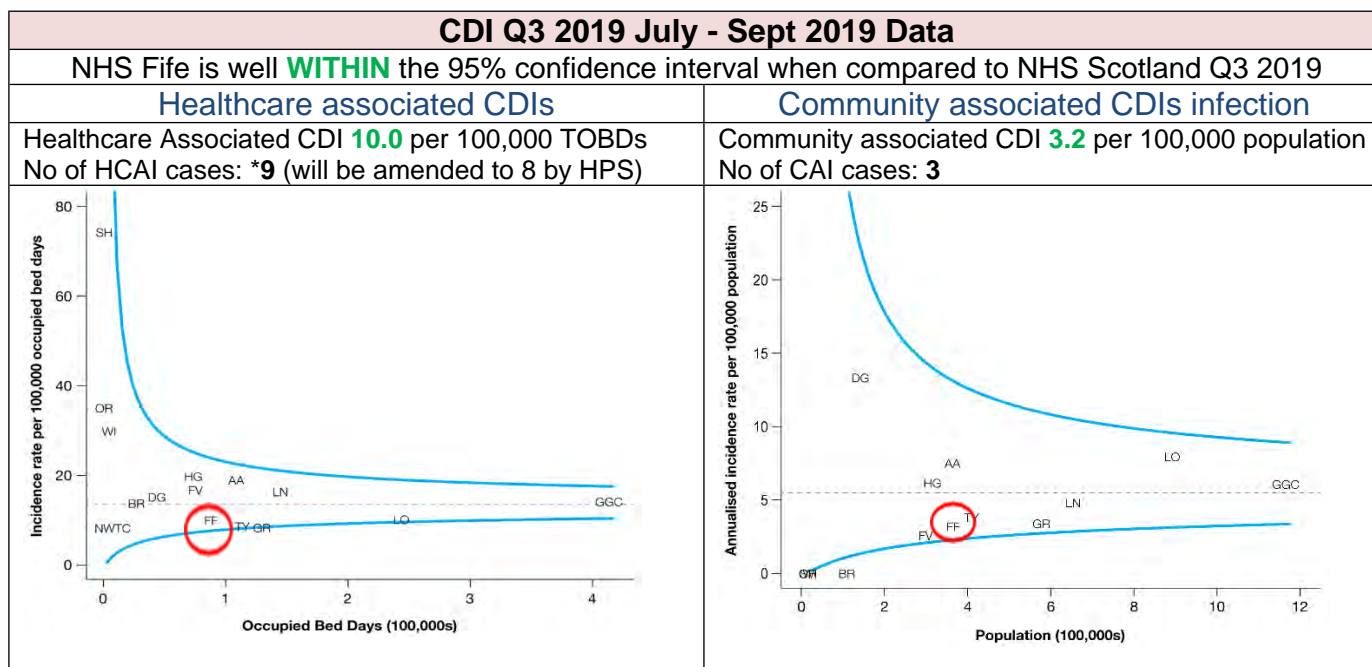
- Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.
- Examine the impact of interventions targeted at reducing SABs.
- Use results locally for prioritising resources.
- Use the data to inform clinical practice improvements thereby improving the quality of patient care.
- Use localised data to work with Ward V44 in their quality Improvement work re their SABs
- Liaise with Drug addiction services re PWID (IVDU) SABs.
- However, the Addictions management team has cancelled the next Jan 2020 meeting and for now the SAB improvement project is on hold until they have prioritised their ongoing working projects.

### 3. Clostridioides (formerly Clostridium) difficile Infection (CDI)

#### 3.1 Trends

Clostridioides difficile Infection (CDI)				
Q4 2019 Oct - December 2019				
Q3 2019 HPS National comparison publication awaited				
<b>In Q4 2019 NHS Fife had:</b>	<b>16 CDIs</b>	This is <b>UP</b> from Q3 2019	*11 CDIs	
	12 HCAI 4 CAI		*8 HCAI 3 CAI	
Q3 2019 July- Sept 2019				
With HPS Quarterly epidemiological data Commentary				
*Please note for HPS reporting- the CDI denominator may vary from locally reported denominators. This is due to some Fife resident Community onset CDIs allocated back to NHS Fife, even though they were treated at other Health boards.				
<b>Q3 2019 HCAI</b>	<b>*9 cases</b>	<b>10.0</b>	<b>Per 100,000 bed days</b>	<b>This is BELOW National rate of 13.5</b>
Q3 2019 CAI	3 Cases	3.2	Per 100,000 Population	This is BELOW National rate of 5.5

\*For Q3 2019 there was 1 extra HCAI CDI allocated back to Fife by HPS. This was erroneously attributed to NHS Fife and will be reallocated back to Forth Valley by HPS.



New standards for reducing all Healthcare Associated CDI by 10% by 2022 (from 2018/2019 baseline)		
Standards application for Fife:	CDI Rate Baseline 2018/2019	CDI 10% reduction target by 2022
CDI by rate 100,000 Total bed days	7.2 per 100,000 TBDs	6.5 100,000 TBDs
CDI by Number of HCAI cases	26	23

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### 3.2 Current CDI initiatives

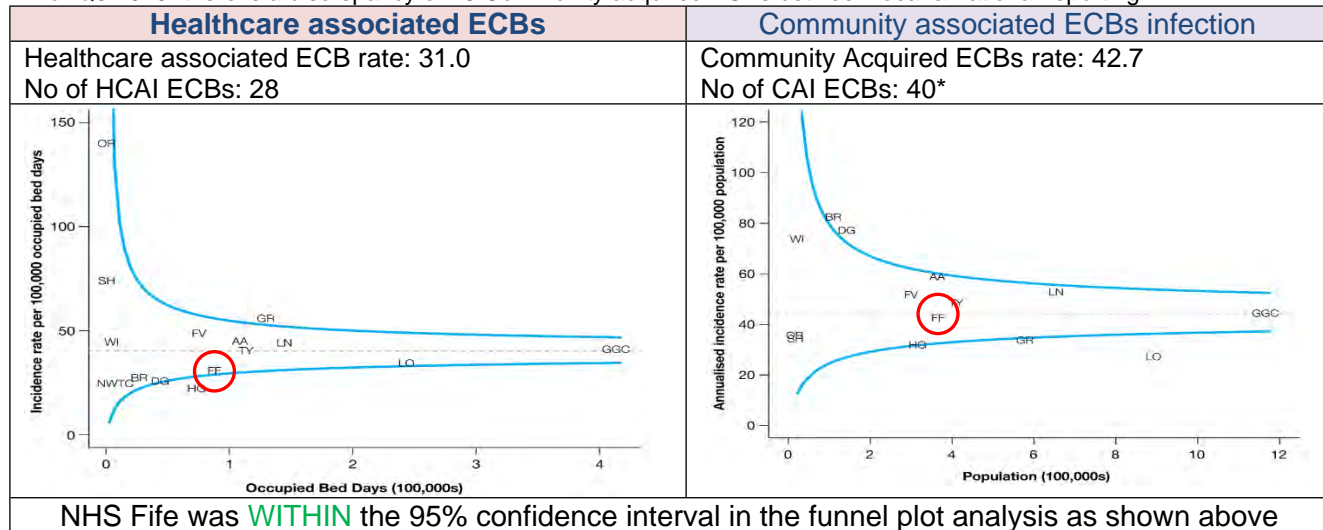
- 3.3 Follow up of all hospital and community cases continues to establish risk factors for CDI
- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
  - Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
  - Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.
  - In 2019/2020 innovative work will be focused on our patients with recurrent CDI.
  - From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high risk patients.

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 2019 Oct- Dec 2019				
Q4 HPS National comparison publication awaited				
<b>Q4 2019 NHS Fife had:</b>	<b>82 ECBs</b>	This is <b>UP</b> from Q3 2019:		<b>55 ECBs</b>
	55 HCAI 27 CAI			28 HCAI *27 CAI
<b>Q4 2019:</b> There were 14 Urinary catheter associated ECBs. (2 x HAI & 12 x HCAI) There were <b>NO</b> cases ECB CAUTIs associated with <b>trauma</b>				
Q3 2019 July- Sept 2019				
HPS Validated data ECBs with HPS commentary				
*Please note for HPS reporting- the ECB denominator may vary from locally reported denominators. This is due to some Fife resident Community onset ECB allocated back to NHS Fife, even though they were treated at other Health boards.				
<b>Q3 2019 HCAI ECBs</b>	<b>28 cases</b>	<b>31.0</b>	<b>Per 100,000 bed days</b>	This is <b>BELOW</b> National rate of 40.3
Q3 2019 CAI ECBs	*40 Cases	42.7	Per 100,000 Pop	This is <b>BELOW</b> National rate of 44.2

\*For Q3 2019- there is a discrepancy of 13 Community acquired ECBs between local & national reporting



Two New HCAI reduction standards have been set for ECBs:

1) 25% reduction ECBs - 2021/2022		
New standards for reducing all Healthcare Associated ECB by <b>25%</b> by 2021/22 (from 2018/2019 baseline)		
Standards application for Fife:	ECB Rate Baseline 2018/2019	ECB <b>25%</b> reduction target by 2022
ECB by rate 100,000 Total bed days	44.0 per 100,000 TBDS	33.0 per 100,000 TBDS
ECB by Number of HCAI cases	160	120
2) 50% Reduction ECBs - 2023/2024		

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New standards for reducing all Healthcare Associated ECB by <b>50%</b> by 2023/2024 (from 2018/2019 baseline)		
Standards application for Fife:	ECB Rate Baseline 2018/2019	ECB <b>50%</b> reduction target by 2023/4
ECB by rate 100,000 Total bed days	44.0 per 100,000 TBDs	22.0 100,000 TBDs
ECB by Number of HCAI cases	160	80

<b>2019 NHS Fife's Urinary catheter Associated ECBs –</b> HPS data Q4 data still awaited			
<b>Hospital Acquired Infections (HAI) (Acute &amp; HSCP Hospitals)</b> CATHETER Device related <i>E.coli</i> Bacteraemia (ECBs) 2017- Q4 2019			
	NHS Scotland	NHS Fife	Rate calculation
2019 Q4	Awaited	<b>*11 %</b>	* Locally calculated data- TBC by HPS when Q4 data published on Discovery
2019 Q3	15.2 %	<b>28.6 %</b>	
2019 Q2	19.3 %	<b>50 %</b>	
2019 Q1	14.3 %	<b>0 %</b>	
2018 TOTAL	14.5	<b>24.2 %</b>	Count of Device- Catheter over Total Fife <b>HAI</b> ECBs
2017 -TOTAL	11.8 %	<b>10.4 %</b>	
Data from NSS Discovery ARHI Indicators			
<b>Healthcare Associated Infections (HCAI)</b> CATHETER Device related <i>E.coli</i> Bacteraemia (ECBs) 2017- Q4 2019			
	NHS Scotland	NHS Fife	Rate calculation
2019 Q4	Awaited	<b>*32 %</b>	* Locally calculated data- TBC by HPS when Q4 data published on Discovery
2019 Q3	24.6 %	<b>42.9 %</b>	
2019 Q2	20.9 %	<b>13 %</b>	
2019 Q1	25.6 %	<b>25.9 %</b>	
2018 TOTAL	22.1%	<b>36.6 %</b>	Count of Device- Catheter over Total Fife <b>HCAI</b> ECBs
2017 -TOTAL	18.3 %	<b>35.3 %</b>	
Data from NSS Discovery ARHI Indicators			

**4.2 Current ECB Initiatives**

**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 minimize 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 Urinary Catheter Improvement group meeting- last held on **25/10/2019**. Next due Feb 2020 (meeting in Dec 2019 cancelled)

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

Up to **31.12.2019**: There have been **ONE** trauma associated ECB CAUTIs in 2019.

Catheter insertion/Maintenance bundles now inserted in MORSE for District nurse documentation

Patienttrack CAUTI bundles still to be implemented for Acute services. A small working group with Keith Morris, Siobhan McIlroy, Diane Davidson are clarifying format in Jan 2020.

In Q4 2019- local data indicates 11% of all Hospital Acquired ECBs were due to a Urinary catheter as source. This will be clarified by HPS when Q4 data is published.

This is **DOWN** from Q2 2019 where 29% HAI ECBs were due to a CAUTI.

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- Please see other ECB graphs & reports in Section 4.1d of Agenda

### 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'
- The overall rate for Hand Hygiene for NHS Fife for November 2019 was **99%** (December n/k)

#### 5.1 Trends

- NHS Fife overall results remain consistently **ABOVE** 98%
- This is **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 Overall Cleaning Compliance for NHS Fife for December 2019 was **95.7%**.
- The cleaning compliance score for NHS Fife overall & 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).
- **National Cleaning Services Specification**
- The National Cleaning Services Specification – quarterly compliance report result for Oct-Dec 2019 (Q3) shows NHS Fife achieving **GREEN** status.
  - NHS Fife: **95.9%** for (Q3) Oct-Dec 2019
  - This is **UP** slightly from Jul-Sept (Q2) 2019 from 95.3%
  - NHS Fife is **ABOVE** the National average of **95.2%** for July- Sept 2019 (National data Oct-Dec (Q3) 2019 not available yet)
- **Estates Monitoring**

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- The National Cleaning Services Specification – quarterly compliance report result for July-Sept 2019 (Q2) shows NHS Fife achieving **GREEN** status.
- NHS Fife: 96.5% for Oct-Dec 2019 (Q3) **95.7 %**
- This is **UP** from Jul-Sept 2019 (Q2) (from 95.7 %)
- Q2 (Jul-Sept 2019): NHS Fife is **BELOW** the National average of 96.6% for July- Sept 2019 (Q2)
- Q3 (Oct-Dec 2019) National data is not available yet.

### 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>

During October 2019 – January 2020

#### Norovirus

There has been 1 ward closure due to a Norovirus outbreak.

- Nov 2019: QMH ward 6. Now resolved.

#### Seasonal Influenza

There has been 2 closures due to confirmed Influenza since the last reporting period.

- Dec 2019: Ravenscraig Ward, WBH – Influenza A. Now resolved
- Jan 2020: Dunino ward, Stratheden – Influenza A ongoing at time of report (24.01.2020)

There has been 2 bay closures due to respiratory illnesses:

- Oct 2019: QMH Ward 6 due to a rhinovirus outbreak. Now resolved
- Nov 2019: Stratheden Lomond ward due to a mixed respiratory outbreak. Now resolved

### 7.1 Trends

#### Norovirus

- End of week 3 (week ending 19 January 2020) compared to the same time last year and the average for the same time period of the previous five years. This data is based on laboratory confirmed reports of norovirus from clinical diagnostic laboratories in Scotland which are reported to HPS via Electronic Communication of Surveillance in Scotland (ECOSS).

#### Influenza and other respiratory pathogens

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- Report from HPS weekending 19<sup>th</sup> of January 2020- National Infection Pressure Bulletin:
- Influenza activity is showing signs of stabilising with microbiological indicators suggest falling activity. There remains evidence of circulation of influenza within the community and closed settings.
- The rate of influenza-like illness (ILI) was at Baseline activity level (11.5 per 100,000).
- Mumps activity is currently above historical levels.
- RSV Low activity level
- Adenovirus, Coronavirus, Human Metapneumovirus, and *Mycoplasma pneumonia* were at low activity level. All other non-influenza respiratory pathogens were at baseline activity level.

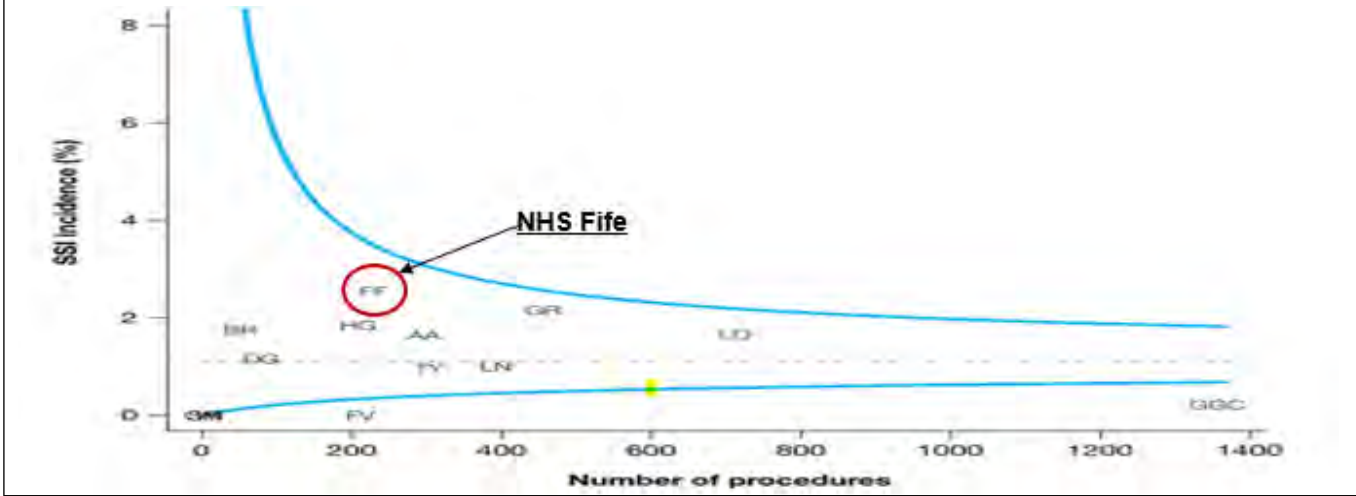
### 8) Surgical Site Infection Surveillance Programme

8 a)	Caesarean section SSI
<b>Q3 2019: Local Data</b>	
For Jul-Sep 2019 there were <b>6</b> confirmed SSIs in the 10-day surveillance period	
This gives an SSI rate of <b>2.5%</b>	
This is <b>UP</b> from 2.0% in Q2 2019	
<p style="text-align: center;"><b>NHS Fife Caesarean Section Surgical Site Infection Quarterly Rate Q1 2013-Q3 2019</b></p>	
<b>Q3 2019: Jul-Sep 2019 with HPS Analysis</b>	
<ul style="list-style-type: none"> <li>• NHS Fife is <b>ABOVE</b> the national average incidence rate of 1.1 % for Q3 2019.</li> <li>• NHS Fife is <b>not above</b> the 95% confidence interval upper limit in the funnel plot analysis.</li> </ul>	



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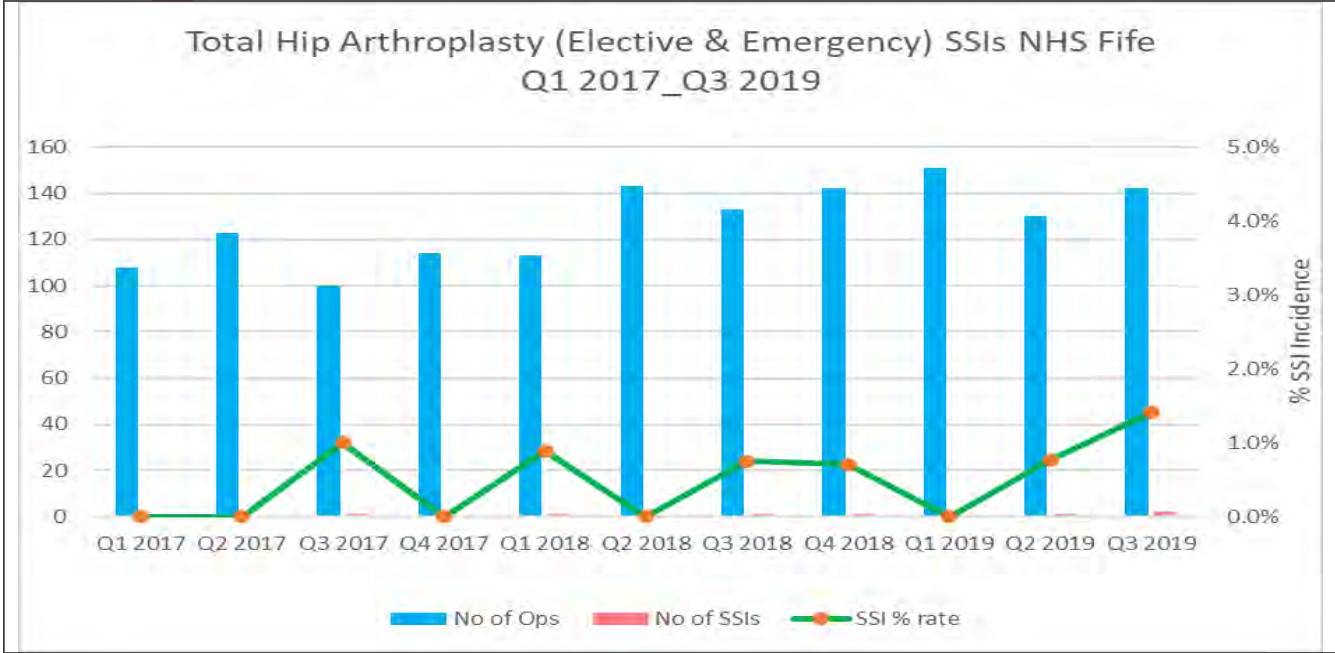
Funnel plot of caesarean section SSI Incidence (per 100 procedures) in inpatients and PDS to day 10 for all NHS boards in Scotland in Q3 2019 (HPS Quarterly Report)



**8 b) Hip Arthroplasty SSI**

**Q3 2019: Local Data : NHS Fife had 2 SSIs in Q3 2019 (July-September); incidence rate 1.4%**

This is an **UP** from 0.8% (1 SSIs) in Q2 2019



**Q3 2019: With HPS Analysis**

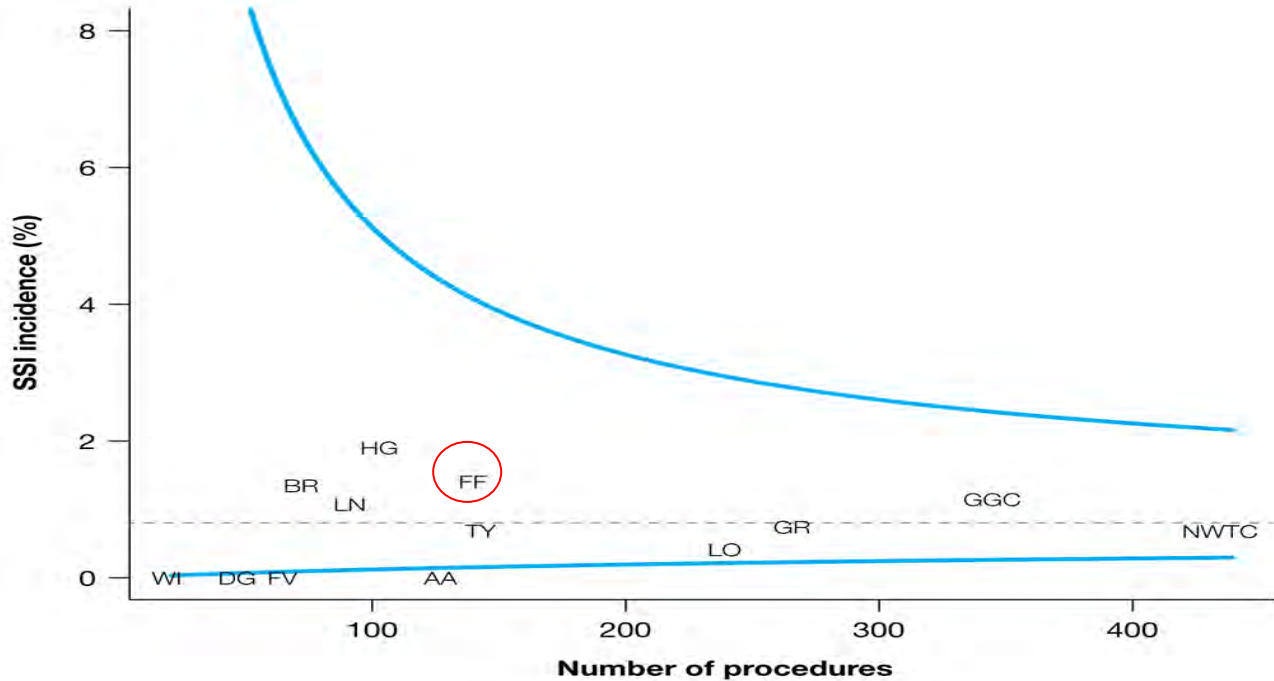
**Q3 2019: NHS Fife had 2 SSIs in Q3 2019 (July-September ); incidence rate 1.4%**

NHS Fife is well within the 95% confidence interval compared to NHS Scotland

NHS Fife is **ABOVE** with the National incidence of 0.6% for Q3 2019

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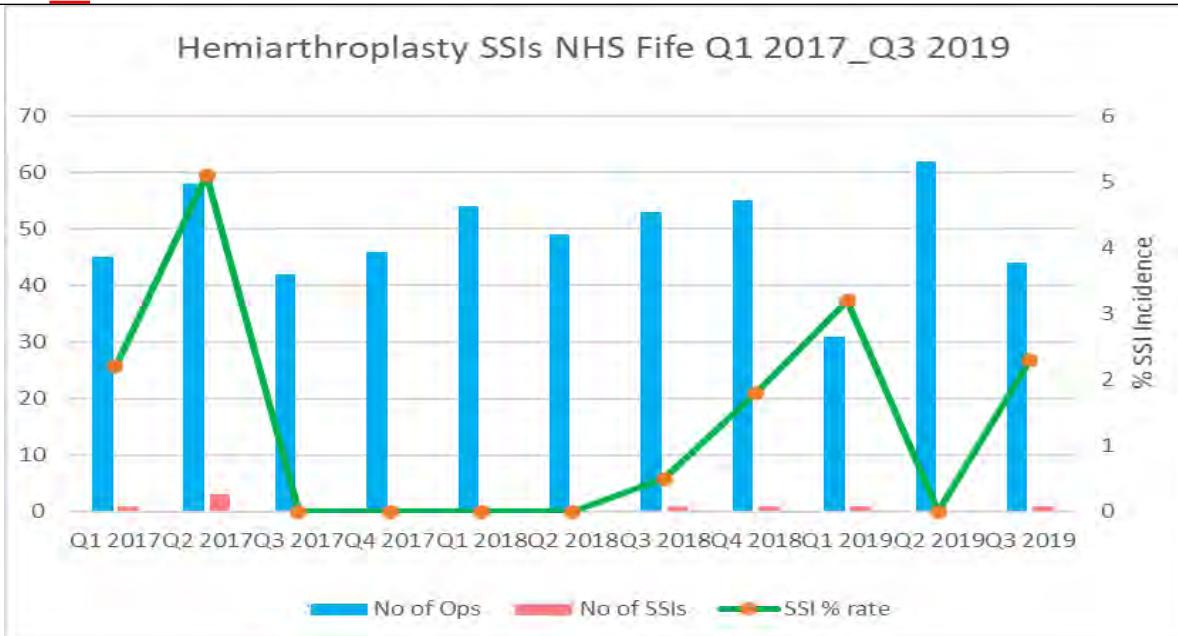
**Funnel plot of hip arthroplasty SSI incidence (per 100 procedures) in inpatients and on readmission to day 30 for all NHS boards in Scotland in Q3 2019 (HPS Quarterly report)**



**8 c) Hemi arthroplasty SSI**

**Q3 2019:** NHS Fife had 1 case of SSI in Q3 (July-September 2019); incidence rate **2.3%**

This is **UP** from Q2 2019 of incidence rate **0%**



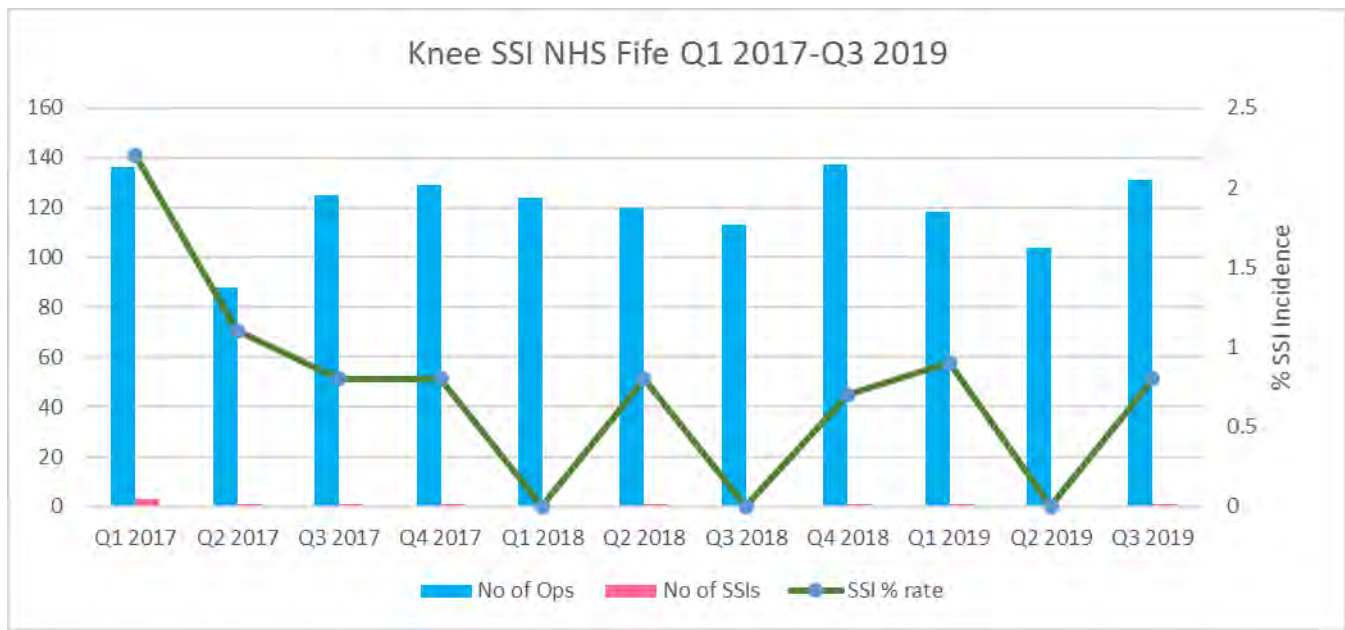
**There is NO HPS national reporting of Hemiarthroplasty data to compare**

**8 d) Knees SSI**

**Q3 2019:** NHS Fife had 1 cases of SSI in Q3 2019 (July-September); incidence rate **0.8%**

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This is **UP** from **Q2 2019** incident rate of **0%** - 0 SSI

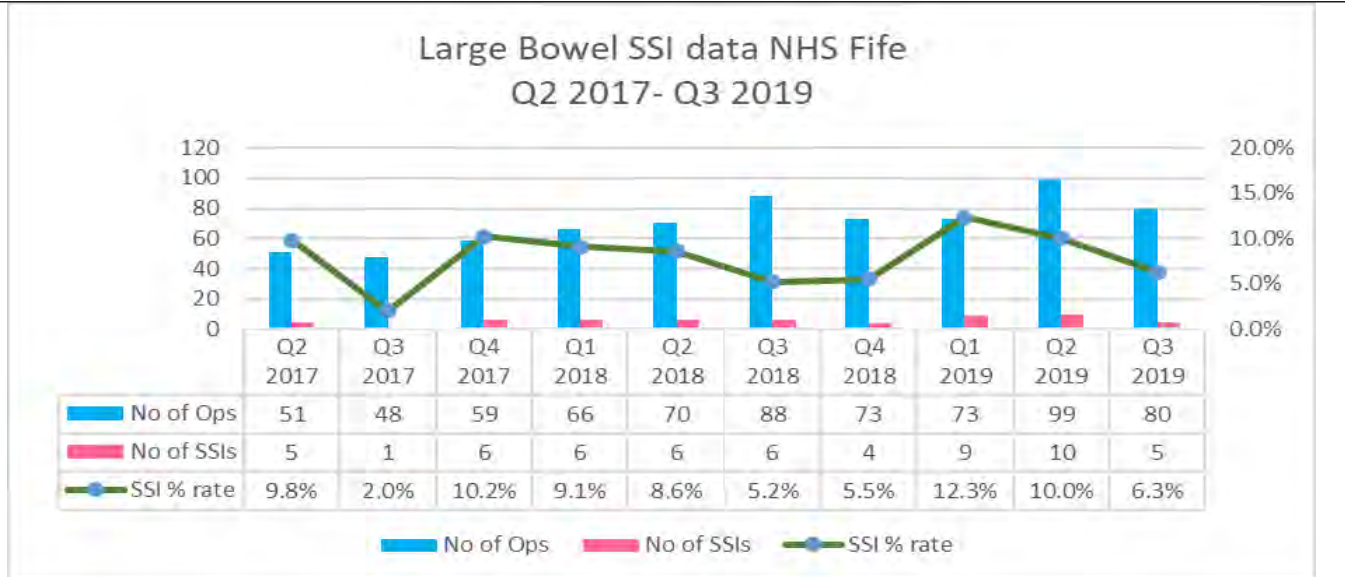


There is **NO** nationally reporting of Knee arthroplasty data to compare

**8 e) Large Bowel SSI**

**Q3 2019:** NHS Fife had 5 SSIs in Q3 (July-September 2019); incidence rate **6.3 %**

This is **DOWN** from Q2 2019; 10 SSIs in Q2; incidence rate of 10%



Please note – local data includes ‘Dirty’ Wound class SSIs.  
National published data on NSS Discovery excludes the Dirty Wound class- rates can vary

**Q3 2019: With HPS Analysis**

**Q3 2019:** NHS Fife had 4\* SSIs in Q3 2019 (July-September); incidence rate **5.6%**

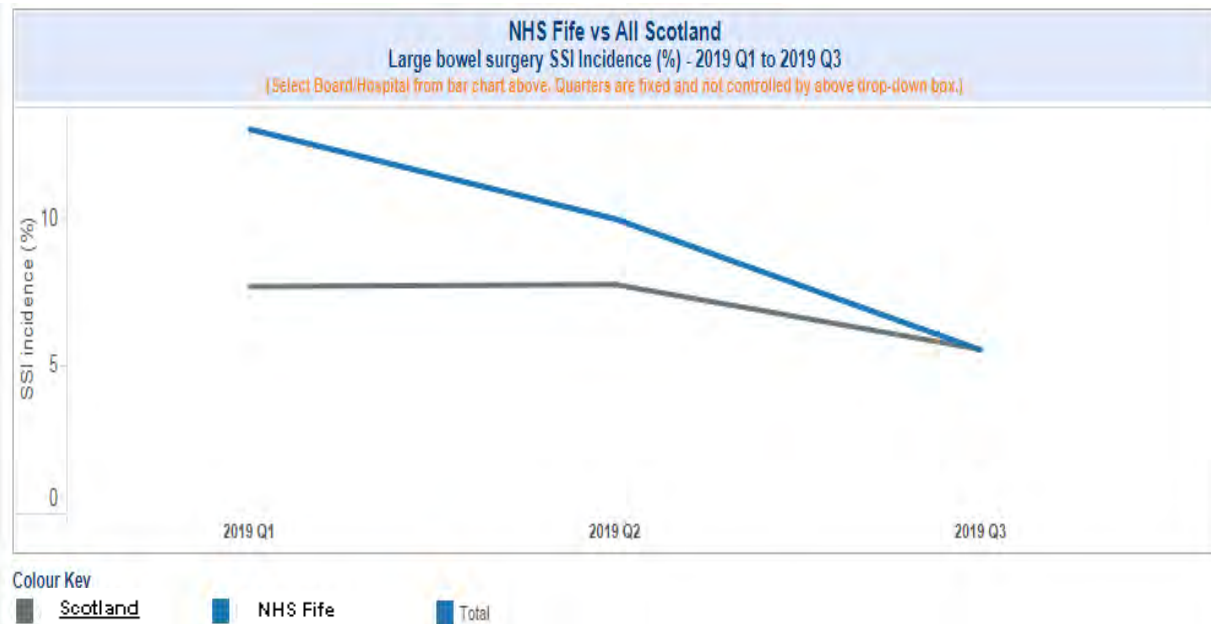
**\*For National Reporting HPS exclude Dirty cases. Therefore, the National incidence rate may vary from the local incidence rate**

NHS Fife is the **SAME** as the National incidence of 5.6% for Q3 2019

This is **LOWER** than Q2 2019

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**NHS Fife vs Total Scotland Q1 2019- Q3 2019**



**Data from NSS Discovery**

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.

**September 2019** The Surveillance team have been attending the pre surgery brief to highlight the large bowel surveillance programme and emphasize the importance of filling out the audit form.

New inclusion criteria flowchart produced and distributed to minimise confusion of emergency cases being included in the surveillance audit.

Audit forms included in pre-assessment documents

March 2020 - SSI feedback session with the general surgeons, with Dr Keith Morris.

**9. Hospital Inspection Team**

There have been no recent Hospital Inspections

**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.
- **ECBs:** ECBs remain a challenge
- Addressing CAUTI related ECBs through the Urinary Catheter Improvement group
- Commencing addressing Lower UTI related ECBs through new ECB strategy group- Jan 2020
- **SSIs surveillance** continues for all:
  - C-sections,
  - Large bowel surgery
  - Orthopaedic procedure surgeries
    - Total hip replacements, Knee replacements & Repair fractured neck of femurs
    - Feedback forums to clinical teams for all SSIs is firmly established to address SSI challenges where they occur.

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**11. Healthcare Associated Infection Reporting Template (HAIRT)**

The HAIRT template provides CDI & SAB information for NHS Fife categorizing by:

- 1) Total NHS Fife
- 2) VHK wards, QMH wards (wards 5,6,& 7) & Community Hospital wards (QMH 1-4, SH, SACH, GH, LH, CH, AH, RWH, WBH, All Hospices)
- 3) Out of Hospital (Infections that occur in the community or within 48 hours of admission to hospital)

From 2019 the CDIs & SABs are categorized as:

**Healthcare Associated** (HCAI & HAI) or **Community Onset** (Community or Not known).

Please see HPS definition of Healthcare Associated & Community infections in 'References & Links'

The 2019 Scottish Government's new standards aim to reduce the Healthcare Associated Infections. Hand hygiene and cleaning compliances are shown by Total Fife, VHK & QMH.

The information provided is local data, and may differ from the national surveillance reports carried out by Health Protection Scotland. This is due to some Fife residents who are treated at other health boards being allocated back to Fife's data. However, these reports aim to provide more detailed and up to date local information on HAI activities than is possible to provide through the national statistics.

NHS Fife Report card												
TOTAL FIFE <i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers												
SABs	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Healthcare Associated (HCAI + HAI)	4	6	3	6	4	2	10	1	3	2	6	2
Community onset/ Not known	3	4	4	5	1	2	5	2	4	2	2	2
<b>Total</b>	<b>7</b>	<b>10</b>	<b>7</b>	<b>11</b>	<b>5</b>	<b>4</b>	<b>15</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>4</b>

TOTAL FIFE <i>Clostridioides difficile</i> infection (CDI) monthly case numbers												
CDIs	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Healthcare Associated (HCAI + HAI+ Unknown)	5	0	3	1	2	3	2	3	3	7	3	2
Community onset/ Not known	0	1	2	1	1	1	2	0	1	0	2	2
<b>Total</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>4</b>

Hand Hygiene Monitoring Compliance (%) TOTAL FIFE												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19

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<b>Overall</b>	99	99	99	99	98	98	99	98	99	99	99	nk
<b>AHP</b>	98	100	99	99	96	100	99	98	100	100	98	nk
<b>Medical</b>	98	98	100	97	98	98	98	97	100	99	98	nk
<b>Nurse</b>	99	99	99	100	99	99	99	99	99	99	99	nk
<b>Other</b>	95	97	98	97	98	97	96	97	98	93	100	nk

<b>Cleaning Compliance (%) TOTAL FIFE</b>												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Overall</b>	95.6	95.7	95.7	95.3	95.6	95.5	95.0	95.3	95.5	95.9	96.0	95.7

<b>Estates Monitoring Compliance (%) TOTAL FIFE</b>												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Overall</b>	94.2	95.2	95.3	96	96.2	96.5	95.7	95.7	95.8	96.1	96.6	96.7

<b>VICTORIA HOSPITAL, KIRKCALDY REPORT CARD</b>												
<b><i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers</b>												
SABs	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b><i>Clostridioides difficile</i> infection (CDI) monthly case numbers</b>												
CDI	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Healthcare Associated (HCAI + HAI+ Unknown)</b>	1	0	1	0	0	1	2	0	0	2	3	2

<b>Cleaning Compliance (%)</b>												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Overall</b>	95.7	95.7	95.5	94.6	95.4	95.2	95.0	95.3	95.1	95.6	95.6	96.0

<b>Estates Monitoring Compliance (%)</b>												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Overall</b>	94.6	94.5	95.5	95.6	96.8	96.1	96.3	95.9	95.8	96.4	96.3	96.7

<b>QUEEN MARGARET HOSPITAL, DUNFERMLINE REPORT CARD</b>												
<b><i>Staphylococcus aureus</i> bacteraemia (SAB) monthly case numbers</b>												
SABs	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19

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<b>Healthcare Associated (HCAI + HAI)</b>	0	0	0	0	0	0	0	0	0	0	0	0
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<b>Clostridioides difficile infection (CDI) monthly case numbers</b>												
CDIs	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Healthcare Associated (HCAI + HAI+ Unknown)</b>	0	0	0	0	0	1	0	2	0	1	1	0

<b>Cleaning Compliance (%)</b>												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Overall</b>	96.7	97.4	96.8	97.9	97.1	97.0	94.9	96.5	96.6	96.9	96.9	96.7

<b>Estates Monitoring Compliance (%)</b>												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Overall</b>	94.7	95.1	95	97.9	95.1	96.0	92.2	95.1	94.6	95.2	96.3	96.6

<b>NHS FIFE COMMUNITY HOSPITALS REPORT CARD</b>												
<b>Staphylococcus aureus bacteraemia (SAB) monthly case numbers</b>												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Healthcare Associated (HCAI + HAI)</b>	0	0	0	0	0	0	0	0	0	0	0	1

<b>Clostridioides difficile infection (CDI) monthly case numbers</b>												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Healthcare Associated (HCAI + HAI+ Unknown)</b>	1	0	1	0	2	0	0	1	0	0	0	1

<b>OUT OF HOSPITAL INFECTIONS REPORT CARD</b>												
<b>Staphylococcus aureus bacteraemia (SAB) monthly case numbers</b>												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Healthcare Associated (HCAI + HAI)</b>	0	0	0	4	2	2	7	0	2	2	4	1
<b>Community onset/ Not known</b>	3	4	4	5	1	2	5	2	4	2	2	2

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<b>TOTAL</b>	3	4	4	9	3	4	12	2	6	4	6	3
<b><i>Clostridioides difficile</i> infection (CDI) monthly case numbers</b>												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Healthcare Associated (HCAI + HAI+ Unknown)</b>	3	0	1	1	0	1	0	0	3	4	0	0
<b>Community onset/ Not known</b>	0	1	2	1	1	1	2	0	1	0	1	1
<b>TOTAL</b>	3	1	3	2	1	2	2	0	4	4	1	1

**References & Links**

**Understanding the Report Cards – Infection Case Numbers**

*Clostridioides difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month by Healthcare Associated (HCAI & HAI) & Community (Community/Unknown) onset. More information on these organisms can be found on the NHS24 website:

*Clostridioides difficile*: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/>

*Staphylococcus aureus*: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/staphylococcus-aureus-bacteraemia-surveillance/>

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 and from 2019 for e.coli bacteraemias (ECBs). 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



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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* bacteraemia cases can be associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infections 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.

**For HPS categories for Healthcare Associated Infections:**

<https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/>

**Categories of Healthcare & community Infections**

		Quarterly Epidemiology Commentary category	
		Healthcare associated infection case	Community associated infection case
CDI <sup>1</sup> Enhanced ECB <sup>2</sup> Enhanced SAB <sup>3</sup> surveillance category	Hospital acquired infection (HAI)	X	
	Healthcare associated infection (HCAI)	X	
	Community infection (CA)		X
	ECB/SAB not known		X
	CDI unknown	X <sup>1</sup>	

**HPS ECB & SAB definitions for Hospital Acquired, Healthcare Associated, Community or Not known**

**Hospital Acquired Infection (HAI):**

Positive Blood culture obtained from patient who has been  
 -Hospitalised for >48 hours  
 If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission  
 OR  
 -The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained  
 OR  
 -A patient receives regular haemodialysis as an outpatient

**Community Infection**

-Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections

**Not known:**

-Only to be used if the ECB is not a HAI and unable to determine if community or HCAI

**Healthcare Associated Infection (HCAI):-**

Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria:  
 -Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained.  
 OR  
 -Resides in a Nursing home, long term facility or residential home  
 OR  
 -IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture, but EXCLUDING IV illicit drug use.  
 OR  
 -Underwent venepuncture in the 30 days before +ve BC  
 OR  
 -Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC  
 OR  
 -Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion  
 OR  
 -Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)

**HPS CDI Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset**

**HPS Linkage Origin Definitions**

CDI Origin	Origin sub category : definitions
Healthcare	HAI : Specimen taken after more than 2 days in hospital (day three or later following admission on day one)

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	<p><b>HCAI</b> : Specimen taken within 2 or less days in hospital and a discharge from hospital 4 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital within 4 weeks of the specimen date</p> <p><b>Unknown</b> : Specimen taken 2 or less days in hospital and a previous discharge from hospital 4-12 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital in 4-12 weeks prior to the specimen date</p>
<b>Community</b>	<p><b>CAI</b> : Specimen taken 2 or less days in hospital and no hospital discharges in the 12 weeks prior to specimen date; or not in hospital when specimen taken and no hospital discharges in the 12 weeks prior to specimen date.</p>

**CDI Surveillance Protocol link:** <https://www.hps.scot.nhs.uk/web-resources-container/protocol-for-the-scottish-surveillance-programme-for-clostridium-difficile-infection-user-manual/>

Agenda item no 10.2

Title of Group/Sub-committee	Area Clinical Forum Development Session
Date of Group/Sub-committee Meeting:	06.02.2020
Release: draft/final minutes	Draft
Author/Accountable Person:	Janette Owens

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

- Development Session focussing on the Health and Care (Staffing) (Scotland) Act and the impact it will have on healthcare professions across Fife
  - Presentation given by Senior Nurse: Workforce Planning, followed by discussion
  - Session slides and audit template circulated to all members of ACF following session
- Offer to attend Advisory Committees to discuss implications

What are the concerns/issues/risks you want to bring to the attention of the committee?

Impact on all healthcare professions, action taken to date is Presentation and paper discussed at Staff Governance Committee; paper presented to last Board meeting

For awareness to the Clinical Governance Committee with further updates when required

Good Practice

NHS Fife recognised as an exemplar Board with work already underway in Nursing and Midwifery

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## Report to the Clinical Governance Committee on 04 March 2020

### ACF DEVELOPMENT SESSION – 06 February 2020

#### **Background**

The bi-monthly ACF Development Sessions provide an opportunity for ACF Members and Attendees to consider key issues for NHS Fife in some detail, in order to improve Members' understanding and knowledge of what can be complex subjects.

The format of the sessions usually consists of a briefing from the lead clinician or senior manager in question, followed by discussion and questions, or a wide-ranging discussion led by members themselves.

These are not intended as decision-making meetings although they can assist in decision-making through in depth exploration and analysis of a particular issue. These sessions also provide opportunity for updates on ongoing key issues.

#### **February Development Session**

The first ACF Development Session took place in the Staff Club, Victoria Hospital, Kirkcaldy on Thursday 6 February 2020. The main topic for discussion was the Health and Care (Staffing) (Scotland) Act and the significant impact it will have on the organisation and different healthcare professional groups across Fife.

The Senior Nurse: Workforce Planning gave a presentation on the Act prior to discussion, offering to deliver the presentation to the Advisory Committees

#### **Recommendation**

The Clinical Governance Committee is asked to **note** the report on the Development Session.

Janette Owens  
Chair of the Area Clinical Forum

Agenda item no 10.4

Title of Group/Sub-committee	HSCP Clinical and Care Governance Committee
Date of Group/Sub-committee Meeting:	Friday 8 <sup>th</sup> November 2019
Release: draft/final minutes	Final
Author/Accountable Person:	Dr Helen Hellewell

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

1. Consideration was given to the contents of the Alcohol and Drug partnership (ADP) Annual Report and further updates are planned.
2. Dr Helen Hellewell presented a detailed look at the Hospital Acquired Infection (HAI) section of the Clinical Quality Report The good work of the urinary catheter Steering Group was noted in preventing Escherichia coli infections. Reduction in Clostridium difficile infection due to preventative work including pharmacy reviews of PPI use and reviews of antibiotic use were noted as was the robust review process when an infection is identified was also highlighted. Staphylococcal Aureus bacterium infections were discussed. The new proposed work by community pharmacy with drug users who attend needle exchange programmes to decrease infection rates was highlighted.
3. The Care quality report which provides an overview of the current social work performance status across key areas in Fife's Adult and Older People Social Work Services was presented by Julie Paterson and discussed by the committee.
4. Claire Dobson gave an overview of the work done so far on the development of Community Health & Wellbeing Hubs
5. Dr Helen Hellewell presented a paper on the primary care improvement plan there was wide ranging discussion and support for the proposed early recruitment of staff.
6. There was discussion of contents the improving the cancer journey report

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NHS Fife Clinical Governance Committee  
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Agenda item no 10.4

What are the concerns/issues/risks you want to bring to the attention of the committee?

*Include any actions taken to date*

*Risks around the recruitment of staff for the primary care improvement plan and note staged recruitment and close whole system working is in place to mitigate this*

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**CONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE  
FRIDAY 8<sup>TH</sup> NOVEMBER 2019, 10.00PM  
CONFERENCE ROOM 2, GROUND FLOOR, FIFE HOUSE**

**Present:** Councillor Tim Brett [Chair]  
Martin Black, NHS Board Member  
Christina Cooper, NHS Board Member  
Councillor David J Ross

**Attending:** Simon Fevre, Staff Side Representative  
Cathy Gilvear, Quality Clinical & Care Governance Lead  
Scott Garden, Director of Pharmacy  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Paul Madill, Consultant in Public Health  
Julie Paterson, Divisional General Manager (Fife Wide)  
Claire Dobson, Divisional General Manager (West)  
Lynn Barker, Interim Associate Director of Nursing  
David Heaney, Divisional General Manager (East)  
Dr Helen Hellewell, Associate Medical Director  
Kathy Henwood, Chief Social Work Officer

**Apologies for absence:** Councillor Jan Wincott  
Chris McKenna, Medical Director  
Nicky Connor, Interim Director of Health & Social Care  
Norma Aitken, Head of Corporate Service, Fife H&SCP  
Helen Buchanan, Director of Nursing

**In attendance:** Avril Sweeney, Manager – Risk Compliance  
Heather Bett, Clinical Services Manager  
Mark Steven, BBV & Sexual Health Team Leader  
Elaine Law, Service Manager – Social Work  
Andrew Henry-Gray, PA (Minutes)

*N.B. The items were discussed in a different order than that given on the agenda and are listed here in the order that they were discussed on the day.*

NO	HEADING	ACTION
1.	<b>CHAIRPERSON'S WELCOME &amp; OPENING REMARKS</b>	
	<p>The Chair welcomed everyone to the meeting and expressed his concern about the volume of papers that were circulated noting that he intends to look into this matter along with HH for future meetings.</p> <p>The Chair highlighted a positive meeting with Paul Madill this week which involved discussion around looking at suicides.</p> <p>The Chair noted that he had attended the Locality Workshop in NE Fife and commented that this was very good.</p>	

<b>2.</b>	<b>DECLARATION OF MEMBERS' INTEREST</b>	
	There were no declarations of interest.	
<b>3.</b>	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies were noted as above.	
<b>4.</b>	<b>MINUTES OF PREVIOUS MEETINGS</b>	
	The minutes of the Clinical & Care Governance Committee of 27/09/2019 were accepted as a true and accurate record.  <b>Decision</b> <ul style="list-style-type: none"> <li>The Committee <b>Agreed</b> to approve the minute of 27/09/2019.</li> </ul>	
<b>5.</b>	<b>MATTERS ARISING – OUTSTANDING ACTIONS FROM ACTION LIST</b>	
	The actions were discussed. Timescales to be included against actions where possible instead of saying that they are 'ongoing'.  CAMHS Update - JP was to share qualitative data in relation to Primary mental health Workers. JP advised that this information was sent to AHG today and this will be circulated following the meeting. [done]	AHG  AHG
<b>6.</b>	<b>GOVERNANCE</b>	
	<b>6.8 ALCOHOL &amp; DRUGS PARTNERSHIP (ADP) ANNUAL REPORT</b>	
	JP welcomed Kathy Henwood as the new Chair of the Alcohol & Drugs Partnership (ADP) and also introduced Mark Steven (Support Lead for ADP) & Heather Bett (Chair of Drug Death & Overdose Prevention Group).  JP presented the ADP Annual Report which includes the annual return that is sent to the Scottish Government together with the RAG status, both of which were requested by the Committee.  MB highlighted that the drug deaths information was considered at the NHS Fife Clinical Governance Committee, as there was no Care at the Committee on the previous day and reported that the committee were very unhappy and requested an urgent review of the Alcohol & Drug Partnership in Fife. HH verified this information and added that Dona Milne & Nicky Connor are going to form a strategic group to lead that review. KH responded that a policy review would be a fundamental task of the ADP in the first instance and that she will look to action this in the very near future.  MS confirmed that about one third of the population with drug & alcohol dependency are currently receiving treatment in Fife. EC queried how we go about reaching out to the two thirds of the population who are not receiving treatment. MS reported that additional investment from the Scottish Government is in response to this very issue and thus it is referred to as Seek, Keep & Treat funding. MS provided some information about the priorities for this work and confirmed that they are in the final stages of the recruitment process for implementing this extra support and the ADP has new reporting structures in place. EC requested a briefing be circulated to notify when these services are due to start.	



MS provided some information about the use of Naloxone kit use in Fife in relation to drug treatment and prevention noting that the benefits of this treatment are difficult to measure. SG agreed that the recording of the use of Naloxone is challenging. SG highlighted his new role as Controlled Drugs Accountable Officer (CDAO) for Fife and noted his plans to look further into the engagement links with Police Scotland. MS noted that there are good links with custody nurses in Fife but work can be improved in terms of the Seek, Keep & Treat work.

CC referred to the engagement of those who abuse drugs & alcohol and their families, noting that historically people were penalised for not continuing their treatment programmes and queried how we now ensure that users and families receive the help and support that they need. MS responded that the quality principles for the drug and alcohol services have been in place for some years with the ADP embedded in those principles and gave some examples of how structures and methods of engagement have improved over the years.

#### **Recommendation**

- It is recommended that the Clinical & Care Governance Committee discuss the contents of this report and its appendices and endorse the 2018/19 annual report.
- It is also recommended that the ADP brings a further report to Clinical and Care Governance Committee detailing Fife's local delivery plan in relation to the Partnership Delivery Framework 2019.

#### **Decision**

- The Committee **noted** the content of the report.

### **6.1 CLINICAL QUALITY REPORT**

HH introduced the Clinical Quality Report noting that the committee had previously agreed to look at the Healthcare Associated Infection part in more detail.

#### **HSMR**

DR asked for clarification about the results in relation to the QMH death rate. KG explained that the data reveals nothing of statistical significance.

#### **Falls**

TB queried why, if falls data has been improving, are we implementing something new? LB responded that the falls toolkit has been revised as the previous toolkit, although thorough and useful, was lengthy and cumbersome and so this has been updated.

#### **Healthcare Associated Infection (HAI)**

The Committee discussed each HAI in turn:

##### Escherichia coli (E.coli) bacteraemia (ECB) infections

- HH explained that these bacteria stem from urinary tract infections.
- LB gave further information about the urinary catheter improvement work undertaken by the Urinary Catheter Steering Group (and the two sub groups) which deal with education, training, information and best practice catheter insertion: highlighting whenever there is a catheter related infection with deep dives into these

incidents to provide learning and sharing across the system both in VHK and the partnership.

- The Urinary Catheter Steering Group was nominated in NHS Five Awards for best team improvement.
- Work has been ongoing in trialling out into community services in relation to removal of catheters and use of scanners.

#### Clostridioides difficile (C. difficile / CDI) infections

- HH explained that these bacteria are found in the intestine
- There has been a reduction in infections over the last 3 years
- There is still a risk in the community of developing this and work continues to be looked at in general practice
- Pharmacy has been looking at PPI and decreasing long-term use of this as it is a risk factor (SG explained that a PPI is a proton pump inhibitor which is a drug that reduces acid in stomach and is used for treating reflux and sometimes stomach ulcers)
- LB highlighted that when there is evidence of C.diff infection there are process in community and inpatient areas which are implemented swiftly: medication review; stringent paperwork; auditing; support for teams; reporting to Scottish Government.

#### Staphylococcus aureus bacterium (SAB) infections

- HH explained that these bacteria live on the skin
- Significant number of infections in drug users
- Working with community pharmacy to look at commissioned service in community pharmacies with people who inject drugs
- SG talked about the Pharmacy First service where antibiotics can be prescribed direct from pharmacy rather than general practice
- Whole service to be extended to wider range of conditions from April 2020
- SG noted the importance of interacting with those who come into community pharmacy as there is an opportunity to intervene when handing out drug injecting equipment
- FM explained that work is being done with community pharmacy through ADP and the Seek, Keep & Treat funding
- LB highlighted that when an incident comes through on DATIX, the infection team carry out a deep dive into the incident

CC noted that there are services that provide needle exchange programmes (homeless organisations) and queried if they are involved also. FM confirmed that there are services that provide this.

MB queried, if community pharmacists are required to carry out this work from April, will there be an expected payment for this work and, if so, will there be a requirement for pharmacists to complete extra paperwork around this? SG responded that this will be funded through the Seek, Keep & Treat funding and this will be similar to a local enhanced service. The pilot is to ensure that there is not too much administrative burden. There is learning from the UTI and impetigo work done previously. The expectation is that the national programme will provide more electronic solutions.

TB referred to page 49 where it states “NHS Fife expects to see a greater number of ECB in 2019 than in 2018” and queried why this should be. HH responded that this is due to a national rise in number of infections due to increased frailty.

TB queried if drug resistance is a big issue in Fife. HH responded that this is monitored with tight controls in prescribing of antibiotics including phone calls with microbiologists prior to prescribing some antibiotics. TB noted that Fife appear to be doing better than in some other parts of Scotland.

#### **Patient experience**

DR referred to the *Your Care Experience [page 360]* noting that there had been difficulties identified with the software in capturing all work locations with IT working on this issue and queried if there had been any progress. LB responded that processes are in place to ensure that departments are shown on the site.

TB queried the different approaches for patient feedback. LB responded that Care Opinion is for public comment and provides rapid online feedback. Care Expert is more specific and thorough.

#### **Decision**

- The Committee **noted** the content of the report.

### **6.2 CARE QUALITY REPORT**

JP presented the Social Work quality report noting that in terms of process going forward there will be scrutiny of this report undertaken by Chief Social Work Officer, DGMs and internal audit prior to it coming to this committee.

DR referred to a list of carer support plans which detailed that a number of plans had been offered, none had been accepted but some were listed as having been completed and asked for further explanation of this. DR was unable to reference this in the papers and JP took an action to look into this and respond to DR outwith the meeting.

DR queried why there are big variations in assessments being completed on time noting that in the West this was at 15%. DR also noted that there is a lot of variation across the system and queried what is being done to ensure that we are trying to perform consistently at target across all areas. JP responded that, from a DGM point-of-view, it is good that this data is available because the variations are now apparent and so work can be done to look at these variations. The data shows which areas are doing well and that good work can then be shared across all the teams and discussion on this is due to take place later on in the day.

TB queried how the information is collected and JP responded that it is collected through the Performance Improvement Team under F. McKay utilising the SWIFT information system to look at activity; and through the review process that social workers do with individuals on a 1:1 basis to look at outcomes.

TB referred to the *Exceptions Report at a Glance table [page 115]* and queried why there were so many indicators which appear to be missing their targets. JP responded that this is because Fife Council have set their own targets much higher than the national targets with the aim to challenge themselves to improve services to a much greater extent and this work is ongoing.

**JP**

TB referred to the *Unallocated Community Referral* tables [page 137] and queried why there was such a difference between East & West Fife. DH responded that this has been down to the lack of capacity but that the managers take a weekly review of the referral/package data although this is managed on a daily basis. DH gave an overview of the different challenges in East & West Fife.

MB referred to the 5% sickness absence rate stated in the *Exceptions Report at a Glance* table [page 115] and queried if this was in line with other targets for sickness absence. JP responded that this is lower than the Fife Council target and is part of the work to improve and exceed current targets.

**Recommendation**

- Members are asked to note the attached report, which provides an overview of the current social work performance status across key areas in Fife’s Adult and Older People Social Work Services.

**Decision**

- The Committee **noted** the content of the report.

**6.3 JOINING UP CARE (Community Health & Wellbeing Hub)**

CD gave an overview of the work done so far on the development of Community Health & Wellbeing Hubs. CD highlighted the work around high health gain, locality huddles and the hub at Queen Margaret Hospital. CD also highlighted the work ongoing in the East division in setting up hubs, in particular at Glenrothes Hospital, as well as the plans for 2020.

**Recommendation**

The Clinical & Care Governance Committee is asked to:

- Note the progress of the scope and develop programme and the planned next steps.

**Decision**

- The Committee **noted** the progress made and the next steps.

**6.4 JOINING UP CARE (Urgent Care)**

CD referred to the planned implementation in phases of the new urgent care model for Fife noting that phase one went live on Monday of this week and CD confirmed that thus far this has gone smoothly. CD highlighted that NHS Fife are working with Public Health colleagues on the monitoring and evaluation of these changes.

DR asked for assurance that the links with NHS24 are working properly and that there will not be any confusion amongst the public about the out-of-hours arrangements. CD responded that there has been a robust implementation plan around this with a communications group largely made up of members of the public working alongside staff to get this right.

**Decision**

- The Committee **noted** the update.

	<b>6.5 PRIMARY CARE IMPROVEMENT PLAN</b>	
	<p>HH presented the paper and gave an overview of the risks associated with the Primary Care Improvement Plan and highlighted the concerns around General Practice sustainability, workforce availability and strategic ability to implement this given the phasing of the funding.</p> <p>MB confirmed that this paper has been to the NHS Fife Clinical Governance Committee and the H&amp;SCP Finance &amp; Performance Committee noting that both committees gave their support to the early recruitment process.</p> <p>DR queried if the concern is around there not being enough GPs or not being enough multiskilled staff. HH responded that both are regarded as a concern and these are national concerns.</p> <p>DR queried if all the GP practices in Fife are viable and are likely to remain so. HH responded that work is ongoing to support practices at an early stage to prevent any potential closures of GP practices.</p> <p>DR queried the £8m funding shortage and queried if NHS Fife or the Partnership pick this up and also queried if this is part of the Clinical &amp; Care Governance risk register. AS responded that an overarching risk is being developed for the IJB strategic risk register.</p> <p>TB referred to the recruitment of 125 WTE Year 3 Primary Care Improvement staff and queried where this workforce would come from. LB explained that would be a cohort of staff already within practices who would choose to transfer over to NHS Fife terms &amp; conditions of employment although this would not make up the 125 WTE required and the remainder would be recruited from staff elsewhere in the service although this will be managed carefully to ensure that no other service is left short of staff. SG noted the collaborative workforce plan within the paper but commented that he has concerns about the destabilisation of the community pharmacy workforce and the need to consider that there are other boards competing for the same staff. SG highlighted that technician training has been improved but pharmacist training is further behind.</p> <p>CC referred to workstreams and engaging with people, referencing the primary care strategy which involves a wider workforce of independent, third sector, patient and public representatives, and queried the risks associated with how we are going to deliver what we are feeding back to the government on these outcomes within our Fife plan. HH agreed that there are risks associated with the various stages of the primary care strategy and that stage two will involve the third sector &amp; wider links with communities and it would be worth looking to the future to try and get ahead of that noting that some of the locality work is just starting to touch on this.</p> <p><b><u>Recommendation</u></b></p> <p>The Clinical &amp; Care Governance Committee is asked to consider and discuss the implications of this report and the following recommendations:</p> <ul style="list-style-type: none"> <li>• A Fife-wide joined up approach to workforce planning is necessary to understand the impact of transformation across Fife, and ensure the ongoing safe delivery of existing Primary and Secondary Care services during the transition stage of 'shifting the balance of care'.</li> </ul>	

- Support the early recruitment process of 125.10 WTE Year 3 Primary Care Improvement staff in November 2019 with a start date of April 2020 to ensure Fife is in the best possible position to ensure it has the necessary MDT staff in post to deliver the Primary Care Improvement Plan priorities for 2020/21, contributing to the safe and sustainable delivery of GMS services in Fife. This approach has been discussed with the chief finance officer for the health and social care partnership.

**Decision**

- The Committee **agreed** to escalate this matter to the IJB.
- The Committee **agreed** to support the plan for early recruitment.

**6.6 MEDICINES GOVERNANCE – Preparedness for EU Exit**

SG presented the paper and gave an overview of the uncertainty that continues around Brexit and the questions that continue to be raised around medicines availability. *[SF left the meeting]* SG noted that work continues around medicine shortages and highlighted a recent letter from the Chief Pharmaceutical Officer which explained the current position and the national work ongoing noting that there is more assurance now from pharmaceutical companies about their contingency plans. SG highlighted the Serious Shortage Protocol which has been passed by parliament and the new Medicine Supply Alert Notices.

TB queried the reason for these medicine shortages and whether these are connected to Brexit. *[CD & HH left the meeting]* SG responded that a large proportion of manufacturing sites for pharmaceutical companies are outwith the UK in Europe and beyond and often the reasons for shortages are due to batch failures or plant shutdowns though Brexit is likely to be playing a part in the market somewhere.

DR referred to the price of medicines and queried if there is a trend: if prices overall are becoming more expensive or if it varies from medicine to medicine. *[HH returned to the meeting]* SG responded that there are price increases seen for some medicines when suppliers are limited but that, on the whole due to generic products and range of generic manufactures, price increases are not a significant concern. *[CD returned to the meeting]*

**Recommendation**

- For info only

**Decision**

- The Committee **noted** the content of the paper.

**6.7 IMPLEMENTATION OF SAFE STAFFING STRATEGY**

LB provided an update on the Health & Care (Staffing) (Scotland) Act which is due to be implemented in April 2020 and the Fife Safe Staffing Steering Group which is chaired by the Director of Nursing. LB highlighted the schedule for running tools which will highlight gaps in staffing across all families of nursing. The Scottish Government, led by the Chief Nursing Officer, is developing an escalation process for boards to escalate if they have concerns about their ability to provide safe staffing and the Chief Nursing Officer is coming to Fife in December to meet with all the senior nurses to discuss the implications of the Act coming in.

	<p>KH queried whether this approach could extend into social work staffing and suggested meeting up with LB to have a discussion around this. DH expanded on this point about whether a similar approach could extend across social work and highlighted a good discussion that was held at the Local Partnership Forum between staff side and trade unions noting that some of the challenges involve crossover registration between different bodies i.e. health bodies and social care bodies, but that different staffing models have been looked at along with multi-skilled workers. <i>[JP left the meeting]</i></p> <p>DR queried whether there is an expectation that this legislation may lead to increased supplementary staffing costs. LB responded that there is a potential for this but that a lot of work is being done to try to mitigate this.</p> <p><b><u>Recommendation</u></b> The Clinical &amp; Care Governance Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note this update and consider any implications for the Partnership.</li> </ul> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the content of the report.</li> </ul>	KH/LB
<b>6.9 INTEGRATED PROFESSIONAL ADVISORY GROUP</b>		
	<p><i>[JP returned to the meeting]</i></p> <p>HH gave a verbal update on the Integrated Professional Advisory Group and gave positive feedback that CD has worked hard to reinvigorate the group and noted that a productive meeting has taken place this week with robust discussion. The group is in a much better place and is looking to take work forward and have good integrated discussions around important matters.</p> <p>CD added that it is her intention to step back from the committee following the meeting in January and that a new chair and vice-chair will be elected.</p> <p>TB queried the relationship of the IPAG to the C&amp;CGC. CD responded that the IPAG play an important role, being the professional view right across what we are doing, they see the CCGC papers before the committee and we should be asking them for a view on what we are doing but what we need to do is look at the timing of the IPAG in relation to this committee because at present they are getting two days to look at the volume of minutes. Work is ongoing to improve this.</p> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the content of the report.</li> </ul>	
<b>6.10 BREXIT UPDATE</b>		
	<p>FM noted that there had been some previous discussion on this subject and the feedback from the Scottish Government was around how we can support our partners and the external providers to make sure their staffing is maintained. FM noted that Scottish Care had put out a questionnaire to all the external providers to make sure that they are following non-EU staff processes and this is ongoing: the results from the questionnaires are not yet back but FM is due to have a meeting with Paul Dundas and will discuss it then. The Scottish Government had sent a letter to announce that they have launched a <i>Stay in Scotland</i> campaign and external providers are being asked to promote this.</p>	

	<p>DR referred to the system that was introduced by the government for EU nationals to stay in this country and queried whether many partnership staff have made use of this and received clearance to stay in the country. FM responded that we do not have this type of detail and it is possibly that it is not widely available but we do have a predicted number of expats who are likely to return which is just over 1000.</p> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>The Committee <b>noted</b> the update.</li> </ul>	
<b>6.11 INFORMATION GOVERNANCE AND eHEALTH</b>		
	<p>Lesly Donovan had been expected to attend to talk to this paper but had not presented at the meeting. TB noted that the outcome of the audit on NHS Fife Information Governance and eHealth had given an audit opinion of adequate with an action plan with target dates for improvement. AS highlighted that an overarching information governance action plan has been developed within the Partnership and this includes: the actions for the Partnership from that plan; the actions from the IJB records management plan (which has been approved by the Keeper of the Records of Scotland); and actions from the Information Governance audit for the IJB. TB suggested that this overarching action plan should be brought back to this Committee at a later date.</p> <p><b><u>Recommendation</u></b></p> <p>The Clinical &amp; Care Governance Committee is asked to:</p> <ul style="list-style-type: none"> <li>Note this SBAR and accompanying report which has been submitted for information.</li> </ul> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>The Committee <b>noted</b> the content of the report.</li> <li>The Committee <b>agreed</b> to add the overarching information governance action plan to the workplan for this Committee to be brought back at a future date.</li> </ul>	<b>CG</b>
<b>6.12 RISK MANAGEMENT STRATEGY REVIEW</b>		
	<p>FM presented the Risk Management Strategy Review noting that it had been discussed at the Finance &amp; Performance Committee and that work to review the strategy and update the policy had been through the Audit &amp; Risk Committee. Work continues on the managers' guidance that goes along with this. <i>[MB left the meeting]</i></p> <p><b><u>Recommendation</u></b></p> <p>The Clinical &amp; Care Governance Committee is asked to:</p> <ul style="list-style-type: none"> <li>Discuss the revised Risk Management Policy and Strategy and agree submission to the IJB for approval.</li> <li>Note the development of the Risk Management Process – Guidance for Managers</li> </ul> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>The Committee agreed to recommend the report for approval at the IJB.</li> </ul>	



	<p><b>6.13 COMMUNITY PAEDIATRICIAN SERVICE</b></p>	
	<p>HH &amp; JP gave a verbal update on this item. JP highlighted that the Community Paediatrician Service sits within the acute services and not the Health &amp; Social Care Partnership and so any issues in relation to waiting times or recruitment are the responsibility of acute services. HH noted that Dr McKenna is looking into the waiting times and staffing issues within this service.</p> <p>TB queried whether this Committee could expect an update on the redesign issue or if this too comes under acute services. JP responded that a report had been brought to this Committee explaining the redesign of the paediatrics because of the challenges the paediatric service had been facing but no update had been planned. <i>[MB returned to the meeting]</i></p> <p><b>Decision</b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the update.</li> </ul>	
	<p><b>6.14 IMPROVING THE CANCER JOURNEY (ICJ)</b></p>	
	<p>JP presented the progress report on the first year of operation of the ICJ and introduced Elaine Law, Social Work Service Manager and one of the leads from the ICJ. JP highlighted that there will be a full evaluation report due in March/April 2020.</p> <p>TB welcomed the report and queried if this is only for individuals and families with a cancer diagnosis or does it also include people with long-term conditions. JP responded that it is funded by Macmillan so is just for patients with cancer but it is recognised that people do not ever have just one diagnosis and so the ultimate aim is to look at these long-term conditions in the future. EL highlighted that there is an agreed test of change to link in with another long-term condition.</p> <p>TB queried whether the partnership will have to look at funding this project once the Macmillan funding has ended. JP responded that the hope is that it will be sustainable in some form though perhaps not in its current form.</p> <p>CC queried whether there is a waiting list. EL responded that there are waiting times and that she could share this information with CC following the meeting.</p> <p>TB queried what percentage of people when they are offered assessment takes this up. EL said that she could check the data for this and share this information with TB. <i>[done]</i></p> <p><b>Recommendation</b> The Clinical &amp; Care Governance Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of this report and specifically: <ul style="list-style-type: none"> <li>○ that people affected by cancer require ongoing support</li> <li>○ the importance of ICJ in H&amp;SC strategic planning</li> <li>○ the principles and positive impact of partnership working</li> <li>○ the findings from year 1</li> </ul> </li> </ul> <p><b>Decision</b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the content of the report.</li> </ul>	<p><b>EL</b></p> <p><b>EL</b></p>

	<b>6.15 GOVERNANCE MANUAL</b>	
	<p>HH summarised the paper on behalf of Norma Aitken noting that the Committee is only required to comment on the Code of Corporate Governance elements of the manual as the remainder of the manual has previously been agreed.</p> <p><b><u>Recommendation</u></b> The Clinical &amp; Care Governance Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the first edition of the new Governance Manual.</li> <li>• Approve the Revision period of 3 years from the date of approval.</li> </ul> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the content of the report.</li> </ul>	
<b>7.</b>	<b>EXECUTIVE LEAD REPORTS &amp; MINUTES FROM LINKED COMMITTEES</b>	
	<b>7.1 EAST DIVISION CLINICAL &amp; CARE GOVERNANCE COMMITTEE - 11/09/2019</b>	
	<p>DH referred to items 5.3 &amp; 5.3.1 <i>[page 288]</i> and highlighted that all of the recommendations from the Healthcare Improvement Scotland inspection of Glenrothes Hospital have been concluded and implemented through an action plan though ongoing risks that have been identified are: recruitment of district charge nurses; medical workforce division. <i>[MB left the meeting]</i></p> <p>DR referred to the community hospital redesign process and queried if this will have to go through the governance committees again or go straight to the IJB and when this is likely to happen. DH responded that currently it is going through the Stage &amp; Gate process and it is not clear what the revised timetable will be and that it will go through the governance process in due course.</p> <p>TB referred to item 8.2 <i>[page 292]</i> and asked about the Participation &amp; Engagement Network (PEN). LB confirmed that an option appraisal of the PEN work had been taken forward to the Clinical Governance Committee and feedback is awaited. TB noted that this paper should also come to this Committee at the next meeting. <i>[MB returned to the meeting]</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> <li>• <b>Agreed</b> that the PEN option appraisal paper should come to this Committee.</li> </ul>	<b>CG</b>
	<b>7.2 WEST DIVISION CLINICAL &amp; CARE GOVERNANCE COMMITTEE - 18/09/19</b>	
	<p>TB queried if Hospital at Home is working well. CD responded that it is a well regarded service which is working well.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	
	<b>7.3 FIFE WIDE DIVISION CLINICAL &amp; CARE GOVERNANCE COMMITTEE - 09/08/2019</b>	
	<p>JP clarified that at point 9 <i>[page 310]</i> the escalation mentioned was not in relation to escalation to this Committee but instead escalation to herself as she had not been at that particular meeting.</p>	

	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	
	7.4 FIFE AREA DRUGS & THERAPEUTICS COMMITTEE - 21/08/2019	
	<p>SG noted that these minutes have come previously to this Committee and have been discussed.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	
	7.5 INTEGRATED PROFESSIONAL ADVISORY GROUP - 25/09/2019	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	
<b>8.</b>	<b>FOR NOTING</b>	
	8.1 MINUTE OF THE INFECTION CONTROL COMMITTEE – 05/06/2019	
	<p>Recommendation</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	
	8.2 IJB RECORDS MANAGEMENT	
	<p><b><u>Recommendation</u></b></p> <p>The Clinical &amp; Care Governance Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of this report and the supporting documentation.</li> </ul> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the content of the report.</li> </ul>	
<b>9.</b>	<b>ITEMS FOR ESCALATION</b>	
	<ul style="list-style-type: none"> <li>• Primary Care Improvement Plan: to highlight this matter to the IJB and to note that the Committee supports the plan for early recruitment of staff.</li> <li>• Alcohol &amp; Drug Partnership issues: to advise the IJB that C&amp;CGC have had the report, there was good discussion with opportunity for members to ask questions and we are looking forward to further updates from ADP.</li> </ul>	
<b>10.</b>	<b>DATE OF NEXT MEETING</b>	
	Friday 10 <sup>th</sup> January 2020, 10.00 am, Conference Room 1, Ground Floor, Fife House	

Agenda item no 10.4

Title of Group/Sub-committee	HSCP Clinical and Care Governance Committee
Date of Group/Sub-committee Meeting:	Friday 10 <sup>th</sup> January 2020
Release: draft/final minutes	Draft
Author/Accountable Person:	Dr Helen Hellewell

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

1. Dr Helen Hellewell and Lynn Barker presented the clinical quality report and highlighted improvements in the process for reporting of adverse events. There was a detailed discussion of the falls and pressure ulcer data and the initiatives around their prevention.
2. Scott Garden informed the group of the internal audit that he had commissioned and to look at the transport of medicines. This was to look at the transport of medicines from VHK and QMH to the community hospitals in Fife. He went on to describe the new electronic processes that were to be introduced.
3. Dr Helen Hellewell discussed that unfortunately there had been an increase in the number of restraints in mental health wards over the last 5 data points she gave assurance that a detailed look was being undertaken by clinical staff to identify and address the causes.
4. There was discussion of the smoke free site consultation.
5. The duty of candour annual reports for NHS fife and fife council were both discussed.
6. Nicky Connor gave a briefing on delayed discharge and the significant work that is being done in this area was discussed at length.
7. Julie Paterson updated in relation to progress for CAMHS against the referral to treatment target.

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8. The Two child protection annual reports were presented and discussed one was of the work of the child protection committee and the other was of practice within health and social care which includes NHS fife children’s services.
9. Julie Paterson presented the chief social work officers report.
10. The fife suicide prevention plan which is in its draft stage was presented and discussed.
11. Dr Helen Hellewell presented the contents of the halfway through return to the Scottish government concerning the primary care improvement plan and which aspects would be implemented in fife by march 2021 and which by march 2022 , the risks and the mitigation around those risks.

What are the concerns/issues/risks you want to bring to the attention of the committee?

*Include any actions taken to date*

*There were no items for escalation*

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**UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE  
FRIDAY 10<sup>TH</sup> JANUARY 2020, 10.00AM  
CONFERENCE ROOM 1, GROUND FLOOR, FIFE HOUSE**

- Present:** Martin Black, NHS Board Member  
Councillor Tim Brett [Chair]  
Wilma Brown, Employee Director  
Christina Cooper, NHS Board Member  
Councillor David J Ross  
Councillor Jan Wincott
- Attending:** Lynn Barker, Interim Associate Director of Nursing  
Nicky Connor, Director of Health & Social Care  
Simon Fevre, Staff Side Representative  
Scott Garden, Director of Pharmacy  
Cathy Gilvear, Quality Clinical & Care Governance Lead  
David Heaney, Divisional General Manager (East)  
Dr Helen Hellewell, Associate Medical Director  
Paul Madill, Consultant in Public Health  
Julie Paterson, Divisional General Manager (Fife Wide)
- Apologies for absence:** Norma Aitken, Head of Corporate Service, Fife H&SCP  
Helen Buchanan, Director of Nursing  
Claire Dobson, Divisional General Manager (West)  
Kathy Henwood, Chief Social Work Officer  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Dr Chris McKenna, Medical Director
- In attendance:** Ruth Bennett, Health Promotion Manager  
Cicilie Rainey, Project Lead Nurse  
Alan Small, Independent Chair CPC  
Avril Sweeney, Manager – Risk Compliance  
Andrew Woodall, Project Secretary (Minutes)

*N.B. The items were discussed in a different order than that given on the agenda and are listed here in the order that they were discussed on the day.*

NO	HEADING	ACTION
1.	<p><b>CHAIRPERSON'S WELCOME &amp; OPENING REMARKS</b></p> <p>The Chair welcomed everyone to the meeting and, as with the previous meeting in November, expressed his concern about the volume of papers that were circulated noting that he intends to look into this matter along with HH for future meetings.</p> <p>The Chair expressed his thanks to Andrew Henry-Gray for his help over the last few meetings, and welcomed Andrew Woodall who has taken over this role in the interim.</p> <p>The Chair noted that the members of the committee had, again, received the advice from the Standards Commission which he hoped everyone was aware of.</p>	

	<p>The Chair informed the group that the Scottish Parliament is undertaking an enquiry into Social Care in Scotland and they are looking for people with experience of receiving social care.</p>	
2.	<p><b>DECLARATION OF MEMBERS' INTEREST</b> There were no declarations of interest.</p>	
3.	<p><b>APOLOGIES FOR ABSENCE</b> Apologies were noted as above.</p>	
4.	<p><b>MINUTES OF PREVIOUS MEETINGS</b> The Committee discussed the minute of the C&amp;CGC meeting of 08/11/2019 and the following points were raised:</p> <p><i>[Page 2, Item 5, Para 2]</i> Correction: 'quantitative data' should read 'qualitative data'.</p> <p><i>[Page 2, Item 6.8, Para 3]</i> Correction: JP clarified that the information was considered at the NHS Fife Clinical Governance Committee as there is no Care at that Committee.</p> <p><i>[Page 2, Item 6.8, Para 3]</i> Correction: JP clarified that the review was of the Alcohol &amp; Drug Partnership, not Alcohol &amp; Drug Policy.</p> <p><i>[Page 5, Item 6.2, Para 5]</i> Correction: JP clarified that the targets were set by Fife Council and not NHS Fife.</p> <p>With these corrections the minutes of 08/11/2019 were accepted as a true and accurate record.</p> <p><b>Decision</b></p> <ul style="list-style-type: none"> <li>The Committee <b>Agreed</b> to approve the minute of 08/11/2019.</li> </ul>	
5.	<p><b>MATTERS ARISING – OUTSTANDING ACTIONS FROM ACTION LIST</b> The Chair noted the action from 08/11/2019 [item 6.8] which was for NHS Fife to do a review of the Alcohol &amp; Drug Partnership. TB asked for an update. JP confirmed that there had been a meeting before Christmas and a development session is scheduled in the New Year with the ADP partners to look at the work plan going forward and considering some of the feedback that has been given.</p> <p>The Chair noted the action from 08/11/2019 [item 6.14] which was for Elaine Law to check waiting times and the percentage of which accepted an assessment. JP will follow this up and feedback.</p>	JP
6.	<p><b>GOVERNANCE</b> <b>6.1 CLINICAL QUALITY REPORT</b> HH introduced the Clinical Quality Report noting that she and LB would go through the key points of the report to be noted.</p>	

	<p><b>Adverse Events</b></p> <p>HH informed the committee that there had been some key improvements in this area with continued improvement noted in achieving the target for the SBAR. HH explained that there was discussion around how a brief summary of the key themes through the year could be developed to be shared with the committee.</p> <p>LB stated the teams have been working really hard around the SBAR and it is important to note again as this has been ongoing despite busy clinics and teams are managing to achieve almost 100%, five day return. Something that will be improved is those in the holding area but this is still under review and updates will be brought for the committee to see.</p> <p><b>Hospital Standardised Mortality Ratio (HSMR)</b></p> <p>As discussed at the last committee, the HSMR for the beds at Queen Margaret Hospital (QMH) are difficult to interpret due to their small numbers. There have been ongoing discussions locally and nationally and all are content that there is no significant HSMR for any hospitals.</p> <p>CG had contacted ISD regarding this and number appears high but ISD are content that this isn't statistically relevant because of the tiny number of beds, and they are also considering whether these beds should even remain within the report as it include Palliative Care (PC) beds which don't fit the model.</p> <p>TB asked if this only included Acute beds so places like Stratheden wouldn't be included. HH confirmed that Community Hospital beds aren't in the report so it's thought the beds at QMH shouldn't be included as they don't fulfil the criteria of acute beds.</p> <p>DR queried why there is a misattribution of data, and what is "data being poorly recorded nationally" referring to and is there any effort to improve the quality of recording PC data. HH explained that PC data isn't collected in the same way that the national acute hospital bed data is collected therefore it is difficult to compare. These beds have PC patients in them so it is expected they have a higher mortality rate. CG added that ISD are acknowledging the difficulty of recording the data and their model doesn't fit the type of patient within the PC Service. HH told the group there are improvements around the coding of main diagnosis linked to national work on death certification data. DR asked if there is an indication of when these improvements will happen, and if there is a national framework for collecting PC data and if this is effective and working. HH answered that the data collected regarding PC is around qualitative and symptom control as these are the areas of assurance for this specialty, and there is a robust framework of collection for this data. For the work regarding coding, since the electronic death certificates have come in, there have been national reports and HH will find out when the next report is available and bring to this committee to provide reassurance.</p>	HH
	<p><b>Falls and Pressure Ulcers</b></p> <p>LB explained the Falls Collaborative is ongoing however there is a review of how quality improvement work is looked at for both Falls and Pressure Ulcers. This is looking at how the learning is shared, and if it is making an impact. Quality Collaborative work has</p>	



been happening across the HSCP for a few years and, although this has been working, it was thought it could improve further, aiming at a more holistic approach.

TB asked LB about the Falls Card and how it is used. CG informed the group that the Falls Card is to remind staff of all elements to consider to prevent a patient from falling again, making sure all appropriate measures are in place. TB asked if this was only looked at after a fall had taken place. CG explained staff use this before a fall takes place but once a fall happens it automatically put that patient at a higher risk.

MB asked if there could be timescales on reviews being undertaken. LB explained that there are two things being reviewed; the data and overview of what is happening is reviewed monthly by teams and a wider review of the Collaborative is ongoing and will be completed within the next month.

CC asked if Falls and Pressure Ulcers anticipatory and preventative measures were linked to Community Care Homes and Community support. LB informed the group that this was linked through Community Nursing however LB has had ongoing conversations with Alan Adamson and Fiona McKay to look into this more in the future. LB explained work has previously been done with Care Homes for Tissue Viability and Falls. TB asked if it would be possible to start to gather information on falls and pressure ulcers in Care Homes despite this being very challenging. LB responded saying that pressure ulcer data could be gathered as this is collected by Community Nurses, however falls data would be more difficult as Care Homes don't have a consistent method of recording across Fife and this is something that LB is conscious needs to be looked at. HH added the process in the majority of Care Homes if somebody falls, the GP is informed but this process could be more robust.

JW queried what the problem with staff attending the Collaborative QI meetings was and how critical is this to preventing pressure ulcers and falls. LB explained that reasons for staff not attending are being explored and addressed. It's critical that professionals are coming together to share learning and networking but the collaborative work is being done in their clinical areas so it's not having a major impact. NC suggested that a deeper dive into falls and pressure ulcers should be brought to the next meeting to allow a focused discussion. The group was in agreement with this. CG clarified that although it has been difficult getting people together to network, the teams have been travelling to the areas to provide support so the QI work has still been ongoing in the wards.

### **Medicines**

SG informed the group that he had commissioned an internal audit as the chair of the Safe Use of Medicines Group (SUOM) to look at the transport of medicines. This entails the movement of medicines that have been supplied from VHK and QMH to Community Hospitals in Fife. This was a particularly complex audit. SG explained that there was limited assurance in the system at the moment around compliance with the SUOM policies and procedures. This is predominantly around the receipt of medicines and the audit trail, however there is lots of other mitigation in the system that would give assurance that there isn't any diversion and stock is monitored. The purpose of this audit was for the improvement of transport links within Fife to the Community Hospitals; drivers require more time to do the runs and get into the areas to get signatures, and some investment in technology (such as bar coding) is also required. There has been

	<p>some traction with this audit, it went to the NHS Fife Audit and Risk Committee on 09/01/2020, and the action plan is progressing with a number of issues being addressed and these will be monitored by the SUOM group at their monthly meetings.</p> <p>TB queried whether updates for this will come through this mechanism. SG said he was happy to continue to provide updates in the form of the Clinical Quality Report and also to do a deeper dive if required.</p> <p>MB asked how SG how quickly the electronic solutions could be introduced and SG replied that these are available in a small number of other boards already. There have been links made to the national procurement team, through our procurement team, and this could potentially be in place by the end of this financial year.</p> <p>CC asked if the audit included the distribution to the patient or if this is already audited in a different way. SG responded saying this would normally be done through Community Pharmacy, and has not been included in the scope of this audit.</p>	
	<p><b>Healthcare Associated Infection (HAI)</b>  HH gave an update from the deep dive at the last meeting:</p> <ul style="list-style-type: none"> <li>• There are new standards on reduction of HAIs</li> <li>• There has been a reduction in some of these in Fife</li> </ul> <p><b>Urinary Catheter Improvement Group (UCIG)</b>  LB highlighted some progress since the last meeting:</p> <ul style="list-style-type: none"> <li>• Reduced from three subgroups to two subgroups</li> <li>• Testing in various sites across Fife a new insertion and use of maintenance of catheters in the community</li> <li>• A media campaign for staff on how to manage catheters and the use of catheter maintenance solutions</li> </ul> <p>Things are looking positive and the group is scheduled to meet next month.</p> <p>TB asked if there was an update on the trial without catheters mentioned in the report. LB explained that the trial is for individuals that have catheters and might not need to continue with one, normally the test for this is done in an acute setting and the trial is looking to move this into the community setting to allow more people access and is being trialled in two Community Hospitals.</p>	
	<p><b>Mental Health</b>  HH informed the group there had unfortunately been an upward trend in the rate of restraints over the past five data points. HH has linked with the clinical director and has been assured this is being assessed by clinical staff to find out exactly why. HH will follow this up and look to bring back to the next meeting to be able to explain why.</p> <p>The smoke free site consultation is continuing and there has been some apprehension around this as it would make things more difficult for patients who smoke and although we're working with patients in Mental Health settings to reduce their smoking this can still be very challenging for them to do. JP added that the working group are looking into the apprehensions and this is a work in progress.</p>	<p>HH</p>

	<p>TB asked if there are smoking areas in MH wards / outside the wards. HH confirmed that at present there are smoking areas. This policy is to look at whether the whole site could be smoke free so there would need to a change in policy so the ramifications of this are being looked at to see whether this could be implemented successfully as this has been done in other areas.</p> <p>CC added that there is learning from when something similar didn't work so well at a hospital in Fife. CC asked whether the working group was involving Advocacy and patients in the consultation. JP confirmed that these groups were included, along with staff, and the Head of Nursing is leading this in Fife and is linking with other areas.</p>	
	<p><b>Patient Experience</b></p> <p>LB highlighted some of the work going on around patient experience:</p> <ul style="list-style-type: none"> <li>• A meeting with the Chief Nursing Officers at the Scottish Government has been scheduled for a few weeks time to look at our patient experience and our open visiting</li> <li>• Our care experience improvement model is ongoing and being implemented across Fife</li> </ul> <p>TB said it would be good to review the themes of the issues that people are concerned about, although not necessarily at every meeting.</p> <p>TB asked the group if there were any further questions from the more detailed section of the report.</p> <p>DR asked, in relation to adverse events and the 90 days being a challenge, if there was a timescale for the improvements agreed to be taken forward. CG said that improvements were implemented in stages. The SBAR section has made a significant improvement as has incidents reviewed within the holding area. The next part is to look at the 90 day target to ensure that Local Adverse Event Reviews (LAER) and Significant Adverse Event Reviews (SAER) meet their target dates of 90 days. The reviews that are undertaken are very complex and their targets are not being met on a number of occasions. There is ongoing work to look at what the blockages are in the system that is stopping them meeting their targets. DR thanked CG for the update and requested that progress continue to be brought through this report.</p> <p>CC asked for more information on the physical violence and rate of restraint deteriorations. HH noted that there had been an increase of physical violence over the last few data points and this is being looked at as well to try to understand why this is happening to put in mitigating factors to decrease it. TB asked if there is a link in the increase of physical violence and the increase in restraints. HH said that level of data isn't available at the moment but this will be brought back when it becomes available.</p> <p>HH suggested that the format could be reviewed in discussion with TB to take out those aspects relating solely to acute.</p> <p><b>Decision</b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the content of the report.</li> </ul>	

## 6.2 DUTY OF CANDOUR ANNUAL REPORTS

HH spoke to the NHS Fife report. There were 46 adverse events where duty of candour was applied. The majority of these related to an increase in the patients treatment, however there was a small number where death has resulted. These were looked at very carefully. These are usually also looked at under the LAER or SAER.

JW acknowledged that these were small numbers but were still very worrying. JW asked if there is a financial implication to families of those effected, i.e. is the HSCP liable financially, can the family sue, etc. JW referred to Appendix 1 [page 96] and queried why this report was included as this centre had 0 incidents. HH explained that the practices that we run have to provide their own reports, which both had 0 incidents. NC explained that each General Practice in Scotland is required to provide its own report and because NHS Fife manages those Practices they are required to be in the organisational report. NC added that the Medical Director is picking this up nationally to find out why but in the meantime they are still required to be in the organisational report.

In relation to the financial implications NC explained this wouldn't be included in the report. Following the duty of candour discussion with families there are a number of various routes they may take. A SAER will be undertaken with all of these and these would be shared with the family and sometimes this may lead to litigation and sometimes not. This would be separate to this report and would be to NHS Fife not to the Partnership. NC apologised for the vague answer but stated there are a lot of responses that families may take

MB referred to the training available for staff [page 111] and asked how many staff had undertaken the training so far. JP clarified that was part of the Fife Council report and would be discussed later in the meeting.

TB suggested it would have been good to also have the total number of procedures that are undertaken as 46 is likely to be a tiny percentage of this. TB requested that next year's report includes this year's figures for comparison. He also commented should we ask the 46 individuals / families who have been effected how they felt about this new procedure as this could be helpful. NC said she would pass TB's comments to the Medical Director of NHS Fife regarding the report. NC described the process of engaging with families stating an open discussion with the family is had at the point of being made aware of an incident. The family is invited to be part of the review process and are offered a learning summary at the end of the process. There is regular discussion with the family, allowing them to be as involved as they wish to be. Speaking from experience in being involved in SAERs in the past NC said that families generally hugely value being kept up to date with progress and the open communication shared.

JP spoke to the Fife Council report. In answer to MB's earlier question about training, JP informed the group that in the first year 714 staff had completed the training module. MB enquired what percentage of staff this covers. JP will find this out.

DR requested clarification that this report was for the year 2018/19 and referred to the number of incidents on page 105 and asked what happened with the other five incidents that hadn't been included in the total count of 18. ASw confirmed the report covers the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019. ASw clarified that at the time of writing the report there was five incidents that were unclear whether the duty of candour

	<p>applied, and it turned out that duty of candour did apply then this will be picked up in the 2019/20 report.</p> <p>TB asked JP if the two incidents in which a person passed away would be picked up under the adverse events mechanism so that when a summary is made available these would be included. JP explained that Fife Council don't have a significant adverse events process but there are different processes for review when concerns are raised. ASw confirmed that incidents such as these would come under Accident Procedures so there would be a process for review and this would be done in conjunction with the relevant service and the corporate health and safety team. TB asked if this committee would be informed about these incidents at some point, or where would that information go. NC agreed to take a discussion away with JP in relation to when there have been significant reviews within Council services, and what the mechanism is for that learning to be fed back.</p> <p>MB requested clarification on what "person's treatment increased" meant for Council services. NC explained this could be many things, i.e. someone having a fall and needing to go to hospital, or fracturing their hip and requiring surgery, etc. MB stated that an "increase" suggests that someone is getting more help. NC clarified that it is based on when the incident occurred and what that resulted in for the individual, i.e. if the person hadn't fallen they wouldn't have needed surgery therefore the surgery is the increase of treatment. NC confirmed these people had been cared for as they should have been in relation to their incident but the reason for them being in the report is for the learning around whether the incident should've happened in the first place and how can this be reduced going forward.</p> <p><b>Decision</b></p> <ul style="list-style-type: none"> <li>The Committee <b>noted</b> the content of the report.</li> </ul>	
	<p><b>6.3 DELAYED DISCHARGE</b></p>	
	<p>NC briefed the group on Delayed Discharge and noted that it is important that this committee is sighted on this as it is an area that is of concern and under significant pressure, particularly in this time in the midst of winter. NC proposed that, following an update today, a fuller discussion with data is brought back to the next committee meeting.</p> <p>NC updated the group informing that there are multiple challenges around delivering the aim of supporting people to live at home or in a homely setting. 90% of people who have unscheduled care admissions to hospital are likely to be people who end up in delay. The solution to this would be to prevent the admission to hospital and we need to be working within our community setting to do that. The challenge is that we have a high level of delay and pressure within our Acute services. NC continued stating the next steps are looking at how we bring the level of delay down and increase support within the community to prevent admission, and these need to happen in tandem. This becomes a challenge with a finite resource and is a challenge across the whole system.</p> <p>Some of the key points of the work currently being done are:</p> <ul style="list-style-type: none"> <li>Focusing on areas that have delay -flow through in acute/community hospitals and mental Health and learning disability wards.</li> </ul>	

- Looking at joining up whole system working to ensure people are on the right care pathway to begin with.
- Looked across Scotland at areas with lower delay. A team travelled to Inverclyde in December to have a look at what they do differently.
- Looking at how we can support discharge to assess .There has been important work taking place across our system, involving both Partnership staff and Acute Services staff, bringing people into the Hub. This needs to be done safely and in line with our professional standards. There are currently twice weekly meetings between Acute staff and Partnership staff.
- This is an item that is discussed at the Executive Director's Group every Monday in terms of our performance of how we have supported flow out of the hospital and what this means in relation to delay.
- This is also a collective priority and standing item on the Senior Leadership Team (SLT).

NC continued at this time of year it is particularly difficult, with the challenges of winter, and the system is particularly pressured. We have been required to increase our Community Hospital beds on an interim basis and we are commissioning more care in line with the Winter Plan within a community setting.

Within all of this there are people who we require to support their care in the right places and we're committed to doing that. This is a priority for us as we work together. There are particular challenges around the pressures on our Community Services, i.e. Home Care. There have been previous reports on the challenges within the Independent Sector and there is work ongoing with Paul Dundas about what can be done there.

There has been work done this week around low level intervention looking at where we can bring people in to the system and this has involved bringing a Third Sector team, Help to Stay at Home into the hub to assist.

We are trying to be creative and sustaining significant focus, which is consuming a lot of time for the SLT in terms of trying to work together to address this but is an important agenda for this committee to be sighted on because there are clinical, quality and care issues associated with all of this.

NC concluded her update on delayed discharge and asked if there were any questions, re-proposing a fuller report brought to the next meeting.

DH added that there is also some intermediate timescale work being done as well. This involves a proposal being drawn up to review the large number of 15 minute care at home visits there are in Fife as this absorbs a lot of capacity. The review would be done over a 12 week period to ensure people are receiving the appropriate level of care which should free up some capacity in the system which can then be used.

DH informed the group that recruitment for two peripatetic teams is underway as another problem is getting double up care, so having two dedicated peripatetic responsive teams that will pick these up.

TB thanked NC and DH for their update. TB suggested that a quick briefing note summarising what NC and DH have said would be better than a more detailed

	<p>discussion due to the pressure already surrounding this. DH agreed to a briefing for the committee.</p> <p>DR asked if the numbers of those, both in Acute and Community settings, waiting for care were available. DR followed this by asking if there were any geographical areas in Fife that are particularly affected, and how this would affect the budget. NC explained the information available; we do know the number of people in delay, and we do know what they're looking for. What is happening this week is to review everybody and ensure they're on the right care pathway. In terms of impact on the budget, there is a finite resource and we are required to do this. There will be immediate action, intermediate actions and longer term actions around transformation and redesign of our services as to how we generate and develop this capacity. NC has met with the Chief Executives of both NHS Fife and Fife Council this week to discuss the particular pressures that we are in and the additional action that we will have to support and the potential impact this will have, in terms of budget. Additional capacity is also being considered in line with the Winter Plan an update on this element will be brought through the Finance and Performance Committee.</p> <p>DH responded to the geographical areas query stating that it is a Fife-wide issue but there are some areas that can be more challenging, i.e. the West Fife villages and some parts of North East Fife. Incentives are being looked at for providers to try and get them to stay in these areas. Another action that has been taken is the suspension of the Total Mobile payment system until the end of January due to feedback from Scottish Care in December stating this was impacting on stability, with care packages being handed back in large numbers. From the feedback DH has received this seems to have stabilised but this will be reviewed at a meeting with Scottish Care next week.</p> <p>DR asked how the Private Sector coping with this at the moment, and if this raises question about the use of Total Mobile in the long term with the Private Sector. DH responded that this is what will be reviewed. DH explained that we need to understand, with the providers, what the actual problem is, is it a real problem or a perceived problem.</p> <p>MB asked if the packages being handed back are because of Total Mobile or because of staffing levels. DH responded that it is probably a mixture of different things. Some providers find it difficult because of Total Mobile, some areas can't recruit/retain staff, other areas the business model no longer stacks up.</p> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the progress made and the next steps.</li> </ul>	
	<p><b>6.4 CAMHS update</b></p>	
	<p>JP presented the update in relation to progress for CAMHS against the Referral to Treatment Target (RTT).</p> <p>JP added that over and above the report the Scottish Government has appointed a new Psychological Therapies Advisor and they are working with us to look at capacity, demand and our staffing in place. In due course an SBAR will be completed and taken to SLT. JP noted this is very welcoming that we now have Psychological Therapies</p>	

	<p>experts with practice experience and CAMHS experts with practice experience that are working with the Scottish Government to understand the whole system.</p> <p>TB queried whether this was two experts or one, JP confirmed two.</p> <p>DR referred to the evening clinics that have recently commenced [page 115] and asked if these are proving helpful to both patients and to easing the strain on the system. JP responded that they are making a huge difference, however that is why the RTT has reduced slightly, the focus is on children and young people that have breached the 18 weeks, but by focusing on this group the staff are not always focusing on the new referrals coming through.</p> <p>TB referred to the 18.5% increase of the referral rate [page 112] and asked JP if this is real, and what the reasons are because if this is continuing to climb then we will be struggling and do we understand what is happening. JP confirmed that this is part of the work being done with the new Scottish Government advisor. JP added that the system is working but it will take time for people to trust the new system and referred to the PANAs [page 115] stating this is a significant piece of work as the main referrers are the GPs so with the PANAs in place to reduce the burden on GPs this is making a difference. Almost 50% of referrals from GPs now no longer go to CAMHS and are redirected to alternative agencies.</p> <p>CC queried the sustainability of the process. This is about Action 15 monies and the future of this and the sustainability of the other funding. CC referred to an advert recently in line with recruitment and noticed it is Clinical Psychology that is still recruiting at a certain band, and asked if this is something that is preventing people from applying, the sustainability of the funding and the level it is pitched at. CC noted from other areas part of the team will involve someone that has been a Clinical, Educational or Neuropsychologist to work differently with children and adolescents. JP responded that we work closely with Educational Psychologists and this is good collaborative working. JP confirmed Action 15 is temporary funding, however there have been discussions with Scottish Government about confirming this will be permanent but this is not confirmed yet. This will be linked to the 800 additional Mental Health staff that they have confirmed across Scotland. The main challenge with Action 15 is not attracting staff, it's keeping the staff because of the temporary nature. JP noted from the report [page 114] that from Action 15 monies we had an addition four staff but three of them left to apply for the doctorate to progress their careers as this is a good stepping stone for them and it's not all because of the temporary nature of the work. This is why with the new recruitment that is being looked at included the element of a sustainable service. Close work with NES to increase the training of CAPS is also being done.</p> <p>TB thanked JP and acknowledged the work going on and the pressure the service is under. TB noted he hopes things improves and looks forward to an update in two meetings time.</p>	
	<p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the update.</li> </ul>	



	<p><b>6.5 EXCELLENCE IN CARE</b></p>	
	<p>LB gave an update to the national programme from the Chief Nursing Officers at Scottish Government following recognition of standardisation of nursing process and outcomes. Excellence in Care is an IT programme called “CAIR” (Care Assurance and Improvement Resource) where you put in your audit results. This is for all families of nursing, with a particular focus on Adult Nursing at the moment. This is being rolled out across Scotland although the audits are still in a testing phase in many areas. Our nurses are getting education and training on how to input into the system. It is also being used to try to cut out duplication and/or overlap of some systems and processes.</p> <p>TB queried whether a written report would be published at some point, LB responded that a paper was brought out a few months ago and LB agreed to bring this to the committee.</p> <p>NC added once this is available it will give data and therefore looking at evolving quality reports it will be able to give data in a different way, and be consistent. LB referred to the data in today’s Clinical Quality Report; the falls rate, the pressure ulcers rate, and the medicine incidents, these will all be at the touch of a button for a Senior Charge Nurse or Team Leader in their clinical area. At the moment this is all done through a team, i.e. CGs team, printing it out from their information and putting it in the clinical areas for the teams.</p>	
	<p><b>Decision</b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the update.</li> </ul>	
	<p><b>6.6 GOSPORT (LEARNING / SELF ASSESSMENT)</b></p>	
	<p>LB gave an update to the Gosport Report. Following the last meeting CG contacted the Chief Medical Office. CG informed the group the response from the Chief Medical Office was that there would be no national self assessment process undertaken therefore no national requirement for boards to fill in the self assessment criteria.</p> <p>SG gave some assurance around how our existing work around controlled drugs and what we have to pick up any issues like Gosport. This work started well before Gosport and is all about the sharing of information and the monitoring of the use of controlled drugs, which includes the work previous mentioned around the SUOM. SG informed the group that every clinical area is audited ever six months. SG continued that a lot of the findings from the Gosport Report were around culture, and with these findings culture will be inevitably changed because of the increased scrutiny. In Fife changes to culture have been made over time but there is still further work to do around this, in terms of how we empower staff to report concerns around prescribing. The electronic prescribing mentioned earlier will help this a lot, to see prescribing patterns and validate concerns brought to attention more quickly. SG has previously presented in various forums about the findings from the Gosport Report and relating them to findings in Fife and SG is looking to discuss this with Nurse and Medical Directors to inform some improvement work across the system. SG confirmed there is a lot of assurance in the system and monitoring, alongside discussions recently with clinical leads about the role of the accountable officer</p> <p>TB thanked everyone for their contributions.</p>	

	<p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the update.</li> <li>• SG to inform the Committee when it is appropriate for this to be brought back.</li> </ul>	
	<p><b>6.7 MEDICAL REVALIDATION</b></p>	
	<p>HH presented the Medical Revalidation report. This report is to ensure the Committee that medical revalidation is being undertaken correctly within NHS Fife. HH noted that the report covers the whole of NHS Fife and isn't broken down for those doctors that work within the partnership, it includes all doctors that are linked to Dr Chris McKenna as accountable officer.</p> <p>SG queried if the consequences for doctors of not revalidating their license are the same as that in other professions, being that they will be suspended, HH confirmed this. SG responded saying he is unsure why this has been brought to this committee as this is a regulator responsibility, and it should be for the regulator to manage this. TB echoed that he had previously queried this.</p> <p>TB noted the report tells us things are working well and it is very strong on process but there is nothing in it that tells us any outcomes. HH clarified this report would not have that kind of detail, as it is not thought to be appropriate to be included, and is instead to ensure that the process is robust.</p> <p>TB referred to the report [page 127] and asked who selects the patients for the doctors to discuss feedback with. HH responded she is unsure how this is done in Secondary Care but in General Practice it is done randomly by administrative staff, where they give questionnaires out randomly during the surgeries for a few weeks so that doctors don't know who has been selected. TB thanked HH and noted he will ask again why this is brought to the committee each year.</p> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the content of the report.</li> </ul>	
	<p><b>6.8 CHILD PROTECTION ANNUAL REPORTS</b></p>	
	<p>JP confirmed that at a previous meeting it was agreed that every January two Child Protection reports would be brought for information; one of the Child Protection Committee and the other of the practice within Health and Social Care, which includes NHS Fife Children's Services.</p> <p>JP noted a slight error on the agenda that it is ASm that will speak to the Child Protection Committee report and CR would speak to the NHS Children's Services report along with herself.</p>	
	<p><b>Child Protection Committee report</b></p> <p>ASm emphasised the report looks at progress and achievements by the Child Protection Committee (CPC) during the period April 2018 to April 2019 and doesn't reflect current workstreams. ASm explained that the inspection process tends to dominate CPC business for about nine months, and going into 2018 the CPC knew an inspection was likely having asked the Care Inspectorate to move Fife Partnership to the start of the new inspection regime. Notification of the inspection was received in Spring 2018 and a 30 page self evaluation document to be submitted by August 2018.</p>	

Each statement within this document had to be cross referenced to written evidence and as a result a library of 508 pieces of documentary evidence to submit. ASm clarified this information was to give members an idea of the scale of the inspection.

TB thanked ASm for his briefing and congratulated the CPC for their progress over the last few years. TB noted the report is encouraging but, referring to the five areas for improvement [page 140], how will we know we are improving in these areas, specifically points 3, 4 and 5. ASm responded that often the improvements for these areas will be to update and refresh policies or introduce training or various other methods, however the only real way of knowing if this is making a difference is through self evaluation and this is a key function of the CPC. There is a case file audit every year, there is an improvement plan in relation to the Care Inspectorate inspection which is monitored by the CPC and the Children's Services Partnerships Group, as it's not all about child protection. An understanding of improvement will be gained through audit and evaluation, and speaking to staff. ASm acknowledged that this won't happen overnight and it will take time to embed, examine and evaluate.

CC referred to the participation and engagement of children in some of the groups [page 146] and reiterated her view on independent advocacy for children so that they can have a voice. CC asked what the plan was for the voice of the child to be represented throughout all of the developments moving forward. ASm responded that one of the first things the Engagement and Participation Working Group did when they were formed was scope the activity that is happening throughout Fife. ASm agreed there are many different ways to capture the voices of children. ASm explained that what the CPC has to do primarily is look at children who have experienced the child protection system so although there is more engagement and participation within universal services, i.e. schools, this isn't necessarily telling the CPC what they need to know. The current system in Fife involves reviewing officers who look after cases and the CPC is looking at how it can improve getting information from them. The CPC are looking at using people who are working with children in the service to capture their views as they move through the process, and understanding how they feel about it. ASm confirmed that independent advocacy for children and keeping the child and their wishes at the centre as much as possible in one of the CPCs aims. Every time a staff member has a contact with a child and/or their family we should be trying to elicit views, other than going back at the end of the process with a questionnaire. The CPC has also looked at two new systems in Scotland that allow children to engage off their own back, i.e. online. ASm noted he hoped that the new Social Work system being commissioned will include this functionality so that children can decide when they want to comment and can do so through their own means of communication.

CC thanked ASm for his response and added this isn't just about Children's Services, Advocacy is one area that is important at the point of transitioning through services and having different conversations with people. CC noted it is useful to know that this is on the CPCs agenda.

MB agreed with ASm's comment that upon reading the Inspection Report it reads better than the evaluation of "Good". MB queried whether the five key questions [page 138] the inspection team asked were core questions that every authority were asked? ASm confirmed there is a framework so they are the same questions that are asked in each board. ASm continued that each inspection would be carried out by a different team as the Care Inspectorate has to cover the whole of Scotland. ASm informed the group that

	<p>he is aware the inspection process has changed slightly since Fife were inspected he thinks the process will mature further as more of the 30 CPC in Scotland are inspected.</p> <p>MB referred to bullet point 3 of the foreword [page 134] stating that hearing is ok but he would prefer that the CPC will listen to children, as there is a difference between hearing and listening. ASm acknowledges this as a good point and notes this is a challenge for the CPC because even with the engagement and participation that is ongoing we need to ensure this isn't tokenistic and we don't just "hear" children.</p> <p>PM referenced the training in relation to domestic abuse and child protection [page 142] and queried whether there is any more information about how this is working out. ASm explained the CPC works closely with the Violence Against Women Partnership and this is all featured within the training. It has been established that when there is domestic abuse in the family the child is at greater risk. ASm noted that Fife is one of the first areas to bring Safer Together training onboard.</p> <p>TB asked ASm what proportion of children in the system have one or more parent(s) with an addiction problem, i.e. alcohol or drugs. ASm responded that he didn't have that information to hand but said that when there are addiction issues within a family then risks do increase, as with domestic abuse and mental health issues. ASm will try to get this data and feed back into the committee. TB queried whether the CPC works closely with the relevant addiction services which ASm confirmed.</p>	
	<p><b>NHS Children's Services report</b></p> <p>JP spoke to the service annual report which links closely to the CPC report. CR gave a quick introduction to the team she leads. This includes five Specialist Senior Nurses and Lead Consultant in Child Protection who is a Consultant Paediatrician. The core functions of the team are to support staff and give advice.</p> <p>MB referred to the assessment and the low response rate [3.1.2 page 152] and queried when the improvements noted will happen. CR explained that the process is to send out a record of discussion that summarises the advice that was given and the discussion that was had, this should then be sent back confirming that it is accurate. Once this has been received an email is sent requesting feedback for quality assurance purposes and the issue is the response rate to this is around 30%. CR continued the service has looked at other ways of doing this to ensure a more timely response, i.e. changing from emails being sent once per week to once per day. Some staff have multiple discussions so they may feel there is no need to respond after every one.</p> <p>TB referred to the surge in children being registered and remaining on the Child Protection Register for longer [page 152] and queried why this was and if this is still the case, and also what is meant by dissent [page 154]. CR explained the surge in children on the register referred to the annual multi-agency audit that is commissioned by the CPC and this was the reason the case file audit was undertaken, to see if the reason for the surge could be understood. The work for this audit is just coming together and the report hasn't gone to the CPC yet. ASm added that it's too recent to give a straight forward answer because the work is still ongoing. ASm noted that it isn't necessarily a bad thing that more children are on the Child Protection Register, as children on the register are being kept extremely safe. The work will continue and should be able to be brought back next year with the explanation. CR responded to the query about dissent</p>	

	<p>explaining in this context dissent is used when there is a disagreement in views about potential risks for a child, i.e. different opinions by nursing and medical staff.</p> <p>CC noted the peer reviews [3.1.4, page 153] are very proactive in line with learning and queried whether any Third / Independent Sector involvement would be included in the further developments planned. CR responded that this isn't being thought about at this point but is something that can certainly be considered for the future. CR added more time is needed to harness this model but thanked CC for her suggestion will take this back for discussion.</p> <p>TB thanked ASm and CR for coming and presenting these reports.</p>	
	<p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>The Committee <b>noted</b> the content of the two reports.</li> </ul>	
	<p><b>6.9 CHIEF SOCIAL WORK OFFICER REPORT</b></p>	
	<p>JP spoke to the annual Chief Social Work Officer report and noted this is last year's report. JP informed members that going forward the report will look different as KH and herself work together to make some aspects of the report more clear.</p> <p>TB noted the interesting content in the report and that he planned to meet with KH and JP to discuss this further and invited members to attend if they wished.</p> <p>TB referred to the joint budget of £5.29 million [page 159] and queried whether this should be £529 million. NC confirmed £529 million is the correct amount.</p> <p>TB asked if the Chief Officer for Social Work in Scotland gives feedback on this report. JP said that she wasn't aware of any feedback being given and this is something that needs to be looked at.</p> <p>DR noted the report is from the previous year and queried whether the 50 START staff [page 173] had been recruited and trained. DH confirmed they have been. TB asked what difference this has made. DH explained that this has helped bring additional capacity however as mentioned earlier the challenge lies in with people going through the START system and then waiting to move to mainstream home care causing challenges with through put. DR asked DH what the current average number of START days is in Fife. DH responded that the target is 42 days but in some cases there are much longer periods than this because there hasn't been the capacity in the last few months to allow people to move through. DH explained he doesn't know the exact number but this will appear in the performance report for the Finance and Performance Committee, DH confirmed the average does exceed the 42 days but isn't sure by how much.</p> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>The Committee <b>noted</b> the content of the report.</li> </ul>	

## 6.10 FIFE SUICIDE PREVENTION PLAN

JP noted the Draft Action Plan [Appendix 2, page 201] is a work in progress. The work being done is focused on ensuring these actions can be delivered. JP referred to the target of 20% reduction of suicides in Fife by 2020 [page 201] noting this will be a challenge.

TB queried whether the term “probable suicides” [page 196] is the way these need to be described. RB confirmed this is the terminology used to report the national figures.

DR referred to the number of To Be Confirmed timescales throughout the action plan and queried if there is a timeline for the draft action plan becoming a published report and how are the TBCs progressing. RB informed that the core group are due to meet at the end of January, with the delivery groups meeting in February. RB explained that by refreshing the membership of these groups we will be able to identify key leads to take ownership of these actions and thereafter being confirmed by the Mental Health Strategic Implementation Group from draft. The timescale is for this to be confirmed over the next three months. RB confirmed that the TBCs would be confirmed by then as well.

TB referred to the governance chart [page 213] noting that this committee isn’t included and if an annual update is to be brought then it should possibly be added in.

TB referred to the business case being developed [Aim 4, page 210] to review all suicides and asked what progress has been made for this. RB explained that this is a recommendation in the national action plan and Fife are committed to create a suicide review group to take this process forward. At the moment Fife are still building the business case and the ambition is to bring this to fruition over the next six months.

MB asked if Samaritans have an offshoot for young people as young people identified in schools will get a lot of peer pressure if they’re seen to be under Samaritans in school. RB explained there is specification in the national framework about the expectation around children and young people, particularly within the school and college setting. Samaritans have a dedicated post within the service to do outreach work with children and young people and they’re keen to look at ways they can engage and complement the work that Education Services have established.

CC asked if there will be a clear work plan for the suicide review group mentioned earlier with outcomes and timelines. RB thanked CC for the suggestion and will take this back to the group. CC added that one of the findings from the Mental Health Enquiry was around terminology and although this is a draft it talks about being recovery focused and this language is something that needs to be thought about to be considerate.

TB referred to the overview of probable suicides in Fife [pages 219/220], specifically the rate of people who had been discharged from hospital within 12 months prior to death, and queried to what extent these individuals can be followed up. JP responded that when we are aware of people within our services there are SAERs carried out, the challenge is when we are not aware of these people. Following review it is found that the only services in Fife that are aware of these people are the Police, at the moment, so we’re looking to follow the Tayside model in terms of prevention going forward.

	<p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the content of the report.</li> <li>• The Committee <b>agreed</b> to add the Fife Suicide Prevention Plan to the workplan for this Committee to be brought back in 12 months.</li> </ul>	
	<p><b>6.11 PARTICIPATION AND ENGAGEMENT NETWORK (PEN)</b></p>	
	<p>NC sought support from the Committee to support moving forward with the PEN work. This was raised as a priority within the ministerial steering group action plan .Fife is required to review the process for participation and engagement within the timeframe outlined. This is being done in partnership with NHS Fife with engagement with Fife Voluntary Action (FVA) and the Scottish Health Council (SHC). Outlined is a review of the current group, recognising what will have to be done through the Participation and Engagement Strategy to take this forward and about how participation and engagement is at the heart of the localities.</p> <p>DR noted the frequent mention of NHS Fife and SHC in the report and queried if there is to be any Fife Council participation in this. DR also asked whether there are enough resources within the Partnership to carry this out effectively. NC apologised for omitting Fife Council through her presentation and confirmed that Fife Council were involved through links with the People’s Panel. NC continued that this is work that is required to be done and there is resource within the Clinical and Care Governance Team and this is being looked at for how this can be best utilised and also continuing to link with Betsy Wojcik and Patient Relations within NHS Fife.</p> <p>DR suggested an effort should be made to engage with hard to reach groups to avoid excluding them or expecting them to come to our consultation events. NC confirmed this and work will continue with FVA and SHC to support how this is done.</p> <p>MB noted a principle of rotation needs to be built in so that it’s not the same person doing the same job. CG agreed that this is why the review is being done, as there is recognition things have been static.</p> <p>SG agreed the report is the right thing to do. SG referred to the IJB development session led by David Williams where he spoke about the public engagement forum and queried how this would factor in. NC suggested to move forward with what has been proposed at the moment and that there will be opportunities after the review of the integration scheme to give thought to what more can be done or if what is being done is enough, and how this will feed in to support the delivery of what is required to be done.</p> <p>TB queried if the public member forum is more made up of staff that are interested in engaging. NC clarified the steering group is the group that will facilitate and coordinate and the public members forum is to support public members on any of our groups.</p>	
	<p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee agreed to support the report.</li> </ul>	
<b>7.</b>	<p><b>PRIMARY CARE IMPROVEMENT PLAN UPDATE</b></p>	
	<p>HH informed the Committee that the Scottish Government has requested a detailed update of services which we will be able to provide in Fife by 2021 and which by 2022. This is ahead of the normal update that is usually provided in March.</p>	

HH stated the following workstreams would be in place by 2021:

- Vaccination transformation
  - Pre-school immunisations
  - School based programme
  - Influenza programme for children
  - At risk and age group programmes (shingles, pneumococcal)
- Community Care and Treatment services
  - Fife-wide Phlebotomy service
- Urgent In-Hours Care
- Additional professional roles
  - Mental Health Triage system for all GP practices
  - MSK Physiotherapy in 3/7 clusters (not possible for 7/7 due to a national shortage of trained physiotherapists).

HH stated the following workstreams will be in place by 2022:

- Pharmacotherapy
- Community Care and Treatment services
  - Wound Care service
- Urgent In-Hours Care
  - Further support from ANP / UCP workforce

TB requested clarification that once the proposal has been submitted we would have to wait for a response from Scottish Government. HH confirmed this will be the case and there may also be some suggestions about overcoming some barriers highlighted in the proposal. HH added that there will be some dialogue nationally and HH will bring this to the next Committee if she has received the return in time. TB agreed that sharing the proposals as they are submitted would be helpful.

SG queried whether the request for information from the Scottish Government was for a review of the release of funding. HH confirmed this is her understanding for the request. SG added that we are working on a premise of a figure that we will be getting next year for this primary care improvement, and this has been categorised internally in terms of priority. SG queried whether this would change anything internally which HH confirmed it would not. SG then queried what this would actually change and suggested it may just cause another delay in the system. SG noted his concerns around workforce and being unable to attract staff, suggesting that this is reflected in the risk register review. HH responded saying that the plan is to have EDG and SLT sign off this month so there shouldn't be much of a delay, however there is a risk that other boards will have been quicker to recruit staff.

DR noted his concerns too about the workforce. DR asked HH if we are confident that we can meet these timescales given that we might not be able to recruit the staff to do it, and also will the Scottish Government provide enough money to implement all of the changes. HH responded that we have ensured as far as possible about the available workforce. The jobs that will be advertised will be attractive and should attract candidates, these have been well applied for when advertised previously, this will enable us to hit the timescales proposed. HH noted that should concerns emerge then these will be brought back to the Committee and be escalated on the risk register. HH continued that it is acknowledged that there is insufficient money anywhere in the



	<p>system to implement everything we would like to do so the proposals were to design for a safe service with the money we are allocated.</p> <p>DR asked if we are aware or considering the possibility of the reputational damage this may cause the IJB and the detrimental opinions of the public if we can't offer the services we want to. HH responded that this will be a good, safe service that will be helpful to the public. HH added that a lot of public education will be required as this service will be quite a change for members of the public and a lot of thought has been given about how best to engage with the public.</p> <p>MB queried if the decisions made by this Committee are linked to the Transformational Change Group as there may be impacts from decisions made by that group. HH confirmed there is a link between the two groups. HH explained that because the money is ring-fenced there is less impact, however we need to ensure that what we are doing is robust and the change group will want assurance around that. HH added that when she presented the improvement plan to that group there was no suggestion of any changes to be made.</p> <p>PM stated that he is confident that what is proposed is going to be better than what has been in place prior to this. PM continued that it has been a tricky process with a lot of push and pull between the needs of General Practice and the need to improve care overall and to reduce the inequalities in health.</p>	
	<p><b>Decision</b></p> <ul style="list-style-type: none"> <li>The Committee <b>noted</b> the update.</li> </ul>	
8.	<b>EXECUTIVE LEAD REPORTS &amp; MINUTES FROM LINKED COMMITTEES</b>	
	8.1 EAST DIVISION CLINICAL & CARE GOVERNANCE COMMITTEE – 13/11/2019	
	<p>DH informed members there was nothing additional from the previous paper but confirmed that work has continued to focus on the staffing challenges.</p> <p>TB noted that the high level risks are Community Nursing leadership and medical workforce [page 228] and these are similar to the risks in the West Division. TB asked LB if she could provide an update or whether this should be raised at a future meeting. LB responded that we are at a stage where our Community Nursing colleagues are retiring and the risk is around the timeliness of training and recruiting, which is actively ongoing within the Partnership, and nationally. LB agreed to bring further information back to a future meeting.</p> <p>TB queried whether the medical workforce risk was just in the East Division or all across Fife. DH informed the group that this is a continuing focus for Glenrothes and Cameron Hospitals. DH added that he and HH work with the service manager to pull this together but have had to rely on medical locums on some occasions to stabilise the medical workforce. There have been unsuccessful attempts at recruiting Speciality Doctors and additional ANPs have been brought in to support this.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li><b>Noted</b> the minutes.</li> </ul>	

	<b>8.2 WEST DIVISION CLINICAL &amp; CARE GOVERNANCE COMMITTEE – 21/11/19</b>	
	<p>TB asked if the issue with the Out-of-Hours Transport Policy [page 238] had been resolved. HH will link with CD to provide an update at the next meeting.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	
	<b>8.3 FIFE WIDE DIVISION CLINICAL &amp; CARE GOVERNANCE COMMITTEE – 01/10/2019</b>	
	<p>JP noted that concerns from Dental Services have decreased now as these related to summer when temperatures were high and surgeries are unable to open windows affecting patients.</p> <p>JP informed members that the staffing challenges relate to Allied Health Professionals (AHP) with Dietetics and Physiotherapy both having over 20% vacancy at the moment.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	
	<b>8.4 FIFE AREA DRUGS &amp; THERAPEUTICS COMMITTEE – 23/10/2019</b>	
	<p>SG highlighted that Fife have taken a lead in realistic prescribing. This is the management of frail patients and hypertension. Fife is the first board to write guidance that is based on evidence that managing blood pressure tightly for frail, multi-morbidity patients can actually cause more harm. Therefore it is important to step down or stop their medicines. This is realistic medicine in practice and should be celebrated. HH added that following the guidance being approved a training event was held with GPs and Care of the Elderly Physicians to look at how this would be implemented.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	
	<b>8.5 INTEGRATED PROFESSIONAL ADVISORY GROUP – 06/11/2019</b>	
	<p>HH informed members that there has been a good reinvigoration of the IPAG since CD has been care taking the group.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	
	<b>8.6 MINUTE OF THE INFECTION CONTROL COMMITTEE – 07/08/2019 &amp; 02/10/2019</b>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	
<b>9.</b>	<b>FOR NOTING</b>	
	<b>9.1 INTEGRATED TRANSFORMATION BOARD – TERMS OF REFERENCE</b>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the minutes.</li> </ul>	

<b>10.</b>	<b>ITEMS FOR ESCALATION</b>	
	There were no items for escalation.	
<b>11.</b>	<b>AOCB</b>	
	There was no other business discussed.	
<b>12.</b>	<b>DATE OF NEXT MEETING</b>	
	Friday 21 <sup>st</sup> February 2020, 10.00 am, Conference Room 1, Ground Floor, Fife House	

UNCONFIRMED

Agenda item no: 9.5

Title of Group/Sub-committee	NHS Fife Clinical Governance Oversight Group
Date of Group/Sub-committee Meeting:	23 January 2020
Release: draft/final minutes	Unconfirmed
Author/Accountable Person:	Dr C McKenna

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

### Quality Of Care Approach

A formal meeting of a short life working group to discuss the Quality of Care Approach self assessment has been arranged for the 25 February 2020. At this meeting individuals / groups will be identified to complete the nine domains that form part of the self assessment.

### Health & Social Care Partnership Clinical Quality Report

It was noted that Queen Margaret Hospital has now been excluded from our HSMR figures.

### NHS Fife Clinical Policy & Procedure update

The group noted that 98.7% of all our clinical policies and procedures are current and in date

The 1 policy which is past its review date; NHS Fife Dress Code and Uniform Policy is expected to be reviewed and signed off by the next policy meeting in February

### Occupational Health Service Clinical

Pertussis vaccination required for all front line staff within Woman's and Children's Services, General Practice and Community services according to priority groups laid out in National Guidance has not yet commenced. This will be a large and ongoing project likely to take years to complete.

What are the concerns/issues/risks you want to bring to the attention of the committee?

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NHS Fife Clinical Governance Committee  
4 March 2020

Agenda item no: 9.5

There are no concerns, issues or risks that require the attention of the committee.

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**Unconfirmed Meeting Note of NHS Fife Clinical Governance Oversight Group  
On Thursday, 23rd January 2020 at 11.00 am in Meeting Room 2, Level 2, Hayfield House,  
Kirkcaldy**

**Present**

Lynn Barker (LB)	Associate Director of Nursing, Health and Social Care Partnership (HSCP)
Dr Sue Blair (SB)	Consultant in Occupational Health, NHS Fife
Lynn Campbell (LC)	Associate Director of Nursing, Acute Services Division (ASD)
Pauline Cumming (PC)	Risk Manager, NHS Fife
Scott Garden (SG)	Director of Pharmacy, NHS Fife
Dr Chris McKenna (CM)	Medical Director, NHS Fife <b>(Chair)</b>
Elizabeth Muir (EM)	NHS Fife Clinical Effectiveness Coordinator
Helen Woodburn (HW)	Head of Quality and Clinical Governance, NHS Fife

**In Attendance**

Yvonne Robertson (YR)	Clinical & Care Governance Team Co-ordinator, HSCP for Cathy Gilvear
Gillian Boga (GB)	Clinical Governance Administrator (Admin Support)

**Apologies:**

Helen Buchanan (HB)	Board Director of Nursing, NHS Fife
Dr Robert Cargill (RC)	Associate Medical Director, Acute Services Division (ASD)
Dr Helen Hellewell (HH)	Associate Medical Director, HSCP
Cathy Gilvear (CG)	Quality, Clinical & Care Governance Lead, HSCP
Donna Hughes (DH)	Patient Relations Manager, NHS Fife
Aileen Lawrie (AL)	Head of Midwifery/Nursing Women and Children's Directorate
Geraldine Smith (GS)	Lead Pharmacist, Medicines Governance and Education & Training

Item		Action
<b>1</b>	<b>Apologies</b>	
	Apologies for absence were <b>noted</b> from the above named members.	
<b>2</b>	<b>Minutes of previous meeting held on Thursday, 14<sup>th</sup> November 2019 at 09.30 in the Staff Club, Victoria Hospital, Kirkcaldy</b>	
	LC referred to the note of the meeting from 14 <sup>th</sup> November 2019 and asked members to check for factual accuracy. The meeting note was deemed as an accurate reflection of the meeting.	
<b>3</b>	<b>Action List</b>	

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4.3	<p>SG queried where the prescribing figures are taken from as he is not aware of this being generated through Pharmacy which would be the preferred way for accurate data.</p> <p>HW advised the adverse events section will change after quarter 2 with the inclusion of Key Performance Indicators (KPI's) which will improve this section.</p> <p>CM advised that the action from the previous meeting to hold a discussion with CM, HB, HW regarding content of the IPQR should go ahead to enable suggested changes to be feedback to the Clinical Governance Committee.</p> <p>No further comments were made for areas to be highlighted.</p> <p><b>H&amp;SCP Clinical Quality Report</b></p> <p>CM advised the group that Queen Margaret Hospital has now been excluded from our HSMR figures.</p>	CM
5	<b>GOVERNANCE ITEMS</b>	
5.1	<p><b>NHS Fife Activity Tracker</b></p> <p>The group noted the content of the NHS Fife Activity Tracker. EM explained 3 reports have been added since our last meeting:</p> <ul style="list-style-type: none"> <li>• Mental Welfare Commission annual Report 2018 -2019</li> <li>• Lynnbank Hospital Mayfield Ward, Mental Welfare Commission – announced Visit</li> <li>• Medical Appraisal Revalidation QA Report 2018n - 2019</li> </ul> <p>LB queried the Mental Welfare visit to Mayfield Ward as she was unaware of this visit having taken place. The group discussed communication regarding announced visits; what is the escalation process, how are these followed up, were staff supported.</p> <p>HW suggested the activity tracker is changed to include information on where the report is being discussed.</p> <p>The group asked that an update is brought back to the next meeting for assurance that the issues are being discussed and addressed</p>	LB
5.2	<p><b>NHS Fife Clinical Policy &amp; Procedure update</b></p> <p>EM advised the group that 98.7% of all clinical policies and procedures are current and in date</p> <p>There is currently 1 policy which is past its review date; NHS Fife Dress Code and Uniform Policy. EM advised that is it expected this will be reviewed and signed off by the next policy meeting in February.</p>	

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<b>6</b>	<b>MINUTES FROM LINKED GROUPS</b>	
<b>6.1</b>	<p><b>NHS Fife Adverse Events and Duty of Candour Group- 18/12/2019</b></p> <p>The minutes and cover sheet of NHS Fife Adverse Events Duty of Candour Group were noted by the group.</p> <p>PC highlighted from the minutes that from February 2020 we will be notifying Health Improvement Scotland (HIS) on a monthly basis all Significant Adverse Event Reviews (SAER) commissioned in the previous month.</p> <p>HW advised the group a Duty of Candour workshop has been arranged which Dr McKenna will chair; invitations for the workshop will be issued shortly. HW encouraged the group to share the invitation with relevant colleagues in their Service/Directorate.</p>	
<b>6.2</b>	<p><b>NHS Fife Clinical Policy &amp; Procedure Coordination and Authorisation Group- 09/12/2019</b></p> <p>The minutes of NHS Fife Clinical Policy &amp; Procedure Coordination and Authorisation Group were noted by the group.</p> <p>EM advised Janette Owens, Associate Director of Nursing, had confirmed the Chaperone Policy was near completion; this policy originated from a complaint.</p>	
<b>6.3</b>	<p><b>NHS Fife Deteriorating Patient Group (Meeting Cancelled)</b></p> <p>EM confirmed the group had not met in nearly 1 year.</p> <p>LC advised there were discussions at the Acute Services Division Clinical Governance Meeting regarding the review of cardiac arrests and how this sits within the adverse event review process. CM advised this should also include community cardiac arrest events.</p> <p>CM requested information regarding the NHS Fife Deteriorating Patient Group is feedback at our next meeting.</p>	<b>RC/LC</b>
<b>6.4</b>	<p><b>In Patient Falls Steering Group – 20/11/2019</b></p> <p>The minutes of Inpatient falls steering group were noted by the group.</p> <p>HW highlighted a number of dates on the work plan were given as asap and recommended completion dates are added.</p>	
<b>6.5</b>	<p><b>NHS Fife Point of Care Testing Committee - 04/12/2019</b></p> <p>The minutes of NHS Fife Point of Care Testing Committee were noted by the group.</p> <p>EM advised a key priority for this committee would be the successful appointment of a POCT coordinator to facilitate effective implementation of the</p>	

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	POCT policy and to support further development of a quality assured service.	
<b>6.6</b>	<p><b>NHS Fife Resuscitation Committee – 24/10/2019</b></p> <p>The minutes of NHS Fife Resuscitation Committee were noted by the group.</p> <p>EM raised a key point for the Resuscitation Committee was the review of the Acute Services procedure for who attends 2222 calls. Discussions were held; the procedure has been amended and approved by RC and LC. The reviewed procedure has been uploaded onto NHS Fife Intranet.</p> <p>LB asked the group if Community CPR events should be reviewed as per Acute Services Division CPR SBAR Review process. CM confirmed they should be. CM Asked LB to take this forward with Dr Gavin Simpson.</p>	<b>LB</b>
<b>6.7</b>	<p><b>NHS Fife Tissue Viability working Group – 18/11/2019</b></p> <p>The minutes of NHS Fife Tissue Viability working Group were noted by the group.</p> <p>HW queried the increase in pressure ulcer incidents in November as from the figures this would appear as normal variation.</p>	
<b>6.8</b>	<p><b>Occupational Health Service Clinical Governance Group Minutes – 14/11/2019</b></p> <p>SB advised the key point raised at the Occupational Health Service Clinical Governance was regarding Pertussis vaccination for existing staff within Woman and Children’s (retrospective review and vaccination offer). This will be a large and ongoing project likely to take years to complete. This is pending until the relevant groups have agreed on the priority groups.</p> <p>SB updated the group with developments around governance for the Skin Surveillance Group. Following discussions Andy Fairgrieve, Head of Health and Safety has advised the group findings can reviewed at the Health and Safety sub group.</p>	
<b>6.9</b>	<p><b>NHS Fife Community Falls Steering Group</b></p> <p>CM asked if the group covered falls at home converting to Emergency Department attendance. LB advised this is something the NHS Fife Community Falls Steering Group could look into.</p>	<b>LB</b>
<b>7</b>	<p><b>AOCB</b></p> <p>The group confirmed there was no further business to discuss.</p>	
<b>8</b>	<p><b>Date of Next Meeting: Wednesday 11<sup>th</sup> March 2020 at 09.30 in The Board room, Staff Club, Victoria Hospital Kirkcaldy.</b></p>	

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Title of Group/Sub-committee	Research Governance Group
Date of Group/Sub-committee Meeting:	09 <sup>th</sup> January 2020
Release: draft/final minutes	Draft
Author/Accountable Person:	Dr Amanda Wood

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

- 1) Research Governance Risk Register – This has now been reviewed, risks recalculated and input on to the DATIX system.
- 2) SHARE - Total Scottish registrations are currently 300k with Fife recruitment now at 42k.
- 3) R&D Annual review by Chief Scientist Office (CSO) – Feedback has been received and a presentation will be provided at the next meeting.
- 4) Innovation – Dr Amanda Wood is working 2 days per week as Interim Innovation Champion, currently undertaking a scoping exercise to scope all Innovation activity within NHS Fife.
- 5) QPulse – All staff within the R&D Department and Clinical Trials Pharmacy now have access to the Q-Pulse system. Over the next few months all R&D and Clinical Trials Pharmacy SOPs and Work Instructions will be uploaded and staff will be able to use to view and acknowledge receipt and understanding of these documents.
- 6) MHRA Inspection – This statutory inspection took place on 21<sup>st</sup> and 22<sup>nd</sup> October 2019. The initial feedback was excellent with no critical or major findings. The final report has still to be issued.
- 7) Awareness Raising – R&D to be added to the agenda for an upcoming Board Development Session.

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Agenda item no 10.6

*This should include good practice*

1. A public engagement day has been arranged for 01<sup>st</sup> February in the Kingdom Centre, Glenrothes. R&D will have a stand and a video showing benefits and opportunities for the public to become involved in research.
2. Fife remains 2<sup>nd</sup> highest board recruiting to SHARE. This NHS Research Scotland initiative was created to establish a register of people interested in participating in health research and who agree to allow SHARE to use the coded data in various NHS computer records to check whether they might be suitable for health research studies. (with 14.3% of its eligible population signed up).

*Include any actions taken to date*

Issue to be highlighted to NHSF CGC –

MHRA Statutory Inspection visit to NHS Fife took place on 21<sup>st</sup>/22<sup>nd</sup> October. The visit went very well and there had been no “critical” or “major” findings.

Action taken –

There had been a few minor “other” findings for which improvements are now being put in place and responses back to the MHRA prepared.

Other identified risks –

Ongoing capacity issues within Oncology Pharmacy with regards to chemo care which is preventing/slowing access to studies for eligible patients.


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**FIFE RESEARCH GOVERNANCE GROUP MEETING  
MINUTES  
LH2, EDUCATION CENTRE,  
QUEEN MARGARET HOSPITAL, DUNFERMLINE**

**09 JAN 2020**

**ACTION**

	<p>Present:</p> <p>Dr Chris McKenna, Medical Director (CMcK)  Prof. Alex Baldacchino, R&amp;D Director (AB)  Dr Frances Elliot, Assistant R&amp;D Director (FE)  Dr Amanda Wood, Assistant R&amp;D Director (AW)  Scott Garden, Director of Pharmacy (SG)  Gwen Stenhouse, Management Accountant (GS)  Dr Fay Crawford, R&amp;D Senior Research Advisor (FC)  Julie Aitken, R&amp;D Quality &amp; Performance Lead (JA)  Tara Graham, Research &amp; Development Psychologist (TG)  Dr Grant Syme, Physiotherapist Consultant (GSy)  Tricia Burns, Senior Research Governance Manager, Tayside medical Science Centre (TB)  Lesly Donovan, General Manager e-Health &amp; IM&amp;T (LD)  Margaret Guthrie, Information Governance &amp; Security Manager (MG)  Aileen Yell, R&amp;D Research Coordinator (AY)  Karen Hunter, Project Initiation Manager, Sir James Mackenzie Institute for Early Diagnosis, University of St. Andrews (KH)  Dr Claire Scott, Clinical Alliances Manager, Tissue Solutions (CS)  Anne Haddow, Lay Advisor (AH)</p> <p>In Attendance:</p> <p>Roy Halliday, R&amp;D Support Officer – minutes (RH)</p>	
<p><b>1.0</b></p>	<p><b>CHAIRPERSON'S WELCOME/APOLOGIES AND OPENING REMARKS</b>  Dr Mckenna welcomed all and everyone introduced themselves.  <b>Apologies;</b>  Dr Tamara Lawson, Research Policy Officer, University of St. Andrews  Dr Christopher McGuigan, Consultant in Public Health  Prof. Frank Sullivan, Director of Research, University of St. Andrews (represented by KH)  Bannin Jansen, Scientific Officer, East of Scotland Research Ethics Service  Carol Duncan-Farrell, Head of Therapies &amp; Rehab  Chris Conroy, Service Manager, Planned Care</p>	
<p><b>2.0</b></p>	<p><b>MINUTES OF THE LAST MEETING</b>  The minutes were accepted as an accurate record. There had been a typo in paragraph 4.1.5 which has been corrected. Actions were discussed and the action list updated. It was agreed that "Innovation" would be added to the agenda as a standing item.</p>	
<p><b>3.0</b></p>	<p><b>STANDING ITEMS</b>  <b>OVERSIGHT OF R&amp;D OPERATIONAL GROUP (OPS) MINUTE</b>  This was reviewed and accepted. The MHRA inspection which took place in October for which a final report has still to be issued was highlighted.</p>	

	<b>RESEARCH GOVERNANCE</b>	
<b>4.0</b>	<p><b>PRESENTATION FROM DR CLAIRE SCOTT, TISSUE SOLUTIONS</b></p>  <p>NHS Fife Governance Presentation.pptx</p> <p>A discussion followed the presentation with regards to oversight and audit of consent, overseas requests, ethics, disposal plans.</p> <p>The hope is that Tissue Solutions can work with all Scottish Boards and Biorepositories. Income could be generated for NHS Fife, but there was agreement that there would need to be a National Standard.</p>	
<b>4.1</b>	<b>RESEARCH WITHIN GOVERNANCE FRAMEWORK</b>	
4.1.1	<p><b>R&amp;D POLICY, SOP AND WI UPDATES &amp; APPROVALS</b></p> <p>JA updated from her report that had been attached to the agenda, advising that there had been a few WIs issued since the last meeting, mainly WI22 Documenting Informed Consent Process, Confirmation of Eligibility &amp; Study Participation has been updated to Version 3 (issued on 15 October 2019).</p> <p>All staff within the R&amp;D Department and Clinical Trials Pharmacy now have access to the Q-Pulse system. Over the next few months all R&amp;D and Clinical Trials Pharmacy SOPs and Work Instructions will be uploaded to Q-Pulse and staff will be able to use this to view and acknowledge receipt and understanding of these documents. LD advised that the Q-Pulse system will shortly be undergoing an upgrade to which R&amp;D would have access.</p>	
4.1.2	<p><b>EAST OF SCOTLAND RESEARCH ETHICS SERVICE UPDATE</b></p> <p>AW updated from the report that had been attached to the agenda, advising that the HRA has added the East of Scotland REC 2 to the list of participating RECs ready to accept the new Combined Ways of Working (CWOW) applications, and that East of Scotland REC 2 was awarded full accreditation without recommendations by the HRA Audit and Quality control on the 9<sup>th</sup> October 2019. HRA confirmed that REC 2 was one of the top 5 RECs in the UK for quality control and compliance.</p>	
4.1.3	<p><b>RESEARCH GOVERNANCE RISK REGISTER</b></p> <p>This had been discussed in the actions section; all risks have now been reviewed, recalculated and added to DATIX.</p>	
4.1.4	<p><b>RISK BASED PROGRAMME OF MONITORING</b></p> <p>JA advised that she has now received the delegation log for 18-046 - The Burden of M.abscessus and M.avium Complex in Fife &amp; Tayside (MAAFT) but was still waiting on the final report.</p>	
4.1.5	<p><b>PHARMACY UPDATE</b></p> <p>SG discussed Pharmacy involvement in the recent MHRA inspection. The MHRA inspector acknowledged the robustness of the pharmacy process for dealing with amendments.</p> <p>R&amp;D now using QPulse for document management. Related pharmacy SOPs, WIs and templates are being uploaded on to this.</p>	
4.1.6	<p><b>PHASE II UPDATE</b></p> <p>AW advised that there were three Phase II studies which we had been undertaken, one was currently active the other two had been completed but one of them had not recruited any patients so we have still not achieved the</p>	

	three in total we had agreed to trial in the pilot.	
<b>4.2</b>	<b>PUBLIC PARTNERSHIP WORKING</b>	
4.2.1	SHARE AW advised that the total Scottish registrations are now 300k, with recruitment of patients from Fife now standing at 42k.	
4.2.2	R&D/FIFE COMMUNITY ADVISORY GROUP AH advised that there had been a meeting on 10 <sup>th</sup> October which had been well attended. The COBALT study has been renamed as the COBELT study, due to a pre existing study of the same name.  The group were also still looking at ways to involve the public via a virtual programme. There had been a typo in the section 8 of the minutes and it should have read next meeting 2020 and not 2019.	
<b>4.3</b>	<b>FINANCIAL SUPPORT / RESOURCES</b>	
4.3.1	R&D BURSARIES/INNOVATION GRANT UPDATES FC advised that all bursary holders are on target with their projects and a session has been arranged for the afternoon of 20 <sup>th</sup> February in the Common Room at QMH for them to present their work. All are welcome.	
4.3.2	R&D ANNUAL REVIEW BY CSO AW advised that this review took place on 20 <sup>th</sup> May. Official feedback has recently been received and a report will be provided on all Boards at the next meeting.	<b>AB</b>
<b>5.0</b>	<b>CAPACITY BUILDING</b>	
<b>5.1</b>	<b>CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH AS PART OF ROUTINE PRACTICE</b>	
5.1.1	ENHANCING NHS FIFE'S CULTURE OF RESEARCH AND DEVELOPMENT (R&D) AND THE INCORPORATION OF INNOVATION INTO R&D FE discussed the SBAR report that had been attached to the agenda, AW described and how she is currently working 2 days per week on Innovation, working on a scoping exercise to find out all Innovation activity within NHS Fife. This will require input from all Directorates, Areas and the H&SCP. In the first instance all "innovation" will be collated before any decisions made about which activity represents actual "Innovation" and aligns the Boards objectives and strategies.  An Innovation Governance Group would be formed at some point in the future, so that it was separate from this meeting	
5.1.2	COMMUNICATION The R&D bulletin was attached to the agenda and is now being issued every 2 months.	
<b>5.2</b>	<b>COLLABORATION WITH ACADEMIC/COMMUNITY PARTNERS</b>	
5.2.1	ANY ACADEMIC/NHS/OTHER PARTNERSHIP UPDATES There had been no response from Prof. Chouliara at Abertay University to request her to join this group and it was felt that this should no longer be pursued.  AW advised that the NHS NRS Scotland Research Conference 2020 would now take place over two days instead of the usual one day.	

5.2.2	<p><b>UNIVERSITY STUDENT RESEARCH IN SCOTLAND</b> This paper has been sent out by the Scottish Government to all Universities advising of the need to better support students undertaking health and care research as often they are inadequately equipped to deal with the requirements needed which in turn places a burden on NHS Staff. It replicates what has previously been sent out by the HRA to institutions in England and Wales.</p>	
<b>5.3</b>	<b>DEVELOPING RESEARCH KNOWLEDGE/SKILLS OF STAFF</b>	
5.3.1	<p><b>R&amp;D EDUCATION PROGRAMME</b> FC advised that there had been 145 attendees to the NHS Fife training courses in 2019, with 80 advice clinics delivered.</p> <p>The programme for 2020 has been issued following last years topics.</p>	
<b>5.4</b>	<b>AWARENESS RAISING</b> Gillian MacIntosh (Board Secretary) has been asked for R&D to be added to the agenda for an upcoming Board Development Session.	
<b>6.0</b>	<b>AOCB</b>	
	<p>TB advised that this year is TASC's 10<sup>th</sup> anniversary and would be having a celebration.</p> <p>TB also advised that Government funding was available to do research in third world countries. SOPs are being created on governance issues for overseas studies and can be shared with Fife.</p> <p>AW advised that FC would now be working at St. Andrews one day per week and we are looking to backfill that one day.</p> <p>AW advised that there would be a public engagement day on 01<sup>st</sup> February at the Kingdom Centre in Glenrothes. R&amp;D will have a stand and also a video showing throughout the day on the main screen.</p> <p>CMcK advised the group that AW will be retiring shortly and that there needs to be a plan to carefully plan her replacement.</p>	<b>TB</b>
<b>7.0</b>	<b>DATE AND TIME OF NEXT MEETING</b> Thursday 26 <sup>th</sup> March, 10.00 – 12.00, Lecture Hall 2, Education Centre, QMH	





## UNCONFIRMED

### MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON FRIDAY 6 DECEMBER 2019 AT 10.00 AM IN CONFERENCE ROOMS 2&3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, KY7 5LT

<b>Present</b>	Councillor Rosemary Liewald (Chair) Christina Cooper (Vice Chair) Fife Council, Councillors – David Alexander, Tim Brett, Dave Dempsey, David Graham, Fiona Grant, David J Ross, and Jan Wincott NHS Fife, Non-Executive Members – Les Bisset, Martin Black, Eugene Clarke, Margaret Wells Chris McKenna, Medical Director, NHS Fife Helen Buchanan, Nurse Director, NHS Fife Ian Dall, Chair of Public Engagement Network Kenny Murphy, Third Sector Representative Morna Fleming, Carer Representative Paul Dundas, Independent Sector Representative
<b>Professional Advisers</b>	Nicky Connor, Chief Officer Audrey Valente, Chief Finance Officer Lynn Barker, Interim Associate Nurse Director Kathy Henwood, Chief Social Work Officer, Fife Council Katherine Paramore, Medical Representative
<b>Attending</b>	Paul Hawkins, Chief Executive, NHS Fife Steve Grimmond, Chief Executive, Fife Council Claire Dobson, Divisional General Manager (West) David Heaney, Divisional General Manager (East) Dona Milne, Director of Public Health Helen Hellewell, Associate Medical Director, NHS Fife Scott Garden, Director of Pharmacy & Medicine, NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning Norma Aitken, Head of Corporate Services Wendy Anderson (Minute)

NO	HEADING	ACTION
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1	<b>PERSON STORY</b>	
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Lynn Barker introduced Jacquie Stringer and Pamela Harrower. Jacquie gave an oversight about the Improving Cancer Journey project, which has engaged with 600 people in its first year and Pamela gave an insight into how the project has helped her family recently. A paper on the progress so far will be presented to a future Integration Joint Board.

A short video was shown about the project then the Board had the opportunity to ask questions.

On behalf of the Board, Rosemary Liewald thanked Jacquie and Pamela for attending today's meeting and presenting the Person Story.

**NO HEADING**

**ACTION**

**2 CHAIR'S WELCOME AND OPENING REMARKS**

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair congratulated Lauren Templeman who won the Support Worker Award at the Scottish Health Awards which were held on Thursday 14 November 2019. Lauren is a Therapy Support Workers in CAMHS and is based in the Kirkman Clinic in Kirkcaldy.

The Chair congratulated the ECT team from the Mental Health Services at Queen Margaret Hospital. SCN Caroline Cooper won Nurse of the Year 2019 from the Scottish ECT Accreditation Network and the team were runners up in the Quality Improvement award.

The Chair advised that at the Development Session on 29 November 2019 Board members spoke about the roles and behaviours which should be adopted whilst at the IJB. Members were reminded that when acting as a member of the IJB, Councillors and Health Board Members have a duty to act in the best interests of the IJB and not the body which nominated them.

The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking.

**3 CHIEF OFFICER'S REPORT**

The Chair handed over to Nicky Connor for her Chief Officer's Report.

Nicky highlighted three key issues which are ongoing for the Partnership at this time.

**Out of Hours** - One month into the new arrangement implementation is progressing as planned. Nicky took the opportunity to thank the staff and partners involved in making this a successful transition to the three-centre model. Activity levels continue to be closely monitored.

**IJB Development Sessions** - Two Development Sessions have been held since the previous IJB meeting in October 2019. The first explored the early development of the medium-term financial strategy, the second explored governance. The involvement of Board Members in these sessions was greatly valued and we will be undertaking further development work in relation to both topics during 2020.

**Review of Integration Scheme** – The Scheme requires to be reviewed on a minimum of a 5-yearly basis. Core Review team will be established to identify changes which may be necessary and desirable. Nicky will lead the review process with partners from NHS Fife and Fife Council in line with legislative requirements.

NO	HEADING	ACTION
4	<b>DECLARATION OF MEMBERS' INTERESTS</b>	
	Nil.	
5	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies had been received from Julie Paterson, Carolyn McDonald, Simon Fevre, Debbie Thompson and Eleanor Haggett.	
6	<b>MINUTE OF PREVIOUS MEETING</b>	
	Margaret Wells raised the issue of the title of Item 11.1 iii which should read "Consultants Report" and not "Audit Report". With this change, the Minute of the meeting held on 25 October 2019 was agreed as an accurate record.	
7	<b>MATTERS ARISING</b>	
	The Action Note from the meeting held on 25 October 2019 was agreed as accurate.	
8	<b>PERFORMANCE</b>	
	<b>8.1 Finance Report</b>	
	Nicky Connor advised that this report had been scrutinised by Finance & Performance Committee.	
	Audrey Valente presented this report and highlighted some of the pertinent detail it contained. Claire Dobson gave an operational update on the Winter Plan.	
	Tim Brett asked whether the underspend was as a result of holding vacancies, Lynn Barker confirmed that this was not the case. Tim Brett asked for more information on Adult Packages. Nicky Connor advised this further discussion would take place on this at a future Development Session. Eugene Clarke and Dave Dempsey enquired about the use of Directions. Nicky Connor confirmed that national guidance is in development to inform future use of Directions.	
	David Ross asked about assumptions around winter costs as a result of winter pressures. Audrey Valente confirmed that financial projects are on track and under constant review.	
	The Board noted the financial position as reported at 30 September 2019 and noted and discussed the next steps and key actions.	

## 8.2 Financial Recovery Plan

Nicky Connor advised that the Financial Recovery Plan had been scrutinised by the Finance and Performance Committee.

Audrey Valente presented this report which covered three major areas, the in-year position, the development of medium-term strategy and potential additional in-year savings.

A Financial Monitoring Board has been established which meets weekly to support effective financial management.

Work is ongoing regarding the development of the medium-term strategy.

Audrey Valente and the Senior Leadership Team (SLT) Leads presented the proposed additional in-year savings.

The Board:

- **charged** the Director of Health and Social Care and Senior Officers to bring budgets back in line in year as far as reasonably possible.
- **agreed** the action to control costs as outlined in this recovery plan for 2019-20.
- **agreed** to continue to focus on implementing effective financial management in order to deliver a balanced budget moving forward.

## 8.4 Performance Management Framework

Fiona McKay presented this report which gave an update on the revision of the Framework which has been undertaken in conjunction with managers across the Service and is in line with National, Local and Strategic Plans. The Framework had been discussed at the Finance and Performance Committee on 7 November 2019 and Committee members were comfortable with the format which is being presented for sign off by IJB members.

Dave Dempsey asked questions regarding the governance document, national care indicators, local performance drivers and the performance matrix. Fiona McKay and Nicky Connor responded to these questions and agreed to take this feedback on board. Morna Fleming made observations about the use of abbreviations and language in the document and these will also be taken on board.

#### 8.4 Performance Management Framework (Cont)

Discussion took place around waiting times and information on care packages and care home placements. Fiona McKay confirmed that once the IJB has approved the Framework then the Finance & Performance Committee will spend time refining the information which will be reported on.

The Board **approved** the refresh of the Performance Management Framework.

### 9 GOVERNANCE

#### 9.1 Fife Alcohol and Drug Partnership (ADP) Annual Report 2018/19

Kathy Henwood, who has just taken over as Chair of the ADP, presented this report which had been discussed at the Clinical and Care Governance Committee (C&CG) on 8 November 2019. The Board felt this was a helpful report. Questions were asked about outcome data. Information on activity and less on outcomes. Information on outcomes is available and this could be brought to a future Development Session. It was acknowledged that it was helpful that some information within the report was based on lived experience.

All ADP's in Scotland are currently developing Delivery Plans and a report on this will be taken to a future C&CG Committee before being brought to an IJB meeting. Dona Milne confirmed that actions from the recent Public Health Report will underpin the ADP Delivery Plan.

It was requested that a Workshop be held on this to invite members of Fife Council's Licencing Board. Dona Milne will be responsible for arranging this.

DM

The Board **endorsed** the 2019/19 annual report.

#### 9.2 IJB / HSCP Risk Management Policy and Strategy Review

Fiona McKay presented this report and gave the background to the review which had taken place.

The Board discussed the report and it was agreed that Risk Appetite should be discussed at a future Development Session.

The Board **approved** the revised Risk Management Policy and Strategy. The Board **noted** the development of the Risk Management Process – Guidance for Managers.

### 9.3 IJB Risk Register

Fiona McKay presented the Risk Register which had been discussed at the Audit & Risk Committee on 15 November 2019. The Board discussed the Risk Register, considered the content and whether any further information was required on the management of any particular risk. The Board **approved** the Risk Register.

### 9.4 Public Sector Climate Change Duties

Fiona McKay presented this report, which is required by legislation. Fife Council and NHS Fife both have their own plans and the IJB plan links to these plans and the Strategic Plan.

The Board discussed issues which affected the IJB including transportation and the use of technology in the future.

The Board considered and **approved** the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report, as follows:

- Continue to support the development of the SECAP, in conjunction with Community Planning Partners.
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP.
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Monitor actions within the Strategic Plan that promote co-benefits with climate change strategies.
- Review the use of the Environmental/Sustainability impact section within SBAR's and whether this has helped to support decisions made.

The approved priorities will be included within the submission to the Sustainable Scotland Network (SSN).

## 10 MINUTES FROM OTHER COMMITTEES AND ITEMS FOR ESCALATION

### 10.1 Clinical & Care Governance Committee (Confirmed Minute from 27 September and Unconfirmed Minute from 8 November 2019)

The Chair asked Tim Brett to highlight any items for escalation to the IJB.

- The Clinical Quality Report is taken to every meeting. There are focused discussions on priority quality issues at each Committee. This can be shared with other Board members.

NO	HEADING	ACTION
10	<b>MINUTES FROM OTHER COMMITTEES AND ITEMS FOR ESCALATION (CONT)</b>	
	<b>10.1 Clinical &amp; Care Governance Committee</b> (Confirmed Minute from 27 September and Unconfirmed Minute from 8 November 2019) (Cont)	
	<ul style="list-style-type: none"> <li>• Progress is being made with Children and Adolescent Mental Health Service towards improvements, looking at pathways and additional support.</li> </ul>	
	<b>10.2 Finance &amp; Performance Committee</b> (Confirmed Minute from 17 September 2019 and Unconfirmed Minute from 7 November 2019)	
	<p>The Chair asked David Graham to highlight any items for escalation to the IJB.</p>	
	<ul style="list-style-type: none"> <li>• <b>17 September 2019</b> the Effective Financial Management report was discussed in detail, the complaints recording mechanism will be looked at to improve reporting and financial projections will be included in the Winter Plan.</li> <li>• <b>7 November 2019</b> the financial position is still a significant challenge, but work is ongoing to bring forward proposals to take this forward and the Committee was supportive of the actions as detailed in the Primary Care Improvement Plan.</li> </ul>	
	<b>10.3 Audit &amp; Risk Committee</b> (Unconfirmed Minute from 15 November 2019)	
	<p>The Chair asked Eugene Clarke to highlight any items for escalation to the IJB.</p>	
	<ul style="list-style-type: none"> <li>• <b>Public Access to Committee Meetings</b> had been raised as part of an Audit report and the Committee recommended agreed that this should happen, in line with other Boards in Scotland. It was proposed that Private Sessions could be held to discuss confidential issues. Should be discussed by the other governance committees and brought to a future IJB.</li> <li>• <b>Quoracy</b> this meeting had been inquorate due to the limited number of members. Decisions can be homologated at a future meeting. Need to look at issues of substitutes. Rosemary Liewald mentioned</li> </ul>	

**10.3 Audit & Risk Committee** (Unconfirmed Minute from 15 November 2019)  
**(Cont)**

the use of conference calls to join meetings. Nicky Connor suggested this could be looked at in conjunction with a future review of the Standing Orders to consider how best to resolve this issue.

Following the most recent Development Session on Governance, Eugene would welcome discussion on the structure of the governance committees. Nicky confirmed this would form part of the review of the Integration Scheme and Standing Orders.

**10.4 Local Partnership Forum** (Unconfirmed Minute from 16 October 2019)

The Chair asked Nicky Connor to highlight any items for escalation to the IJB. Nicky advised that there is an LPF meeting scheduled for Wednesday 11 December 2019.

**11 AOCB**

Nothing raised.

**12 DATES OF FUTURE MEETINGS**

**IJB DEVELOPMENT SESSION** – Friday 31 January 2020 – 10.00 am -  
Conference Rooms 2/3, Ground Floor, Fife House, North Street,  
Glenrothes, Fife, KY7 5LT

**INTEGRATION JOINT BOARD** – Friday 28 February 2020 – 10.00 am -  
Conference Rooms 2/3, Ground Floor, Fife House, North Street,  
Glenrothes, Fife, KY7 5LT





	<b>Action to be carried forward</b>	
	4.4 – RPE for High Consequence Infectious Disease <b>Action Complete</b>	
	4.7 – PWID – Discuss and share ideas Janice Barnes/Lynn Burnett  Lynn Burnett now on group action can be closed <b>Action Complete</b>	
	4.10 – HCAI Education Training Matrix  Complete out for review <b>Action Complete</b>	
	5.3 – Update Terms of Reference <b>Action Complete</b>	
	5.5 – HAI Education, Training and Development Strategy to be ready to present for next ICC Meeting  Currently with Education and Training Group for final comment. <b>Action to be carried forward</b>	
	5.8 – Winter Planning – HB asked group to read through documents  All completed <b>Action now complete</b>	
<b>4</b>	<b>STANDING ITEMS</b>	
<b>4.1</b>	4.1a <u>HAIRT Board Report</u> JC gave an overview of the HAIRT Board report within agenda.  Achievements: 5 members of the IPC team attended the IPS Conference in Glasgow. Members of the team also attended/presented at the reducing harms event. Nykoma Hamilton presented at the Grand Round on the topic of Challenges for the Current Environment for Infection Control.  Challenges: C-Section SSI's, the new methodology was released on the 1 <sup>st</sup> October. There has been a slight increase in C-Section SSI's in Q3 then Q2 but it is still reduced from Q1.  SABs: Increased incidence rate in PWID however IPC are working with additions to catch the problems earlier in the community and lower the rate. Ward 44 at the Victoria Hospital has now reached over 100 days since last PVC associated SAB.  ECBs: In Q2 50% of hospital acquired ECB's were due to urinary catheters a marked increase from Q1 where no hospital acquired ECB's were due to urinary catheters.  Large Bowel: There are still challenges surrounding form completion and data return. The group agreed this needs to be addressed with the support of theatre manager. Lynn Campbell also happy to support  Members <b>noted</b> the report.	L Campbell
	4.1b <u>HAI LDP Update – SABs Reports</u>  At the end of November figures were 81 SABS so the prediction is that this is to be the best year and since August there has only been 1 PVC and 1 Catheter related SAB.  There is a 10% reduction required in the combined HCAI and Hospital acquired SABs by 2022, at the moment we seem to be on course to	

	<p>reach this target.</p> <p>HB asked if in terms of Scotland if anyone had made the targets. KM updated that he is not aware of anyone reaching the LDP target.</p> <p>Members <b>noted</b> the update.</p>	
	<p>4.1c <u>HAI LDP Update – CDIs Reports</u></p> <p>Currently there are approximately 4 to 5 cases of CDI per month which tend to be reoccurrences. KM updated that there has been approval to use commercial FMT which the GI team will take on.</p> <p>There has been 3 CDI deaths in the last quarter, for 2 of these deaths CDI was not part 1 of the death certificate. The 3<sup>rd</sup> death has been Datixed by Priya Venkatesh due to concerns surrounding the case. Lynn Barker to speak to Helen Hellewell separately then directly report back to PV and KM</p> <p>KM updated we are set to achieve the LDP targets and we were sitting at one case less in Oct 2019 than at the same stages in the year at 2018.</p> <p>Members <b>noted</b> the update.</p>	
	<p>4.1d <u>ECB Surveillance Report</u></p> <p>ED updated that the last few months for EBC's have been quiet however the medium is now 25 up from 20. It has been 171 days since the last traumatic CAUTI however there is still a lot of work to do.</p> <p>The district nurses now have the insertion/maintenance bundles on MORSE, and the bundles are yet to be added to Patientrak for the Acute Division.</p> <p>Currently 50% of Hospital acquired ECBs are due to CAUTI.</p> <p>The ambitious LDP targets are a reduction of 25% by 2022 and 50% by 2024.</p> <p>A strategy to reduce ECB to consider a Hydration Campaign and the Urinary Catheter Improvement Group.</p> <p>Members <b>noted</b> the update.</p>	
	<p>4.1e <u>HAI Update – C Section SSI Reports</u></p> <p>The new methodology is still in the early stages but is doing well; it shows the clinician making the decision on SSI's. The change in form now shows that in the professional opinion of the clinician there is an SSI. KM updated that the benefit of the new methodology is that if an exception report comes in there is now data and evidence to back up.</p> <p>Many areas had been looked at before the new methodology including: Support from HPS and other health boards had been requested, observations of care, wound dressing reviewed etc, which the team has been very transparent about. The suggested hypothesis is that all NHS Fife patients who have any concerns post c-section return to maternity triage for assessment (other health boards patients may see their GP and may not be included in the surveillance, as SSI not diagnosed by a healthcare worker trained in HPS SSI definitions) which may correlate with our higher rates.</p> <p>Members <b>noted</b> the update.</p>	

	<p>4.1f <u>HAI Update – Orthopaedic SSI Reports</u></p> <p>ED updated there is nothing of significance to note as we are well within National Standards.</p> <p>Members <b>noted</b> the update.</p>	
	<p>4.1g <u>Colorectal SSI Surveillance Report</u></p> <p>Q3 5 SSI's down from 10 the previous quarter, incidence rate is 10% which is above the national 7.5%. As mentioned before form return is an issue but it doesn't affect the figures as all the information is still gathered by Surveillance.</p> <p>Members <b>noted</b> the update.</p>	
	<p>4.1h <u>CPE Surveillance</u></p> <p>Q2 continued to improve 83% compliance up from 75% in Q1, Q3 data yet to be submitted.</p> <p>CPE CRA in conjunction with Excellence in Care to explore if the MDRO CRA can be added to Patientrak to allow better tracking, time stamps etc.</p> <p>KM updated - Two patients had come into hospital high risk for CPE as they had both had surgery abroad. They were put into single rooms and one has been confirmed CPE positive, the teams done well to identify these patients quickly. HPS is looking out for any surgery abroad trends.</p> <p>Members <b>noted</b> the update.</p>	
	<p>4.1i <u>Outbreaks, Incidents and Triggers</u></p> <p>There has been 1 ward closure due to a Norovirus outbreak. QMH ward 6 in 30 October – 6<sup>th</sup> November 2019. There was 11 patients and 1 staff member affected, this is now resolved. Staff quick to identify symptoms and contact IPCT. The first 2 patients were leaving ward to smoke or go to the cafe &amp; visitors in to see them had been unwell.</p> <p>There have been no ward closures due to confirmed Influenza since the last reporting period.</p> <p>EC updated that the first care home of the flu season has been closed due to residents with Flu A. One issue brought to attention of the committee was that many of the residents had not yet been vaccinated.</p> <p>There has been 2 bay closures due to respiratory illnesses:  QMH Ward 5 due to a rhinovirus outbreak. Now resolved 18/10/19 to 23/10/19, there were 3 patients and 1 member of staff affected. Initially the wrong swabs were sent and infection control were not informed. The SCN keen for winter training sessions for staff.  Stratheden Lomond ward due to a mixed respiratory outbreak. Now resolved 19/11/2019 to 25/11/19, there were 4 patients mixed respiratory illness and it was a difficult patient group to isolate. Two patients returned from VHK after VTS to an open bay. Staff worked well with IPCT bay quickly opened.</p> <p>2 patients on Ward 1 at St Andrews Community Hospital isolated with Group A streptococcus within a 30 day period, prompting a trigger. Currently awaiting ribotyping. Patient was isolated as soon as result was received. Patient in next bed tested positive few days later. Enhanced cleaning was carried out and there was no further cases. Staff worked</p>	

	<p>well with IPCT.</p> <p>Endophthalmitis – new case which is the 3<sup>rd</sup> case in 13 months, putting us at the upper limit of what is acceptable range. Moved procedure trolley, a terminal clean was carried out and the ventilation is being tested. Long term alternative treatment area being explored.</p> <p>TB - family cluster, patient had been inpatient overnight at VHK – contact traced 3 patients that shared a bay overnight. Contacted with an inform and warn letter and call to be invited for testing in 6 weeks. HPS has been informed. HPT are leading on this.</p> <p>Members <b>noted</b> the update.</p>	
4.2	<p><u>NHS National Cleaning Services Specification</u></p> <p>Has been discussed at EDG, for info only. Members <b>noted</b> the update.</p>	
4.3	<p><u>Risk Register</u></p> <p>Risk 637 – SAB Heat Target – Group agreed to change risk to moderate</p> <p>Risk 646 – No Change</p> <p>Add ECB to risk register – JC to action</p> <p>Risk 1427 – Dermatology VHK Risk of Infection to Patients and Staff – Work not started yet as it is out for tender. The risk will reduce when the work is complete. – AF updated that this work will happen in stages the first stage is to relocate dermatology. Time scale 12-18 months.</p> <p>Members <b>noted</b> the update</p>	J Cook
4.4	<p><u>Learning Summaries</u></p> <p>Pauline Cumming updated that 2 out of the 3 learning summaries attached to the agenda to group are already familiar with and the 3<sup>rd</sup> relates to a renal patient with a SAB which could not have been prevented. PC updated that this is very unusual. KM provided further information on this to the group.</p> <p>HB agreed that the group should have oversight of these learning summaries and learn from these the impact on patients due to delays in treatment etc.</p>	
4.5	<p><u>National Guidance</u></p> <p>JC provided group with summary of the NIPCM Methodology attached to the agenda, updated that it now includes a two person systematic methodology.</p> <p>JC Provided group with a summary of the changes made to the Aerosol Generating procedure and updated that these changes had been made to make it more in line with the rest of UK.</p> <p>The group raised the issue of dissemination of these procedure/documents – JC to find out how these documents get out to staff if at all.</p> <p>JC moved onto the Animals in Care settings document and ran through the list of animals not suitable for care settings this list included feral animals, ponies, llamas, reindeer, birds, rodents, reptiles amongst many</p>	J Cook

	<p>more. Animals are not to be allowed in clinical areas and if there is an animal entering the hospital a full risk assessment is to be carried out and IPC Team notified. The group raised guide dogs and end of life patients seeing their animals, JC updated this is slightly different however a risk assessment is still necessary. The NHS Fife policy surrounding this is to be reviewed and picked up separately with Infection control and involve communications team to make sure everyone is aware of the policy.</p> <p>Prevention and management of healthcare ventilation system-associated infection incidents/outbreaks aide memoire - JC updated that HPS are aware of the limitations of current guidance in this area and are currently working towards delivery of comprehensive evidence-based guidance which will form Chapter 4 of the National Infection Prevention and Control Manual (NIPCM). Microbiology team to look at first to make a more robust process.</p> <p>Members <b>noted</b> the update</p>	H Buchanan
4.6	<p><u>HEI Inspections</u></p> <p>IPCT are currently looking at previous inspections across Scotland and noting any common themes from these inspections.</p> <p>Members <b>noted</b> the update.</p>	
4.7	<p><u>NHS Fife Fife-Wide Inspection Co-ordinating Group – Update</u></p> <p>No update, nothing to highlight.</p>	
4.8	<p><u>Quality Improvement Programmes</u></p> <p>For information only: UCIG – work is ongoing</p> <p>PWID – work ongoing exploring how to work with GP's to help them identify and help the patients who inject drugs before they get to a stage where they need to come to hospital.</p> <p>PVC associated SAB W44 – Ward 44 has now reached over 100 days since last PVC associated SAB. The hand hygiene contract the ward devised is now in place and we can celebrate their quality improvement success, which we have done through dispatches and the Infection Control Newsletter.</p> <p>Members <b>noted</b> the update.</p>	
4.9	<p><u>Infection Prevention &amp; Control Audit Programme</u></p> <p>JC updated group that the IPC Team are currently ensuring there are three audits carried out in acute division and three in the HSCP. There has been a meeting with Ken Marshall to update the 2020 audit programme and during this process hopefully make the programme clearer and more time effective to keep up to date.</p>	
4.10	<p><u>Infection Control Manual Update</u></p> <p>Ongoing work, updating yearly.</p>	
4.11	<p><u>Prevention and Control of Infection Work Programme 2019-2020 (for noting)</u></p> <p>For <b>noting</b> only - Members <b>noted</b> the update.</p>	
5.	<b>NEW BUSINESS</b>	
5.1	<u>Excellence in Care</u>	

	<p>JC presented on the MDRO CRA tool at the Leading Better Care event. It has been well received in admissions units 1 &amp; 2. The EiC team are now looking into adding the tool to patientrak to access time stamps etc. JC updated that to make the tool a success it needs to be shown as valuable so that the staff take it on board.</p> <p>Members <b>noted</b> the update</p>	
<b>5.2</b>	<p><u>Safe and Clean Audit</u></p> <p>The audit has a soft start in September and was rolled out in October. Ken Marshall is providing technical support and training to auditors using the tool.</p> <p>The audits have not started to come in and hopefully the team will start to see the trends soon and will be able to review these trends. Target is for a 6 month review of the process.</p> <p>Members <b>noted</b> the update</p>	
<b>5.3</b>	<p><u>HAI Education, Training and Development Strategy</u></p> <p>JC updated the group on the SIPCEP modules. The foundation layer of SIPCEP modules are on Learnpro so figures for training are easy to pull from the system however the intermediate and improvement layers are on TURALearn meaning that reports for training uptake figures cannot be obtained.</p> <p>When SIPCEP came out it was new to everyone however now we have new starts to NHS Fife have already completed the modules at University or other boards. Following meetings with NES and the HAI Education, training and strategy group it was agreed that asking these people to redo all the modules was not necessary and as long as they have evidence they will not need to redo the modules.</p> <p>The HAI Education, Training and Development Strategy contains a matrix to show suggested pathway through the SIPCEP modules. This document is out for final comment and will be shared at the next ICC meeting.</p>	J Cook
<b>6</b>	<b>NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS</b>	
<b>6.1</b>	<p><u>Infection Prevention &amp; Control Team</u></p> <p>Nothing to highlight - Members <b>noted</b> the notes of the meeting</p>	
<b>6.2</b>	<p><u>NHS Fife Decontamination Steering Group</u></p> <p>AF informed group of the current situation with NHS Tayside, their decontamination unit failed. They are currently having meetings with Health Facilities Scotland and meetings to discuss the options. Feedback is that these meeting have been productive and useful.</p> <p>Members <b>noted</b> the notes of the meeting.</p>	
<b>6.3</b>	<p><u>NHS Fife Antimicrobial Management Team</u></p> <p>Nothing to highlight - Members <b>noted</b> the notes of the meeting.</p>	
<b>6.4</b>	<p><u>NHS Fife Water Safety Management Group</u></p> <p>Nothing to highlight - Members <b>noted</b> the notes of the meeting.</p>	
<b>6.5</b>	<p><u>NHS Fife HAI Education and Training Group</u></p> <p>Education Strategy document currently out with group for final review.</p>	

	Members <b>noted</b> the notes of the meeting.	
<b>6.6</b>	<u>NHS Fife CJD Sub Group</u>  Nothing to highlight- Members <b>noted</b> the notes of the meeting.	
<b>6.7</b>	<u>Quality Reports</u>  Reports are for <b>noting</b> only	
<b>7</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>AF updated that NHS Fife have now employed 2 painters and a 3<sup>rd</sup> is starting in January. He advised that if any painting works are required just to raise a work order on MICAD and it will be added to the list for the painters.</p> <p>ED updated that there has been an issue with wards displaying their data from the dashboard and it is a requirement to have this data on show. There has been an email out to ward to remind them of this requirement and a help sheet of how to get this information from the dashboard in case they need assistance.</p> <p>JC brought the groups attention to the Waste SBAR within the agenda and updated that the new contractors TradeBe should be in place for 13<sup>th</sup> January 2020. There will be new waste and sharps posters circulated and contact numbers.</p> <p>AF updated that there will be a Waste Manager Officer Vacancy coming out in the near future.</p> <p>HB suggested we look at the 14 recommendations Glasgow received from inspection and work with IPC to work through them and make sure we are complying with these recommendations. Once looked at they can be brought back to ICC and discussed as a 6 month review would do no harm.</p> <p>Members <b>noted</b> updates.</p>	
<b>8</b>	<p><b>DATE OF NEXT MEETING</b></p> <p>The next meeting of the Committee will be held on 5<sup>th</sup> February 2019 in Training Room 1, Dining Room, Victoria Hospital, Kirkcaldy.</p>	



Agenda item no: 9.9

Title of Group/Sub-committee	Radiation Protection Committee
Date of Group/Sub-committee Meeting:	15 October 2019
Release: draft/final minutes	Unconfirmed
Author/Accountable Person:	Dr C McKenna

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

There were no issues for highlighting to the Committee.

What are the concerns/issues/risks you want to bring to the attention of the committee?

There are no concerns / issues / risk for highlighting to the Committee.

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**MINUTES OF THE RADIATION PROTECTION COMMITTEE HELD ON TUESDAY  
15<sup>TH</sup> OCTOBER 2019 WITHIN THE RADIOLOGY DEPARTMENT VHK.**

**Chair: Dr Chris McKenna**

**In Attendance:**

Dr Chris McKenna (CMK)  
Jeanette Burdock (JB)  
Christina Stewart (CS)  
Claire Lee (CL)  
Helen Marshall (HM)

Medical Director, NHS Fife/Executive Lead, Radiology  
Radiology & Diagnostic Services Manager  
RPA/Lead MPE  
Theatres Manager  
Staff Nurse, Theatres

**Apologies:**

Dawn Adams (DA)  
Stephen Pye  
Hamish Richardson (HR)  
Nick Weir (NW)

Clinical Director, Public Dental Service  
Laser Safety Advisor  
Nuclear Medicine MPE  
MR Safety Advisor

NO	HEADING	ATTACHED	ACTION
1.	<b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b> Dr McKenna welcomed everyone to the meeting.		
2.	<b>APOLOGIES FOR ABSENCE</b> As noted above		
3.	<b>MINUTE OF MEETING HELD ON 19/12/2018</b> Accepted as an accurate record		
4.	<b>MATTERS ARISING</b> <ul style="list-style-type: none"><li>➤ CMK and JB to review ToR for RPC. Roles and Remits are contained in the Radiation Protection Policy.</li><li>➤ CS needs to be appointed RPA/Lead MPE by way of letter of entitlement.</li><li>➤ Agreed that there should not be an actions list as meetings are held annually.</li></ul>		<b>LS</b>

**5. RADIATION PROTECTION SERVICE RISK ASSESSMENT**

This is going to be reviewed and reinstated as staffing levels have changed significantly since last risk assessment.

**6. RADIATION INCIDENTS AND NEAR MISSES**

Government inspector was happy that the recent regulatory breach was communication error.

Number of notifiable incidents will reduce under new rules.

We have a self inspection tool to use.

Clinical audits and patient dose audits are carried out frequently.

Near misses are a smaller paper exercise.

There will possibly be more inspections under Health Protection Scotland. CMK asked if we are ready/compliant. Yes.

Please see attached report.

**7. NUCLEAR MEDICINE LOCAL RULES**

Dr Reid is currently only ARSAC licence holder for Fife, however, in future we will be able to apply for an Employers ARSAC licence which means we can get cover from other boards. Our nuclear medicine service is too small to worry about getting a full time NM Radiologist.

**8. MINUTES FROM THE RADIATION PROTECTION SUPERVISORS MEETING.**

Long running problems of recording/post processing/QA by theatres Consultants, this creates housekeeping/governance issues. JB, CL HM & CS to work on resolving and let CMK know if they need his help liaising with Consultants.

**9. REPORTS FROM MANAGERS**

**9.1 Radiology**

In the last 12 months there has been new MRI scanner installed, 2 new image intensifiers and an ultrasound machine. CT has had tube changed.

CT and IR all compliant.

All staff competencies and training is up to date.

QA checks complete.

Equipment pro forma up to date/checked.

### **9.2 Theatres**

Activity increase in theatres 9&10 with only one Radiographer is problematic.

### **9.3 Dentistry**

No report/update

## **10. REPORTS FROM ADVISORS**

**A lot to do this coming year.**

- **RPA**

A lot to do this coming year. Action plan meeting TBA. Please see attached report for further information.

- **MPEs**

Dose audit review carried out. Please see attached.

- **LPA**

Please see attached report.

- **MRSE**

Quench now compliant.

- **RWA**

New flood source arranged. Company dispose of old/used source.

## **11. A.O.C.B.**

PHE requested audits for CT. Thanks to all at CT for hard work in preparing audits this will help set national DRL's.

## **12. DATE AND TIME OF NEXT MEETING**

October 2020 TBA/TBC, VHK.

Agenda item no 10.11

Title of Group/Sub-committee	eHealth Board
Date of Group/Sub-committee Meeting:	21 <sup>st</sup> January 2020
Release: draft/final minutes	Draft
Author/Accountable Person:	Dr Chris McKenna

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

- Quarterly performance report was reviewed, The report now has a scorecard showing trends and performance. The scorecard is evolving and additional KPI's will be added.
- Windows 7 risk has been downgraded from high to medium risk as support has been extended.
- The final typeset version of Digital and Information Strategy was presented to the board and agreed for onward governance.

What are the concerns/issues/risks you want to bring to the attention of the committee?

The eHealth Board noted the below:

- HEPMA procurement delayed until July 20, which is a national delay. Actions: processes been implemented so if there are any further delays contact shall be made.
- Office 365(O365) - NHS Mail 2 will terminate in September 2020, migration of emails cannot start until June 20. Still ambiguity on the migration plan at national level.

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**MINUTE OF THE EHEALTH BOARD HELD ON TUESDAY 21<sup>ST</sup> JANUARY 2020, STAFF CLUB, VHK**

**Present:**

<b>Chair - Dr Chris McKenna</b>	Medical Director
Lesly Donovan (LD)	General Manager – eHealth & IMT
Josie Murray,	Consultant in Public Health
Philip Duthie	General Practitioner
John Chalmers	Clinical Lead, eHealth
Andy Mackay	Deputy Chief Operating Officer (on behalf of Morag Olsen)
Janette Owens,	Associate Director of Nursing
Claire Dobson	Divisional Manager, West Division
Rose Robertson	Deputy Director of Finance

**In Attendance:**

Margaret Guthrie	Information Governance and Security Manager
Claire Neal (CN)	(Minute) PA to General Manager – eHealth & IMT
Marie Richmond (MR)	Head of Strategy and Programmes
Cheryl Smith	Podiatry Professional Head of Service (on behalf of AHPs)
Kirsten Smith	Pharmacy Dispensary Manager (on behalf of Scott Garden)
Torfinn Thorbjornsen	Information Services Manager
Allan Young	eHealth Head of ICT Operations
John Davies	Cyber Security Manager
Sara Callaghan	Digital Transformation Programme Manager

**Apologies:**

Lynn Barker	Associate Director of Nursing
Andy Brown	Principal Auditor
Eileen Duncan	Directorate Solutions Manager H&SC
Helen Hellewell	Associate Medical Director
Carol Potter	Director of Finance
Jillian Torrens	Senior Manager, Mental Health & Learning Disabilities Service (on behalf of Lee Cowie)
Miriam Watts	General Manager, Emergency Care

<b>1</b>	<b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b>	
	L Donovan opened the meeting by welcoming everyone to the room and a round of introductions were made in the absence of Dr C McKenna.	
<b>2</b>	<b>APOLOGIES FOR ABSENCE</b>	
	The apologies are listed above and were noted by eHealth Board	
<b>3</b>	<b>MINUTE / ACTION LIST FROM PREVIOUS MEETING – 17/1019</b>	
	The minutes from the meeting held on 17 <sup>th</sup> October were reviewed and accepted as a true reflection by the eHealth Board.  The action list was reviewed and updated.	
<b>4</b>	<b>eHEALTH BOARD WORKPLAN &amp; Terms of Reference (ToR)</b>	

	<p>L Donovan advised Board the workplan and ToR is for noting, this is draft and will be brought back to next meeting for approval.</p> <p>Dr C McKenna joined the meeting and took over as Chair.</p>	
<b>5.</b>	<b>eHEALTH QUARTERLY REPORT</b>	
	<p>A Young introduced the quarterly report for January 2020 and reported the below:</p> <ul style="list-style-type: none"> <li>Quarterly report has been updated to link in with the Digital &amp; Care Strategy.</li> <li>A scorecard has been introduced to report on the trends and performances over the last quarter. <b>The scorecard is evolving and additional KPI's will be added.</b></li> <li>Server 2003 End of Life Server removal has been reduced to 27% and work is ongoing to complete.</li> </ul> <p>A Young provided a brief overview of the Networks department within eHealth, highlighting business continuity, operational work and supporting of networks for all NHS Fife sites. Networks are upgrading the failover of Primary to Secondary networks which is due to be completed by end of 2020. Work is ongoing to prepare for the implementation of O365 ensuring the maximum throughput on all sites which will now use the internet rather than on premise servers for most document storage and access.</p> <p>L Donovan notified the Board this quarterly report is also sent to other Governance groups.</p> <p>No comments raised by Board.</p>	
<b>6.</b>	<b>OPERATIONS</b>	
	<p><b>6.1.1 eHealth Risk Summary Report</b></p> <p>L Donovan introduced Summary Report and confirmed there are 7 risks which remain as high but Windows 7 upgrade has been downgraded from a high risk to a medium risk as support has been extended. L Donovan confirmed if risks are high we have mitigations surrounding these either security or safety of data.</p> <p>L Donovan raised with Board if eHealth are providing enough information. J Murray confirmed content as offering reassurance.</p> <p>A Mackay queried if End of Life Server replacement pressures are due to cost or resources. A Young clarified a mixture of both. Assessment work is still to be carried out, there are costs involved in upgrading servers and/or application upgrades to be purchased. A Young confirmed funding has been approved for a fixed term 21mth post to spearhead the server assessment work.</p> <p>L Donovan reported vacancies and recruiting the necessary skills required for personnel within eHealth – infrastructure services has been challenging but this has been resolved and the team are now at full complement of staff.</p>	
	<p><b>6.1.2 - eHealth Risk Register</b></p> <p>This was discussed within the above item</p>	
	<p><b>6.2.1 SBAR Primary Care Digital Transformation</b></p>	

	<p>A Young presented SBAR to Board and advised provided a brief overview of SBAR as below:</p> <ul style="list-style-type: none"> <li>• Server workstream due to be completed by end Feb 2020, upgrade of servers required to provide consistent architectural infrastructure.</li> <li>• Minor reworks to be carried out later in the year as EMIS doesn't fully support MS 2016 yet, but there are no big concerns relating to this.</li> <li>• Lead time for the Desktop &amp; Mobility workstream has been delayed to May 2020. This delay is due to resourcing of hardware from the manufacturer. Orders have been placed and will be chased along.</li> <li>• Universal Printing – Currently working with LMC and GP's to obtain a universal contract agreement with RICOH to provide same printers. Advantages of this are consistent technology and cost savings.</li> </ul> <p>P Duthie clarified with Board, LMC have agreed but further discussions were still to be established on the finance model. P Duthie raised concerns on costs associated but understands the rational. L Donovan informed a letter is currently being finalised and will be forwarded to clarify. L Donovan advised a random audit will be carried out with Practices to highlight inappropriate printing.</p> <p>A Young provided a brief update on workstream tracker, noting work that was completed is showing in Blue.</p> <p>A suggestion was requested that a highlight report with included a tracker would be informative rather than an SBAR. A Young confirmed will introduce this for next Board meeting.</p>	<p>AY</p>
	<p><b>6.2.2 - Primary Care Digital Transformation Workstream Tracker Matrix</b></p> <p>This was discussed in above item.</p>	
	<p><b>6.3 Cyber Security Presentation</b></p> <p>J Davies introduced himself and delivered a presentation for Cyber Security and reported the below:</p> <ul style="list-style-type: none"> <li>• Clarified what Cyber Security is.</li> <li>• Traditional perception of the security function is that of a blocker, stopping people from accessing things they need or putting barriers in the their way to slow them down. J Davies clarified the reason for the security and it is to protect the individual and also the business.</li> <li>• Security is a legal requirement, substantial fines can be given if found in breach of GDPR and the Network and Information Systems (NIS) regulation.</li> <li>• eHealth are adopting new technologies by understanding our security risks, fixing our weaknesses and introducing security that is already built in e.g. implementing Forescout and using Windows Defender to advise of threats and this package also provides a cost saving.</li> </ul> <p>A Young advised we are more proactive than previously. A Young will produce a Threats &amp; Vulnerabilities scorecard for future Board meetings to provide assurances security remediation is being carried out.</p>	<p>AY</p>



7	<b>PROGRAMMES / PROJECTS</b>	
	<p><b>7.1 – HEPMA Presentation</b></p> <p>M Richmond provided a brief overview of the current status of HEPMA and updated the Board on the below points:</p> <ul style="list-style-type: none"> <li>• NHS Fife will be full HEPMA.</li> <li>• Business case has been approved on the worst case scenario.</li> <li>• Mini tender is undertaken from end of January 20. Following the mini tender a full business case will be developed.</li> <li>• Completion of full business case was due to be completed by May 20 but is delayed to July 20. Recruitment and systems upgrade will then commence.</li> </ul> <p>Dr C McKenna expressed their disappointment in the delay after a huge amount of work, M Richmond confirmed the delay was nationally. Processes have been implemented so if there are further delays contact shall be made.</p> <p>C Smith queried if HEPMA , M Richmond confirmed this is AHP's. L Donovan and M Richmond to discuss further offline.</p>	
	<p><b>7.2 – Office 365 Presentation</b></p> <p>S Callaghan delivered a presentation for the implementation of O365 and provided a brief overview with the below:</p> <ul style="list-style-type: none"> <li>• O365 will address out of date unsupported Office software which contravenes the (NIS) regulations.</li> <li>• Keep NHS Fife moving forward with our Digital Transformation Strategy, through modernising cloud services.</li> <li>• NHS Mail2 will terminate from September 2020 therefore we must migrate to Microsoft Exchange online Mail before then.</li> <li>• Pre migration tasks for transition to MS Exchange Online require to be completed by June 2020 e.g. clearing out mailboxes by staff and agreed lists of user accounts, shared mailboxes and distribution lists.</li> <li>• Ongoing works with comms team to ensure communications are issued to staff informing them of the migration.</li> <li>• O365 will roll out to eHealth first, testing to learn and understand, this will then allow to develop detailed roadmaps to forward to other departments.</li> </ul> <p>L Donovan confirmed they are currently developing a work plan as O365 will be implemented in stages over a two year period. National infrastructure is still not in place so unable to start works till June 20. L Donovan highlighted a local business case is ongoing due to concerns over resource as other projects may be impacted and will have to put on hold. Discussions were undertaken regarding the impact as this is huge piece of work.</p> <p>Dr C McKenna queried NHS Mail and the archiving of emails, A Young advised they are seeking advice and communicating with NHS Glasgow on how they locally save their files. Lengthy discussions were held regarding migrating emails, storing emails and how this will affect the end user. Dr C McKenna raised that NHS Mail is a clinical system and raised concerns as</p>	

	<p>a clinical risk. M Richmond advised this is due to be discussed at the next CDTG where issues can be raised and can then be addressed. Lengthy discussions were undertaken on communications sent to staff regarding good housekeeping of emails and the migration of NHS Mail. L Donovan confirmed a separate discussion will take place with regards.</p> <p>M Guthrie informed the Board of the retention policy and good housekeeping. M Guthrie confirmed she will provide a presentation at next meeting to explain the retention policy.</p> <p>Discussion were held regarding benefits of O365, A Mackay provided feedback as transformational and savings can be made with huge efficiencies.</p> <p>Brief discussion was held regarding training of O365, L Donovan confirmed there will be no one to one training but packages will be provided.</p> <p><b>Action</b> - discussion with communications regarding O365 and for staff to be ready for migration of mail. It was agreed that message could be applied to desktops.</p>	<b>MG</b>
<b>8</b>	<b>DIGITAL AND INFORMATION STRATEGY 2019-2024</b>	
	<p>M Richmond presented the Digital and Information Strategy to Board and confirmed this was the final version. Brief discussions was undertaken and it was agreed this was a very good document.</p> <p><b>Agreed</b> Strategy to be forwarded to Clinical Governance.</p>	
<b>9</b>	<b>FINANCE</b>	
	L Donovan informed the Board this was just for noting.	
<b>10</b>	<b>UPDATE FROM OTHER COMMITTEES / GROUPS</b>	
	<p>10.1 - eHealth Project Board(s) Decision Logs – For Note</p> <p>L Donovan informed the Board this was just for noting.</p>	
<b>11</b>	<b>eHEALTH BOARD STATEMENT OF ASSURANCE</b>	
	L Donovan advised this is draft and discussions are required to discuss the governance and just for noting. Will be updated for next meeting.	
<b>12.</b>	<b>AOCB</b>	
	<p>L Donovan informed the Board NHS Scotland Information Security Framework (NIS) audit in NHS Fife will take place on 11<sup>th</sup>. Results will be brought back to Board and the IG&amp;S Group, L Donovan confirmed NHS Fife will not be compliant but will be on par. This is the first formal NIS audit to have been undertaken.</p> <p>L Donovan informed the Board to coincide with the Digital Strategy that a rebranding of eHealth would be appropriate. It was noted a paper was to be brought back to next Board to discuss further.</p> <p><b>Action</b> - L Donovan to produce paper.</p> <p>J Chalmers informed the Board, representation at Clinical Digital Transformation Group (CDTG) is not high. J Chalmers happy to promote</p>	<b>LD</b>

	<p>and suggested a proposal on how better to engage with the clinical community. No other competent business raised.</p> <p>Dr C McKenna closed the meeting thanking all for attending and informed of next meeting.</p>	<b>JC</b>
<b>13</b>	<p><b>DATE OF NEXT MEETING</b> <b>21<sup>st</sup> April 2020, Training Room 1, VHK</b></p>	

Agenda item no 10.12

Title of Group/Sub-committee	Information Governance & Security Group
Date of Group/Sub-committee Meeting:	16/01/2020
Release: draft/final minutes	12/11/2019
Author/Accountable Person:	SIRO

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

*This should include good practice*

From the reports and briefing made to the Information Governance & Security (IG&S) Group, reassurance was given that NHS Fife is currently operating in compliance with GDPR/Data Protection Act.

The process model, Plan – Do – Check - Act (PDCA) has been adopted to ensure that changes to the organisation or its processes are assessed to ensure compliance is maintained through updates to policies, procedures and staff training.

In preparation for the Competent Authority (CA) Network and Information Systems (NIS) regulations audit 11<sup>th</sup> – 13<sup>th</sup> February 2020 :

- the Information Security Policy Framework NIS Workplan/gap analysis was completed.
- the outstanding information security policies have been updated and will be sent to the IG&S Group attendees for review and feedback.

What are the concerns/issues/risks you want to bring to the attention of the committee?

*Include any actions taken to date*

Linked committee cover template	Version: 8	Date:
Author: Clinical Governance	Page 1 of 1	Review Date: May 2020



**Fife NHS Board**

**MINUTE OF THE INFORMATION GOVERNANCE & SECURITY GROUP MEETING HELD ON TUESDAY 12<sup>TH</sup> NOVEMBER 2019, TRAINING ROOM 1, VHK**

**Present:**

Carol Potter	Director of Finance / SIRO (Chair)
Lesly Donovan	General Manager - eHealth & IMT
Dr Helen Hellewell	Associate Medical Director ( <i>also for J Kelly</i> )
Avril Sweeney	Risk Compliance Manager ( <i>for Lesley Gauld</i> )
Gillian MacIntosh	Head of Corporate Governance
Dr Chris McKenna	Medical Director and Caldicott Guardian
John Davies	Cyber Security Manager ( <i>for Allan Young</i> )
Amy McCulloch	Health Records Supervisor ( <i>for Gail Watt</i> )
Amanda Wood	Assistant Research and Development Director
Margaret Guthrie	Information Governance and Security Manager

**In Attendance:**

Andy Brown	Principal Auditor
Michelle Campbell	Information Governance & Security Advisor
Yvonne Chapman	Risk Management Co-ordinator
Carol-Anne Rougvie	Programme Support Officer ( <i>Minute</i> )
Garry Taylor	Information Security Manager

**Apologies:**

Bruce Anderson	Head of Partnership
Heather Fernie	Business Manager, H&SC Partnership
Susan Fraser	Head of Planning and Strategic Partnerships
Lizzie Gray	Patient Relations Officer ( <i>for Donna Hughes</i> )
Kirsty MacGregor	Head of Communications
Brian McKenna	HR Manager ( <i>for B Nelson</i> )
Kathleen Norris	Radiology IM&T Systems Manager
Janette Owens	Associate Director of Nursing ( <i>for Helen Wright</i> )
Andrew Rattrie	Laboratory IT Administrator ( <i>for Stephen McGlashan</i> )
Ellen Ryabov	Chief Operating Officer
Michelle Smith	Medical Records Manager, Mental Health Service
Torfinn Thorbjornsen	Information Services Manager
Karen Welsh	Fife Council Representative

**1. CHAIRPERSON'S WELCOME AND OPENING REMARKS**

C Potter opened the meeting by welcoming everyone in the room and a round of introductions followed.

**2. APOLOGIES FOR ABSENCE**

Apologies were noted as above.

**3. MINUTES OF PREVIOUS MEETING HELD ON 29/08/19**

The previous minutes were reviewed and it was noted that Kirsty McGregor, Head of Communications was not present at the previous meeting and Gillian MacIntosh's name was spelled incorrectly. These would be corrected and the minutes were otherwise accepted as accurate.

**4. ACTION LIST**

The Action Log was discussed and updated accordingly.

**5. INFORMATION GOVERNANCE & SECURITY PLAN UPDATE**

M Guthrie informed the group this had fallen behind schedule due to a change in team circumstances, however delivery was expected with the new resource.

**6. IG TRAINING UPDATE**

Due to apologies, B Anderson was not present to provide an update and M Guthrie had been unable to speak with him before the meeting. An update would be provided at the next meeting.

M Guthrie advised the team has begun contacting all new colleagues to complete IG training, however there was still a gap for existing staff. L Donovan pointed out that the compliance was on an upward trajectory with a current completion rate of 83%.

Discussion took place regarding the possibility of making IG training compulsory. It was accepted that IG is the responsibility of all staff and poses a potential risk, however all training across the organisation could be argued as compulsory. Various other alternatives were discussed such as a prompt for new colleagues when logging in, however this was considered unsuitable, as a payroll number is needed to create a Learnpro account. As a solution to this, it was suggested there could be a time limit for IG training where a new colleague's account access would expire within 31 days if the training had not been completed.

C Potter confirmed the responsibility for IG training completion remains with the individual and their manager.

## **7. INFORMATION REQUESTS**

### **7.1 – FOI Figures – NHS Fife & H&SCP**

G MacIntosh advised the paper addressed a request from the last report and a more full report would be produced in January.

Discussion took place regarding services delivered in partnership and it was acknowledged more clarity was needed on where requests should be addressed and the process better documented.

A Brown questioned if a surge in requests was expected with the upcoming election. M Guthrie confirmed this was something the team were currently working on.

C Potter acknowledged the work undertaken by the IG&S Team in relation to FOI requests, involving a lot of backlog, pressure and inconsistencies and noted the expertise, the past week in particular, had been a real benefit to the organisation.

## **8. DATA PROTECTION UPDATE(S)**

### **8.1 – DPIA / ISA / Caldicott Register**

M Guthrie presented the paper and asked for any comments. A Brown noted volume outstanding on compliance rates should be included in report, plus pending and total. L Donovan informed the Group that this would not be feasible to introduce as the Information Asset Register was not yet complete and some systems were no longer in use.

L Donovan informed the Group that the IG&S team had been doing a good job in getting these completed and commented that NHS Fife were the only Health Board not moving to procurement until the DPIA was complete and that therefore the risk to NHS Fife was lowered.

A Brown also commented on the lack of context in reporting on Information Sharing Agreements (eg the total number of ISAs and the number that had lapsed their review date). M Guthrie advised that this contextual information would be included in future reports.

**MG**

### **8.2 – GP Data Protection Update**

M Campbell advised the Group that the GP Update paper had been brought to the group for transparency and information only, as this was a new undertaking for NHS Fife.

It was highlighted that, where GP Practices use the same system, they have been able to share the DPIA.

The Memorandum of Understanding (MoU) had been approved in principle by the GP Sub Committee, pending clarity on approval to use Datix.

C McKenna and H Hellewell were asked for their support going forward.

The group were asked if it would be beneficial to keep this as a standing agenda item or only provide updates when necessary. It was agreed as this is now BAU, only updates and escalations would be brought to the group.

M Campbell agreed to send to C McKenna some possible concerns that GPs may Raise, ahead of the upcoming GP Sub Committee.

MC

M Campbell highlighted to the Group that the work undertaken by the Risk Management team in configuring Datix for GP use had been of benefit when out visiting Practices.

### **8.3 – Reported Breaches**

M Campbell presented the paper for information and advised that a copy of the breach spreadsheet had been captured on the SBAR following feedback at the previous meeting. A Brown questioned if the two incidents not notified within 72 hours had been notified eventually. M Campbell confirmed they had been reported to the competent authority as soon as the IG&S Team were made aware.

## **9. INFORMATION POLICIES UPDATE**

G Taylor advised due to BAU work, he had been unable to complete one a week as previously expected.

The policies already reviewed had been submitted to a number of groups, with one returned from the General Policy Group with comments. A Brown requested if the percentage and lapsed could be included.

Discussion took place regarding implementing a system for automated reminders. It was noted that different areas had been looking into this, however the aspiration would be one system for all.

## **10. INFORMATION AND SECURITY RISKS / INCIDENTS**

### **10.1 – Information Governance Incidents**

The paper was presented for information only, providing an overview of incidents over the last quarter. Only one major incident was recorded for the quarter.

### **10.2 – Information Security Incidents**

An incident was discussed where a patient had been able to access an unauthorised site, when using the computer unsupervised. The Cyber Security team had removed the computer until further notice.

### **10.3 – Information Governance & Security Risks**

G Taylor presented the paper for information only and advised it was the responsibility of the risk owners to reduce the target level.

It was discussed that many of the mitigating actions relate to additional resource, both staffing and financial and it needed to be acknowledged that although resource may be



strained it is not always available as a solution, therefore some of the actions would need reviewed.

A Brown suggested including the time expected to achieve the target level using existing resources.

## 11. SUBJECT ACCESS REQUESTS

M Guthrie advised the compliance rate for Subject Access Requests had been brought up to 98.77%

No comments were raised by the group.

## 12. APPROVALS

### 12.1 - Policies for Approval

Four policies were brought to the group for approval and comment before submitting to the General Policy Group.

A Brown advised on each policy, under the Risk Management section; the line '*except as required by an employee's job responsibilities*' should be removed from all.

#### 12.1a – GP/B2 IT Remote Access Policy

GP/B2 IT Remote Access Policy **approved**.

#### 12.1b – GP/C10 Clear Screen Clear Desk Policy

Discussion took place regarding how the Clear Screen Clear Desk Policy could be enforced as it was suggested it was unrealistic to fully comply with this policy. M Guthrie advised communications explaining implications of non-compliance were needed as the organisation is not as robust as it should be with regards to this policy.

CP questioned if the policy needs to be updated as the description of papers was vague and did not specify confidential papers. It was confirmed the reason for this was that the classification of confidential information was open to interpretation.

GP/C10 Clear Screen Clear Desk Policy **approved**.

#### 12.1c – GP/D6 Data Encryption Policy

The responsibility of the NHS Fife Chief Executive for this policy was questioned compared with the other policies. It was confirmed the Chief Executive was the responsible officer for Cyber Essentials, therefore was responsible for the policy. G Taylor would update the policy to reflect this.

GP/D6 Data Encryption Policy **approved**.

#### 12.1d – GP/E7 Non NHS Fife Equipment Policy

GP/E7 Non NHS Fife Equipment Policy **approved**.

**Action** – Amendments requested to the 4 policies presented to be made to all polices.

**GT**

### **12.2 – Draft IG&S Group Workplan**

The group were asked to approve the draft Workplan following amendments to the meeting dates.

**Action** - A Brown to send M Guthrie Workplan amendments and update for next meeting.

**AB**

C Potter requested that the revised workplan be considered early in the agenda of next meetings.

## **13. UPDATES FROM OTHER MEETINGS**

### **13.1 – IG Compliance Working Group**

M Campbell explained the paper had been submitted for information and as the ToR for the IG Compliance Working Group had been approved by the Information Governance & Security Group prior to C Potter's position as Chair, M Campbell would send a copy to C Potter.

**Action** - M Campbell to send copy of IG Compliance Working Group ToR to C Potter.

**MC**

## **14. AOCB**

G Taylor informed the group a new secure file transfer system had been introduced to replace the existing one. The new service would not require an NHS Mail account to request or receive files.

**Action** - G Taylor to circulate the process guide for the system.

**GT**

## **15. DATE OF NEXT MEETING:**

The next meeting would be held on 16<sup>th</sup> January 2020, 10am at Staff Club, VHK

CONFIRMED 16.01.20

Agenda item no 10.13

Title of Group/Sub-committee	Integrated Transformation Board
Date of Group/Sub-committee Meeting:	Tuesday 19th November 2019
Release: draft/final minutes	
Author/Accountable Person:	James Crichton Interim PMO Director

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

Verbal updates were provided to ITB on the Acute and Community transformation programmes.

ITB recommended strengthening reporting in several key areas including:

- Understanding the contribution of the programme to the financial efficiency and sustainability over the next 3 years
- A more detailed understanding of the financial benefits to be realised from projects such as the Community Hubs / Community Hospitals / medicines efficiency project.

The PMO role was introduced in November to support the transformation programmes. A work plan was agreed with EDG to strengthen the programme and reporting arrangements.

What are the concerns/issues/risks you want to bring to the attention of the committee?

Issues to be addressed by PMO

1. Variation in documentation and reporting processes in support of programme delivery.
2. Requirement for more detailed corporate oversight of programme impact on revenue / capital / workforce at a system level.
3. ITB to agree strategic organisational priorities to which the programme should be aligned.

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Author: Clinical Governance	Page 1 of 1	Review Date: May 2020



**INTEGRATED TRANSFORMATION BOARD**  
**Tuesday 19<sup>th</sup> November 2019 at 11.30 hrs**  
**in Room 521, Hayfield House**

**Present:** Paul Hawkins, Chief Executive, NHS Fife (chair)  
 Steve Grimmond, Chief Executive, Fife Council  
 Cllr Tim Brett, Chair, Clinical and Care Governance Committee, IJB  
 Les Bisset, Chair, Clinical Governance Ctte, NHS Fife  
 Nicky Connor, Director of Health and Social Care  
 Andy Mackay (deputising for Ellen Ryabov)  
 Susan Fraser, Assoc Director of Planning & Performance, NHS Fife  
 Jim Crichton, Interim PMO Director

**Apologies:** Ellen Ryabov, Chief Operating Officer, NHS Fife  
 Cllr David Graham, Fife Council Elected Member

**Minutes:** Helen Bailey, PA to Director of Workforce, NHS Fife

		<b>ACTION</b>
<b>14/19</b>	<b>WELCOME AND APOLOGIES</b>  Mr Hawkins welcomed everyone to the meeting, in particular Mr Jim Crichton and introductions were made. Apologies were noted.	
<b>15/19</b>	<b>MINUTES AND ACTION LIST OF PREVIOUS MEETING HELD ON 15<sup>TH</sup> OCTOBER 2019</b>  Minutes and action list were approved.	
<b>16/19</b>	<b>MATTERS ARISING</b>  Nothing to report.	
<b>17/19</b>	<b>ACUTE TRANSFORMATION PROGRAMME</b>  Mr Hawkins reported that this meeting was mainly to review the Acute Transformation Programme.  Mr Mackay referred to the presentation and gave an update from Acute following the report from Deloitte demonstrating the productivity and efficiency and the commitment to the planned savings and the challenges. Mr Mackay gave an overview of the 4 workstreams and ways they are working including Banish Boarding event, AOP workshop, Grip and Control, financial focus and waiting list initiatives.	

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	Cllr Brett asked if GPs were being involved in this and Mr Mackay confirmed the work was being carried out collaboratively and clarified the work would involve consultants and GPs moving forward.	
	Mr Grimmond stated this was helpful to show the extent of the challenge which is similar to challenges within IJB. Mr Crichton has been discussing with people and looking at some of the opportunities to align the support available to work smarter in terms of this piece of work and have closer synergy between Acute and Community.	
	Mr Hawkins asked Nicky Connor and Andy Mackay to look at their transformation programmes and identify what is truly transformational, bring them together in an integrated way and discuss any investment opportunities.	<b>NC/AM</b>
	Mr Hawkins requested for the next meeting a full transformational programme which the group will go through and review the finances, and achievability.	
	The group reviewed the updated Indicative Programme Plan.	
<b>18/19</b>	<b>IJB PROGRAMME OF TRANSFORMATION</b>	
	Mr Grimmond gave an update on transformational work in IJB currently and referred to the government challenge of shifting resource across the system as being unrealistic. Dr Bisset stated that the term shifting the balance of care is misunderstood and there is a requirement to take a wider look at community hospitals.	
	Mr Hawkins referred to the plan and asked for confirmation of the stages for each programme.	
	Mrs Connor gave an update on Urgent Care, Mental Health Strategy and Primary Care Improvement Plan. Mr Hawkins identified the two risk areas to be Community Hospitals and Community Hubs and the Group discussed this in detail including the opportunity of redesign approach, savings and further medicines efficiencies. The Business Case for Community Hubs was tabled and members reviewed it.	
	Mr Hawkins requested Nicky Connor to get all the paperwork for each programme and financial summary about what the original financial assumptions were.  Mr Hawkins and Mr Grimmond agreed that in order to move forward documentation needed to show financial benefits and stability over a	

**CONFIRMED**

	<p>timescale as well as a plan.</p> <p>Mrs Connor referred to the evaluation of the Community Hubs work and Mr Hawkins stated he wanted to see the benefits realisation and Dr Bisset stated it must include clinical benefits as well as the impact on other services, e.g. reduction on waiting times, admission, etc.</p>	
	<p>For the next meeting the following is required:            Community Hospitals - with a scoping paper with new proposal.            Urgent Care – needs to be monitored, update            Mental Health - update            Community Hubs – more information for the next meeting/finances            Primary Care - update            Acute transformation - update            Medicines efficiencies – update</p>	<b>NC/AM</b>
	<p>Mr Hawkins referred to the organisational spend on SLAs with NHS Tayside and NHS Lothian with intra referrals. Deloitte are preparing a report for Mr Hawkins and he hopes this will help bring patients back to NHS Fife, update at next meeting.</p>	<b>PH</b>
	<p>Mrs Connor is rewriting the Community Transformation Board Terms of Reference.</p> <p>Any comments on the Acute Terms of Reference should be sent to Susan Fraser/Andy Mackay.</p>	<b>NC</b> <b>SF/AM</b>
<b>19/19</b>	<b>FINANCIAL STABILITY</b>	
	<p>Mr Hawkins stated this was about the finance conversation, current and going forward and how we start to plot some of the transformation effects against finances. Audrey Valente has worked on achieving a good projection in the IJB 3 year financial plan. Mr Crichton explained the process to move forward and getting figures on a timeline.</p>	
<b>20/19</b>	<p>Mr Grimmond stated he would be keen to see what that plan would look like. IJB would need to agree any new proposals mid February so they would need to be included in the plan. Mr Hawkins suggested have a “scope” stage before Stage 1.</p> <p>It was agreed that Stage 0 be added to the Stage and Gate Process.</p>	<b>SF</b>
<b>21/19</b>	<p>It was agreed to cancel the next ITB meeting on 9<sup>th</sup> January 2020, the next meeting will be held on 13<sup>th</sup> February 2020.</p>	<b>HB</b>

**CONFIRMED**

<b>22/19</b>	Mr Hawkins requested an update on Social Work efficiency project for next meeting.	<b>NC</b>
	Mr Crichton and Ms Fraser to update the ITB Programme Plan on expected milestones, mid term financial impact and benefits realisation.	<b>JC/SF</b>
	Medium term financials from FDs and impact of those to be presented at next meeting.	<b>NC/Acute COO</b>
	Mr Hawkins requested a presentation to NHS Fife Board outlining Social Work Services to be prepared and build it into IJB or a governance committee. Mrs Connor suggested a joint development session with NHS Fife Board, IJB and Fife Council.	<b>PH/SF</b>
<b>23/19</b>	<b>DATE OF NEXT MEETING</b> – Thursday 13 <sup>th</sup> February 2020 at 9.30 hrs in Room 521, Hayfield House	



Agenda item no 10.13

Title of Group/Sub-committee	Integrated Transformation Board
Date of Group/Sub-committee Meeting:	Thursday 13th February 2020
Release: draft/final minutes	
Author/Accountable Person:	James Crichton Interim PMO Director

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

Governance

1. ITB discussed strategic organisational priorities to which the programme should be aligned.
2. Formal updates were provided to ITB on the Acute and Community transformation programmes in a standardised format summarising progress against elements such as key milestones, current issues and risks.
3. Standardised documentation for Initial Agreements / Business Cases etc were discussed and agreed for proposals being reviewed by ITB.

Community Hospitals

1. Wider strategy for community services to be developed to inform future service redesign.
2. Current Initial Agreements to be further developed and ensure engagement with relevant Committees.
3. Further approval of Business Case will require wider strategy to have been considered and approved.

What are the concerns/issues/risks you want to bring to the attention of the committee?

Issues to be addressed by PMO

1. Requirement remains for more detailed corporate oversight of programme impact on revenue / capital / workforce at a system level. This will be progressed in advance of the next meeting,
2. Membership and reporting arrangements to be considered by Chief Executive.

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**INTEGRATED TRANSFORMATION BOARD**  
**Thursday 13<sup>th</sup> February 2020 at 09.30 hrs**  
**in Room 521, Hayfield House**

**Present:** Carol Potter, Chief Executive, NHS Fife (chair)  
 Steve Grimmond, Chief Executive, Fife Council  
 Les Bisset, Chair, Clinical Governance Cttee, NHS Fife  
 Cllr David Graham, Fife Council Elected Member  
 Morag Olsen, Interim Chief Operating Officer, NHS Fife  
 Nicky Connor, Director of Health and Social Care  
 Susan Fraser, Assoc Director of Planning & Performance, NHS Fife  
 Jim Crichton, Interim PMO Director

**Apologies:** Cllr Tim Brett, Chair, Clinical and Care Governance Committee, IJB

**Minutes:** Helen Bailey, PA to Director of Workforce, NHS Fife

		<b>ACTION</b>
<b>01/20</b>	<b>WELCOME AND APOLOGIES</b>  Mrs Potter welcomed everyone to the meeting, introductions were made. Apologies were noted.	
<b>02/20</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 19<sup>TH</sup> NOVEMBER 2019</b>	
<b>03/20</b>	<b>ACTION LIST</b>	
	Minutes from the meeting on 19 <sup>th</sup> November 2019 were approved.  Action list – all items are completed or on the agenda.  Mrs Potter referred to the work on inter-referrals and SLA with other Boards and reported that she is discussing this with Ms Olsen today. Ms Fraser stated this has been added to the list of programmes at the scoping stage (0).  Mr Crichton reported that social work efficiency projects came under the financial framework issue and was work in progress.	<b>SF</b>

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<b>04/20</b>	<b>AGREE ITB STRATEGIC OBJECTIVES</b>	
	<p>Mr Crichton gave an overview and referred to the strategic priorities and stated the need to discuss and establish the strategic alignment around the programmes. Mr Crichton referred to the paper and asked members if they were content with the proposed outline of a number of high level strategic objectives as documented.</p> <p>Mrs Potter agreed but asked for clarity if it linked to the IJB Strategic Plan, Mr Crichton said he would amend this in the documentation.</p> <p>Mr Grimmond stated it was helpful but asked about explicit reference around financial imperative and whether there was a co-ordinated approach to change across the system and if that would address the financial changes faced. Mr Crichton agreed to include a specific objective on financial sustainability. Ms Fraser suggested clarifying whose strategic priorities these are.</p>	<p>JC</p> <p>JC</p>
	<p>Mrs Connor asked about the national strategy alignment and Mr Crichton agreed to revise and include reference to the relevant national strategies.</p> <p>Mr Crichton agreed to finesse the document and add national drivers.</p>	<p>JC</p> <p>JC</p>
<b>05/20</b>	<b>ACUTE TRANSFORMATION PROGRAMME UPDATE REPORT</b>	
	<p>Ms Olsen gave a verbal update on Acute Transformation, referring to the Deloitte report and looking at the difference between operational improvement and transformational change. Ms Olsen talked about the opportunities for transformational change to try and change the behaviours of individuals and how we change it.</p>	
	<p>Ms Olsen noted that a scoping session was taking place in March and from this session a revised scoping paper on system wide transformation would be developed.</p> <p>Dr Bisset stated he had discussed with Ms Olsen the importance of including public health in the discussion.</p>	<p><b>MO</b></p>
	<p>Mrs Potter stated that although at a preliminary stage, the proposed scope is transformational across the entire breadth of the health and care system. Mr Grimmond stated that reflecting</p>	

**UNCONFIRMED**

	on the purpose of this group, the merit was there was more transformational change required across the system and this group was to ensure the rigour around some of these changes.	
<b>06/20</b>	<b>HSCP TRANSFORMATION PROGRAMME UPDATE REPORTS</b>	
	Mrs Connor referred to the updates in terms of the Mental Health strategy and the implementation workstreams would be the next steps.	<b>NC</b>
	Mr Crichton stated he would like to see the key elements of what is being delivered and timescales of Mental Health strategy to be developed as Initial Agreements for consideration.	
<b>07/20</b>	<b>HSCP INITIAL AGREEMENT SUBMISSIONS FOR PHASE 1 AND PHASE 2 COMMUNITY HOSPITAL REDESIGN</b>	
	Mrs Connor referred to the Stage 1 and Stage II Programme Initial Agreement Documents.	<b>NC</b>
	Dr Bisset asked what the overall plan was for Community Hospital and beds. Mr Crichton stated that he and Mrs Connor are revisiting this and Mrs Connor gave further details of this work. Dr Bisset raised concern at the governance around this, not seeing the overall plan.	
	Mr Grimmond stated that you need to see the overall plan to understand Phase 1 and Phase 2. Time is needed for this piece of work to be carried out, addressing if there are any unintended consequences, this work needs to be done to provide confidence.	
	Mrs Connor stated that there is a strategy. A lengthy discussion took place on this as it had not been to a governance committee. Dr Bisset felt that a new strategy was required, which should also link to Community Hubs. Mrs Connor stated the overarching document could be shared but it is not complete.	
	Members discussed what the role of this group was, timeframes and options for moving forward. It was suggested agreeing the Initial Agreement but not the Full Business Case until there was clarity on the overall strategy, proceeding as an interim measure to keep the momentum going. Cllr Graham stated there needs to be mindfulness around the communication to the public, making it easy to understand.	

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	Mr Heaney joined the meeting and gave an update on the Community Hospitals Initial Agreements, with a breakdown of proposals for each area/phase, timescales and financial overview.	
	Mrs Potter summarised the next steps to bring back an updated Initial Agreement through the other relevant groups with updates on financials and the longer term overall plan, medium term strategy work and interface work being done.	
	Mr Grimmond asked for clarification of processing through committees and purpose of this group overview. Mr Crichton clarified that consultation with Clinical Governance will take place in relation to the IA in advance of a Full Business Case presented to this meeting and then to IJB.  It should be presented to Clinical Governance in March (taken in private session) to give assurance it is safe, good quality, robust and sustainable. It will then be presented at IJB. Mrs Potter stated it should also be presented to FP&R Private Session.	NC
	Ms Olsen suggested that an illustration of how the change in service would impact on a patients care experience could be captured within the Business Case. Cllr Graham stated this would be helpful.  A Business Case is to be developed to support phase 1 and 2 Community Hospital proposals. This will include further detail on financial assumptions, capital requirements and workforce.	DH  NC
	Mr Grimmond reflected on the updates and raised the issue of financial savings. (see next item)	
<b>08/20</b>	<b>IMPACT REPORT ON WORKFORCE, FINANCIAL AND CAPITAL PLANS</b>	
	Mr Crichton reported on a meeting he had with finance colleagues on how projects do and don't deliver on the overall savings plan. Reporting assumptions are different so we need to understand the projects and delivery at what point in the financial year. A base line report is to be provided to capture the impact of current projects.	<b>JC</b>
<b>09/20</b>	<b>RISK REGISTER</b>	
	Mr Crichton referred to the draft risks for the ITB and asked	<b>ALL</b>

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	colleagues to review this and provide feedback to him.	
<b>10/20</b>	<b>ITB SUPPORTING DOCUMENTATION</b>	
	<p>Members discussed the consistency required for documentation and there was a discussion on the use of standard Business Case templates. Ms Fraser will circulate initial Agreement/Business Case documentation for use in support of projects being considered by ITB.</p> <p>Ms Fraser requested that Project Teams use the Risk Registers / Benefits Registers as per of their project management.</p>	<b>SF</b>
<b>11/20</b>	<b>UPDATED STAGE AND GATE PROCESS</b>	
	<p>Ms Fraser referred to the Stage and Gate document and reiterated that the Initial Agreements be presented to the relevant governance committees for scrutiny before Full Business Case. Ms Olsen asked how do we keep the pace going when processing through the steps.</p> <p>Ms Fraser agreed to update the Stage and Gate process to prompt Committee engagement between the Initial Agreement and Full Business Case to keep the pace going.</p> <p>Mrs Potter will reflect on the function of this group and Terms of Reference and discuss it with some members.</p>	<p><b>SF</b></p> <p><b>CP</b></p>
<b>12/20</b>	<b>UPDATED TRANSFORMATION PLAN</b>	
	<p>Ms Fraser stated that there have been some updates on the stages. Mrs Potter stated it was helpful to see this. Ms Fraser will update this in light of the discussion today.</p>	<b>SF</b>
<b>13/20</b>	<b>ITB MEMBERSHIP AND ATTENDANCE</b>	
	<p>Members discussed the non executive input to this group and Dr Bisset stated non executives were to come initially for assurance of what was being put in place and stressed the importance of them stepping down now for governance reasons.</p> <p>Mrs Potter will consider revising the members and Terms of Reference.</p>	<b>CP</b>

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<b>14/20</b>	<b>DATE OF NEXT MEETING</b> – Tuesday 24 <sup>th</sup> March 2020 at 14:00 hrs in FHW06.003, Floor 6, Fife House	
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Agenda item no 10.14

Title of Sub-committee	NHS Fife Health & Safety Governance Group
Date of Sub-committee Meeting:	13 December 2019
Release: draft/final minutes	Draft
Author/Accountable Person:	Craig Webster, H&S Manager

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

*Review of updates to Health & Safety Policies and Procedures. Majority now updated. There are currently one policy and three procedures remaining in review as significant rewriting necessary.*

*Discussion and approval of Generic Risk Assessment relating to work and travel during adverse weather.*

*Update on Ligature Risk Assessment programme. Noted that some 22 assessments across Mental Health and Learning Disabilities had been reviewed and updated during 2019 calendar year. This was a multi-disciplinary programme involving H&S staff, Estates and local nursing/ clinical staff in each area. 2020 programme noted to be in development.*

*Noted that HG&S team had provided an additional programme of training for 'Face Fit Testers' during October 2019 as part of Winter Preparedness activities. NHS Fife now has over 100 trained Fit Testers across the organisation.*

*Discussion and review of Governance arrangements for the NHS Fife Skin Health Strategy Group and NHS Fife Sharps Strategy Group. Agreed that these groups should remain as they are currently structured and continue to report into H&S Sub Committee.*

What are the concerns/issues/risks you want to bring to the attention of the committee?

*No issues arising from this meeting to escalate to the committee.*

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**Minutes of the Health & Safety Sub Committee held on Friday 13<sup>th</sup> December 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

**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.

**2. APOLOGIES**

Dr Chris McKenna (CM), Medical Director  
Linda Douglas (LD), 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. As requested, Minutes have been amended to include an Action column

**3.2. Actions List Update**

Updates to the actions list were discussed.

CW informed the group that the use of butterflies has been added to risk register. A copy of the Datix Risk Form was distributed to the group for information.

**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 presented a copy of the HSSC work plan. There were no changes since last meeting, ongoing.

**4.2. Health & Safety Team Workplan**

CW presented copy of the H&S Team workplan to the group and explained that the plan is ongoing from 2020 to 2022. After some discussion, it was agreed by the group that item 4.2 should be removed from the agenda.

Action

CW

CW

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## 5. NHS FIFE ENFORCEMENT ACTIVITY

### 5.1. HSE Improvement Notices

No activity

### 5.2. Any other enforcement activity

No activity

## 6. INCIDENTS

### 6.1. Incident Statistics Report

CW to submit updated stats at next meeting

CW

### 6.2. RIDDOR Incidents Overview / Update

There were no significant RIDDOR incidents requiring update.

## 7. OTHER BUSINESS

### 7.1. Policies and Procedures Workplan Review

CW distributed a H&S Policies and Procedures Report to the group. Some discussion followed regarding the progress of content.

CW

The group talked about the DSE policy and, in particular, the purchasing of glasses.

CW confirmed that Para 4.5.4. of the H&S policy has been reworded

CW

CW informed the group that a meeting has been organised with Jimmy Ramsay and Gillian MacIntosh to discuss the policy review process

Policy review – it was confirmed that new policies are reviewed after 6 months and existing policies/ procedures 2-3 years. The H&S Policy and Statement are reviewed annually. I

### 7.2. Updates on policy & procedure revisions

#### 7.2.1. Adverse Weather and PPE

CW distributed a copy of a RA for comments. Risk Assessment to be uploaded to the intranet and communicated to key H&S committees.

CW

### 7.3. Estates Fire Safety Team Meetings

CW has amended committee structure diagram to include Estates Fire Safety Team

## 8. ANY OTHER BUSINESS

### 8.1. Management System Assistant

Review of the existing Management System Assistant is ongoing and will be discussed at next meeting.

CW

### 8.2. Face Fit Testing

An up to date list of all trained Face Fit Testers to be distributed.

CW

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### 8.3. Enhanced PPE arrangements

Enhanced PPE arrangements still in progress. Currently awaiting direction from Health Protection Scotland.

CW

### 8.4. Health Surveillance for Staff working Night Shift

CW informed the group that Occupational Health has a process for the health surveillance of night shift workers in place but it is not widely publicised. CW has agreed to contact Mandy Mackintosh, Head of Occupational Health to discuss this further

CW

### 8.5. Sharps & Skin Health Strategy Group

CW informed the group of attendance concerns with the Sharps Strategy Group and the Skin Health Strategy Group meetings. AF has escalated this matter to relevant Senior managers & Directors.

CW informed the group of new Safety Devices that he would like to introduce in NHS Fife – training for these devices would be provided by BD.

CW reported that he recently met with new suppliers who have been awarded national contract for supply of certain safer sharps devices in NHS Scotland.

## 9. FOR INFORMATION / NOTING

### 9.1. Committee Minutes

Noted by the group

## 10. ANY OTHER COMPETENT BUSINESS

### 10.1. Health & Safety Sub Committee Attendance at

AF voiced his concerns about the lack of attendance by core members or deputies at the Health & Safety Sub Committee Meetings.

## 11. DATE OF NEXT MEETING

Friday 13<sup>th</sup> March 2020, Training Room 2, Dining Room, VHK at 13:30

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# **CMO Taskforce on Improving Services for Adults, Children or Young People Who Have Experienced Rape, or Sexual Assault or Child Sexual Abuse in Scotland**

## **NHS Board Specific Progress Report – NHS Fife January 2020**

### **Situation:**

Following the briefing provided by members of the above noted CMO led Taskforce to NHS Board Chairs at their national meeting on 9 December 2019, it was agreed that NHS Board specific progress reports would be prepared and issued to the respective Board Chair by the end of January 2020.

This summary report, which has been shared with your Board Nominated Lead and Chief Executive, reflects the current level of progress being made in NHS Fife against the Healthcare Improvement Scotland Standards (2017) for the service and the ten specific actions agreed between the CMO and Board Chief Executives.

The report also focuses on the Local Improvement Plan developed by the multi-agency steering group established to oversee this work across your board area.

### **Background:**

In March 2017, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) published a strategic overview of the provision of healthcare and forensic medical services to victims of sexual crime. The review highlighted significant gaps and disparity in service provision across the country and made ten recommendations for improvement.

In response to the HMICS report, the then Cabinet Secretaries for Justice and Health and Sport, asked the Chief Medical Officer (CMO) for Scotland, Dr. Catherine Calderwood, to chair a Taskforce to provide national leadership on improving Forensic Medical Examinations (FME's) and healthcare services for victims of sexual crime.

In October 2017 the CMO published a high level five year plan which set out the key deliverables required to achieve the necessary improvements and a sub-group structure, operating under the governance of the Taskforce, was established to lead on focused areas of work. These sub-groups cover Legislation; Workforce and Training; Clinical Pathways (Adults); Quality Improvement; Self-Referral and Delivery and Performance (which also includes an expert group leading on the Clinical Pathways for Children and Young People).

The overall vision for the Taskforce is to deliver consistent, person-centred, trauma informed healthcare and forensic medical services with access to recovery, for anyone who has experienced rape or sexual assault in Scotland. The overarching aim of the Taskforce is to develop and support NHS Boards in the delivery of a service model that is based on international best practice and meets the Healthcare

Improvement Scotland Standards for Forensic Medical Examinations (HIS December 2017).

Further to this plan being agreed, the CMO met with NHS Board Chief Executives in April 2018 and agreed five further specific actions. Whilst good progress has been made against these a number of challenges remained. As such, the CMO agreed an additional five action points with Chief Executives in April 2019 in order to consolidate the progress made over the preceding year and to gain their commitment to prioritise and accelerate the next key phase of the Taskforce's Objectives.

The Board specific progress report, set out in the assessment section below, highlights the current status in NHS Fife against the HMICS recommendations and the ten specific actions agreed between the CMO and Board Chief Executives.

**Assessment:**

It should be noted that not all of the ten HMICS recommendations apply to all NHS Boards.

Considerable work has been carried out across all of the Taskforce sub-groups and Board Level Multi-agency groups to deliver improvement against the 10 HMICS recommendations and the now ten specific objectives that the CMO for Scotland agreed with NHS Board Chief Executives. The tables below set out the current status of actions relevant to NHS Fife which are being taken forward from a policy and strategic perspective through Scottish Government and operationally through your Board Nominated lead and the multi-agency steering group.

**Table 1: Progress against HMICS Recommendations**

Recommendation	Current status
<p>1. The Scottish Government (SG) should review the legal basis for the current agreement between Police Scotland, the Scottish Police Authority and NHS Scotland to deliver healthcare and forensic medical services. This review should inform the nature and need for any refreshed national Memorandum of Understanding (MoU) between the parties.</p>	<ul style="list-style-type: none"> <li>• The Forensic Medical Services (Victims of Sexual Offences)(Scotland) Bill will underpin the work of the Taskforce by providing a clear statutory duty for health boards to deliver forensic medical services for victims and to ensure that an individual's holistic healthcare needs are assessed and met.</li> <li>• The Bill, which was introduced to Parliament on 26 November 2019, will allow for consistent access to self-referral services for victims who wish to have a forensic medical examination without first reporting a crime to the police.</li> <li>• A Self-Referral sub-group has been established under the remit of the Taskforce to develop guidance to ensure that there is a consistent approach to providing this service across all NHS Boards in Scotland; to make a</li> </ul>

	<p>recommendation regarding the appropriate retention period for evidence (which will be set out in secondary legislation) and to appraise and develop options for people to access services who do not wish to report to the police. The first meeting of this group took place in December 2019.</p> <p><b>The Bill Team at the Scottish Government remain on track with all key areas of work. An easy read policy memorandum will be published in January and the Health and Sport Committee’s call for evidence (which opened on Friday 6 December 2019) will close on Thursday 30 January 2020. Subject to its successful passage through the Scottish Parliament, the provisions in the Bill are likely to commence from April 2021.</b></p> <p><b>It is very important that NHS Boards understand the duties that the new legislation will place on them and that they have made provision, within their agreed service model, to meet the requisite standards for FME including self-referral.</b></p>
<p>2. Police Scotland should work with the partners responsible for delivering the Archway service in Glasgow and the West of Scotland and strengthen its current governance arrangements to ensure the service is adequately resourced and meets the needs of the communities it serves.</p>	<ul style="list-style-type: none"> <li>• The actions linked to this recommendation are being progressed through the NHS Greater Glasgow and Clyde Board Nominated Lead. There are no implications for NHS Fife arising from this specific recommendation.</li> </ul>
<p>3. The Scottish Government should engage with relevant agencies and stakeholders and bring forward proposals for establishing dedicated healthcare facilities across Scotland to meet both the healthcare needs of victims of sexual crime and the necessary forensic requirements. This should be informed by research and current best practice.</p>	<ul style="list-style-type: none"> <li>• NHS Fife delivered a purpose built suite for adults requiring FME within Queen Margaret Hospital. The suite opened in April 2019. This enabled NHS Fife to move FME’s out of Glenrothes Police Station.</li> <li>• Paediatric assessments continue to take place in the paediatric ambulatory care ward on the QM Hospital site.</li> </ul> <p><b>Recommendation completed in full.</b></p>

<p>4. The Scottish Government should consider formally issuing the newly proposed national standards for the delivery of forensic medical examination for victims of sexual violence to all NHS Boards. These standards should be supported by a framework of publicly reported quality indicators and monitored through an effective audit and inspection regime.</p>	<ul style="list-style-type: none"> <li>• HIS Standards published 2017.</li> <li>• NHS Fife completed a self-assessment against the HIS Standards to identify improvement actions required. These were set out in a Local Improvement Plan to guide targeted actions.</li> <li>• HIS Quality Indicators drafted and tested. Revisions have been made based on feedback and final version will be published in February 2020.</li> <li>• NHS Boards will collect and collate performance data using the HIS Standards and QI's from April 2020.</li> <li>• ISD will publish first National Reports April 2021</li> </ul> <p><b>Work ongoing with NHS Fife fully participating in regional and national plans through Board Nominated Lead.</b></p>
<p>5. Police Scotland should work with NHS Boards to urgently identify appropriate healthcare facilities for the forensic medical examination of victims of sexual crime. The use of police premises for the examination of victims should be phased out in favour of healthcare facilities as soon as is practicable.</p>	<ul style="list-style-type: none"> <li>• <b>As per recommendation 3 above NHS Fife has fully met the requirement.</b></li> </ul>
<p>6. The Scottish Government should work with relevant stakeholders and professional bodies including NHS Scotland, Police Scotland and the Crown Office and Procurator Fiscal Service to develop the role of forensic nurses in Scotland.</p>	<ul style="list-style-type: none"> <li>• The Taskforce are providing funding for a new initiative to develop the role of nurse sexual offence examiners. For the first time in Scotland, two appropriately qualified and experienced nurses will be recruited to undertake forensic medical examinations of victims of rape or sexual assault and give evidence in court as doctors currently do.</li> <li>• It is hoped that this work, which will be hosted by NHS Greater Glasgow and Clyde, will commence by early summer.</li> <li>• Taskforce funding will also pay for priority places on a new Postgraduate Qualification course in Advanced Forensic Practice being developed at Queen Margaret University in Edinburgh.</li> <li>• This qualification will be the first of its kind in Scotland and will help to develop a multi-disciplinary sexual offence examiner workforce for the future. This is vital to supporting the sustainability of services in rural and island</li> </ul>

	<p>communities as well as to increasing the number of women available to undertake this important work.</p> <ul style="list-style-type: none"> <li>• The workforce and training sub group plan to develop a training strategy to set out a possible road map for clinicians interested in undertaking this work. This includes the Essentials in Sexual Offences Management and Court Skills course offered by NES. It is expected that this strategy will be concluded before the end of the calendar year.</li> <li>• The Workforce and Training sub-group is working with NES, Health Board Nominated Leads and HR Directors to enhance the delivery of FME services and to support trained Doctors and Nurses in to relevant roles. The group is also reviewing court processes to minimise standby timescales and exploring the potential for using video links to present evidence.</li> </ul> <p><b>NHS Fife continue to contribute to these developments through the regional planning arrangements for South East Scotland.</b></p>
<p>7. The Scottish Government should work with relevant stakeholders and professional bodies, including NHS Scotland, Police Scotland and the Crown Office and Procurator Fiscal Service to develop self-referral services for the victims of sexual crime. This should clarify the legal position for obtaining and retaining forensic samples in the absence of a report to the police and support formal guidance for NHS Boards and Police Scotland.</p>	<ul style="list-style-type: none"> <li>• Note progress as reported against recommendation 1.</li> </ul> <p><b>NHS Fife Board Nominated Lead continues to contribute to these developments through regional and national groups.</b></p>
<p>8. The Scottish Government should work with NHS Scotland to ensure that the existing healthcare IT system (ADASTRA) is being used consistently for collating information on the volume and nature of forensic medical examinations across</p>	<ul style="list-style-type: none"> <li>• The Quality Improvement Sub-group of the CMO Taskforce have been leading on the development of an Outline Business Case for the provision of a National Clinical IT System. There have been delays in concluding this by the due date.</li> <li>• The Taskforce National Coordinator (Colin Sloey) has now linked with the Chief Executive of NSS to agree a refresh of the leadership on</li> </ul>



<p>Scotland. This will inform future policy and decision making, including resourcing.</p>	<p>this work and to link with National eHealth Leads to set up a project structure that is able to bring this work back on track.</p> <p><b>NHS Board eHealth Leads are linked in to this development through their national group.</b></p>
<p>9. Police Scotland should work with the Scottish Police Authority and NHS Scotland to introduce standard operating procedures for the forensic cleaning of police premises which continue to be used for medical examinations. These should comply with current guidance.</p>	<ul style="list-style-type: none"> <li>• A Decontamination Protocol has been published and is in operation in all NHS Board settings where FME's take place. A Letter from CMO and CNO has been issued to Board Chief Executives, Directors of Nursing and Heads of Infection Prevention and Control on responsibilities linked to Decontamination Protocol.</li> <li>• An environmental monitoring short life working group has been established with a remit to ensure appropriate mechanisms are put in place for the Scottish Police Authority to monitor Health Board compliance with the Protocol. NHS Fife will be represented at the first meeting to take place on 30 January 2020.</li> </ul> <p><b>NHS Fife has fully cooperated with this requirement.</b></p>
<p>10. Police Scotland should work with NHS Scotland to ensure suspected perpetrators of sexual abuse who are under 16 years old are not forensically examined within police custody facilities. The Criminal Justice (Scotland) Act 2016 defines a child as being a person under the age of 18 and consideration should be given to how this affects the treatment of child suspects in the context of forensic medical examinations.</p>	<p>This recommendation is the responsibility of Police Scotland.</p>

**Table 2a – Progress against the CMO's Five Key Asks April 2018**

<p>Nominate a senior manager to take leadership responsibility for the development of person centred, trauma informed services within their Health Board area</p>	<p>All Health Boards have now appointed a nominated lead and SG officials have worked closely with them to complete a self-assessment and gap analysis against the HIS standards. The self-assessments are being used to inform Local Improvement Plans (LIP's) which will also be linked to Regional aspects of enhanced services in keeping with the preferred model identified following the Options Appraisal Exercise. SG</p>
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	<p>officials have regular review meetings/teleconferences with Board Nominated Leads, Regional Groups and Multi-Agency Groups to assess progress against the LIP's and to share good practice from across the country.</p> <p><b>NHS Fife fully compliant</b></p>
<p>Move forensic medical examinations out of police settings and in to appropriate health and social care settings before the end of the financial year.</p>	<p>New Adult Suite at Queen Margaret Hospital opened since April 2019. Paediatric examinations take place in paediatric ambulatory care ward.</p> <p><b>NHS Fife Fully compliant</b></p>
<p>Ensure that all doctors already undertaking this work are trained in trauma informed care for victims of sexual crime before the end of the calendar year.</p>	<p>NHS Fife participates in a South East Scotland Regional Model hosted by NHS Lothian. To date only 33% of the FME workforce is female. All staff are trained to standard.</p> <p><b>Work continues across the region to improve the gender balance in the FME workforce to increase the compliance rates with the HIS standard on the victim being given their choice of sex of examiner.</b></p>
<p>Consider options for attracting and retaining the workforce you need to meet the HIS standards. For example, separating the forensic medical examination of victims of sexual crime from police custody work.</p>	<p>SG Officials are working with the nominated leads to better understand the workforce challenges they are facing and how best to address those. This includes a review of terms and conditions. ISD are completing work on workforce data to support future workforce development plans.</p> <p><b>NHS Fife continue to contribute to the regional model and all recent appointments to the FME role have been female.</b></p>
<p>Work towards having an appropriately trained nurse present during forensic medical examinations.</p>	<p><b>NHS Fife, working in collaboration with South East Region, have now attained 97% of cases where a suitably trained forensic nurse is in attendance at FME. This is excellent progress.</b></p>

**Table 2a: Progress Against the Five CMO Asks of Board Chief Executives April 2019**

<p>Ensure timely delivery of the multi-agency objectives set out in the costed local improvement plans including Board approved Capital Projects</p>	<p><b>NHS Fife have made very good progress against the Local Improvement Plan and can demonstrate strong partnership working across agencies and within the region. There is clear evidence of effective peer reviews. There is also significant improvement in access to a</b></p>
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	<b>care coordinator and healthcare follow up for victims.</b>
Develop the local (and where appropriate) regional workforce model to ensure; 1) A female doctor and nurse chaperone are available 24/7 so that where a victim requests a choice of sex of staff involved in their care can be met 2) A nurse coordinator is in post to ensure a smooth pathway of onward care and referral to other services 3) timely access to therapeutic and through care	All NHS Boards have submitted update reports against the HIS standards using the agreed template in October 2019. SG officials have reviewed these returns and highlighted areas of good practice together with Board and Regional level challenges. These include information on workforce developments in FME's; Nurse Chaperones; Nurse Coordinators and referral pathways to through care services including sexual health; psychology and mental health services.  <b>NHS Fife have made very good progress with appointments to sexual health liaison team to provide healthcare assessment and ongoing care coordination now in place. Further work is required to develop timeous access to mental health services locally.</b>
Prepare for forthcoming legislation; the introduction of a national model for self-referrals and the potential for an increased demand for these services	Board Nominated leads have been well briefed on the work of the Bill Team and are providing relevant feedback at Board and Regional level on the Implications for NHS Boards.
Ensure there is readiness within the local and regional delivery teams for compliance with agreed national documentation and data collection requirements	National documentation and data sets have been live tested in service settings and further development work is being progressed based on feedback. A launch at the NES Conference in January 2020 is planned with a go live date of April 1st. <b>Members of the CMO Taskforce have attended National Board Chief Executives meeting in November and Board Chairs meeting on 9<sup>th</sup> December to set out the key actions required by Boards to ensure they are compliant with use of national documentation and data collection requirements.</b>
Plan for the service sustainability beyond the life of SG ring-fenced funding (end of 2020-21)	Financial planning work continues at Scottish Government level to review potential funding arrangements beyond 2020-21. Board LIP's have been costed and the resource implications at Board level are known. NHS Board Chief Executives have agreed to maintain services developed through Scottish Government ring-fenced funding.

## Conclusions and Recommendations

The current assessment for NHS Fife in delivering on the improvements required to meet the HMICS Recommendations and the HIS Standards for people who have been raped or sexually assaulted in Scotland is that there is a strong overall performance with good evidence of progress against the Local Improvement Plan. This includes the opening of the new premises for adults at Queen Margaret Hospital; the development of the model for care coordination to support victims to access the ongoing treatment and care that they require post FME; robust staff training and peer review systems; capturing relevant data to support performance review and future service developments as well as having strong and effective partnership working across agencies and within the South East regional planning structure. The Board Nominated Lead provides strong and effective leadership and contributes to the work of the Taskforce at Local, Regional and National level.

There are a number of on-going areas of work for NHS Fife most notably in developing workforce capacity including improving the gender balance of FME's and also improving access to throughcare support especially in mental health services.

The leadership team for NHS Fife is asked to note the progress being made across the Board area and also to continue to support the Nominated Lead in making further improvements in service standards most notably when the anticipated legislation places new duties on NHS Boards.